

INTRODUCTION A Very Personal Note about my Discovery

Chapter 1 Hormones Are Us	Page 2
Chapter 2 The Balancing Hormones: Progesterone & Estrogen	Page 8
Chapter 3 Natural Progesterone	Page 16
Chapter 4 Am I Going Crazy? Say Goodbye To PMS	Page 19
Chapter 5 You Speak To Me!	Page 25
Chapter 6 Wise Woman Within	Page 25
Appendix I Commonly Asked Questions by Dr. John Lee	Page 27
Appendix II Resources	Page 32

INTRODUCTION A Very Personal Note about my Discovery

I learned about bio-identical hormones when I discovered the natural progesterone could heal my PMS and Menopause symptoms. As I traveled the rocky road of recovery, I learned valuable information that gave me back my health and happiness.

Generations of women have neglected to talk about their bodies. My mother never prepared me mentally or emotionally for the dramatic hormonal shifts, we shared as women—beginning with menstruation in puberty, the opportunity of pregnancy during our teens through our forties, and lastly, menopause. I did not have a clue how important hormones are to women, or the relationship they play in our lives.

Is This All In My Mind?

Like so many women, I have suffered from an arsenal of physical and emotional symptoms around my menstrual cycle. Years of anger, tears, depression, irritability and mood swings—pre-menstrual syndrome (PMS)—raised havoc in my life. The breast tenderness, fatigue and cramps seemed endless, as if I had a flu that wouldn't go away.

As I entered my thirties my PMS symptoms became more pronounced. I went to the local drug store for quick rescue remedies like Midol™ or Motrin™, but they didn't cure my problems. In my ignorance, I unwisely considered these symptoms to be a natural part of womanhood, or perhaps just in my head. With menopause in my fifties, what could I expect?

Finally, my never-ending, extreme ailments led me to see my family doctor. I was sick and tired of being sick and tired. So, you can imagine my surprise, when, after a complete physical exam and blood tests, my doctor told me I was normal. I didn't understand how I could feel that bad and still be handed a clean bill of health. For lack of answers to my complaints, the only prescription my doctor offered was . . . rest.

Traveling In A New World

The new world of researching natural solutions became important to me when the risks of conventional medicine had were scary and I desperately needed new answers. Until then, I had been the typical patient and consumer. If I was slightly sick, I went to a drug store. If I felt deathly ill, I'd see a doctor for a prescription. This was the only medicine I knew, until the world of natural medicine opened up to me. Since I was not yet ready to trust my health to doctors of any kind, I was filled with skeptical questions. What was natural medicine? Who were these doctors? Could they help me?

Courageously, I began a journey that answered my questions and transformed my life. I discovered types of doctors that blended natural ancient remedies with modern medical techniques. For example, these physicians used the latest diagnostic methods such as blood tests and CAT scans, yet turned to Mother Nature for most of their treatments—like the use of herbs and homeopathy. I found out that natural medicine isn't hocus pocus or quackery, but rather sensible, time-tested therapies to help your body heal. While conventional medicine shut me out with no answers, natural medicine opened the door that ended my suffering.

New Discoveries

It could hardly be a coincidence that the first doctor I met on my journey to discover natural solutions was an expert on women's health. John R. Lee, M.D., of Sebastopol, California, author of *Natural Progesterone: The Multiple Roles of A Remarkable Hormone*, has had successful results treating women's hormone problems with natural progesterone since 1982. I was intrigued and inspired when I learned that Dr. Lee has helped women overcome PMS, menstrual problems and menopausal symptoms (like hot flashes and night sweats), as well as preventing osteoporosis.

After reading his numerous research papers on natural progesterone, I learned that a woman's health depends on how well her hormones are balanced by each other. Throughout the special stages of womanhood—puberty, pregnancy and menopause—estrogen and progesterone are constantly fluctuating up and down monthly. It's when this balancing act fumbles and one hormone overshoots normal levels that problems can begin.

One day, a light went off in my head. My troubles weren't in my head, they were in my hormones! At that moment, the wise woman within began to open my eyes and my mind to natural options. Natural progesterone from the could be my salvation. While editing my first book on natural medicine, I spoke with many natural health practitioners. They all echoed what Dr. Lee had told me. Natural progesterone from the not only could help my PMS, could relieve menopausal symptoms and a number of

other hormone-based female conditions. Natural progesterone could even replace Estrogen Replacement Therapy (ERT) and other synthetic hormone treatments.

Why didn't my regular medical doctor (M.D.) tell me about these natural solutions? The more I questioned practitioners, the more I noticed differences between types of doctors and their treatments. I realized that M.D.'s don't know it all and they really can't fix everything. These natural health discoveries were startling news to me (and unknown to my family medical doctor), but these solutions are old news to the people who practice them. Natural medicine is not a fad—its treatments are centuries old—and, I might add, here to stay. I also discovered many conventional health professionals who have embraced natural medical knowledge and incorporated these safe and effective therapies into their practices. The reality of my discovery is yesterday's medicine is today's alternative.

Wellness Restored

Gradually, I switched from pills to plants with the information I discovered along my journey. Before I tried any natural therapies, I took what I had learned and developed some theories of my own. Since natural progesterone helps so many health problems, I wondered if natural progesterone alone could achieve the same results. I launched a wellness plan using natural progesterone cream, diet changes and vitamin and mineral supplements. The road to health was a long process. It didn't occur in a week or two, as I was accustomed to with conventional medicine. Healing takes time. After all, it took a long while for my health to decline. Eventually, I regained my health and felt great once again. The natural progesterone cream and other treatments I used were safer, cheaper and more effective than the estrogen, anti-depressants and diuretics I'd tried. My new health plan cured my PMS problems, not just masked the symptoms. The natural progesterone cream has made a dramatic, positive difference in my life. I finally feel at peace and happy.

After I cured my PMS and hot flashes, I badgered my sister, who had menopausal symptoms, to get off her ERT and try natural progesterone cream. She did and the results were amazing. Within five months, her symptoms were gone and she was her old self again. It seemed natural progesterone cream could help smooth out the menopause transition and solve other hormone problems. Natural progesterone could help osteoporosis (simplistically, the loss of bone density as we age), too!

Why This Book?

I am passionate about conveying this message to every woman—there ARE natural solutions for relieving PMS, menopause and preventing osteoporosis! Synthetic hormone pills and drug therapies are not the only way! My mission is to let you know that you do not have to suffer any more hormone imbalances, or be at risk of developing osteoporosis. You can learn, as I did, which natural solutions are available.

As an average consumer, I really felt that I needed to understand everything I could about natural medicine, herbs, hormones and the risks and benefits of Hormone Replacement Therapy (HRT). Then, I could make an intelligent decision about my health and my life. I want to save you the time, energy and frustration that I experienced on the path to controlling your hormones and controlling your life.

I wrote this book with the hope that by sharing my discoveries, you can make intelligent choices for yourself. Each one of us is unique, in our body and our journey toward health. I hope each one of you opens your heart and listens to your own wise woman within.

Just A Thought . . .

Depression is not a Prozac™ deficiency.
Headaches are not an aspirin scarcity.
Since menopause cannot be solved with a Premarin™ tablet,
And osteoporosis won't straighten up with Os-Cal™ . . .
Why do we run to pills for answers when
our bodies and Mother Nature have the solutions?

CHAPTER 1 HORMONES ARE US

Just what does natural progesterone have to do with hormones? Since in my experience natural progesterone has helped a wide range of female hormone conditions, I wanted to understand how my hormones worked. My previous understanding of hormones was limited, so I researched everything I could find on the subject. You may have noticed signs that your hormones aren't functioning as they should—feeling grouchy or moody are hints. By discovering how hormones work in your body and regulate your menstrual cycle, you too can understand how natural progesterone other medicinal plants may benefit hormonal problems.

Extreme hormonal fluctuation can disrupt your serenity, work, relationships and well-being each day of your life. Family members might suggest you see a psychotherapist for treatment of your crazy mood swings—laughing one minute and crying the

next. Life becomes an emotional roller coaster for you and everyone around you! Many women have no logical explanation for these yo-yo emotions and other symptoms.

Most look to their gynecologists and other specialists for solutions, but often with few results. Maybe your doctor has prescribed medicine for you with uncomfortable side effects and minimal help. Some women you know (or you may do this yourself) look for instant solutions, such as taking anti-depressant drugs to combat depression or going on diet pills to lose weight caused by water retention. However, drugs aren't curative! They just mask symptoms. As so many of us have found out, drugs can even aggravate our troubles.

PMS Since Age 13

Jeanne is one of the many women who has shared her story with me. She told me she'd been suffering from PMS since she was 13 years old. Then six years ago, her doctor prescribed progesterone capsules for those "in my head symptoms". Finally, she discovered natural progesterone cream. After using it for only a couple of days, her PMS, bloating and anxiety diminished.

Hormones Aren't Child's Play

A woman's physiology is complex. Our hormones fluctuate greatly depending on where we are in our life—puberty, menstruation, pregnancy, breast feeding or menopause. Even within a month's time, your hormones jump up and down like the blips on an EKG. This is normal. Without this hormonal ebb and flow, your special female qualities would be lost. The challenge women face is the discomfort from hormones that jump around too much. Many people call this "hormonal imbalance".

During my many discussions with women, doctors and experts in the medical field, I've been told that over 75 percent of women at some time in their lives experience symptoms related to hormonal imbalance—sometimes they're not even aware the cause is hormonal. Have you ever been irritable, bloated, depressed, craved sugar so bad you ate spoonfuls from the bag or had menstrual cramps? Did you know these symptoms could be due to wild hormones? Perhaps you've experienced the hot flashes, insomnia, anxiety, and night sweats related to menopause. Are you concerned about bone loss in your post-menopausal years? Overly fluctuating hormones could be a contributing cause.

When you acknowledge the cause of your "woman problems" may be hormonal, you can take intelligent and effective steps to shift your body back into balance. You can make your system whole and healthy again with natural solutions. I did! During my healing journey, I learned how hormones work in a woman's body. Along the way, I discovered a safe road that corrected hormone problems using natural therapies.

What Are Hormones?

The word "hormone" comes from the Greek word meaning to excite or to stir up. Immediately, I think of the sex hormones! The word sex brings up feelings of passion and excitement. How appropriate that hormone means to stir-up. When my hormones "stir-up", I effectively "excite" everyone around me! Your hormones are imperative to your health. These chemical substances direct, regulate, and coordinate the activities of your entire system. It's true that hormones manage basic sex drives and the reproductive system, but they also promote growth, control body temperature, maintain energy, repair tissues as well as aid in water and salt metabolism.

For example, estrogen, a steroid hormone, is made largely by your ovaries. This sex hormone is responsible for growth, development, maintenance and function of your sex organs. Estrogen is what gives you feminine characteristics like soft skin and an hourglass figure. It is important that you understand that estrogen and progesterone regulate the reproductive cycle and determine how you experience adolescence, menopause and all the years in between and beyond. Hormones have a powerful influence and effect on every cell in your body. To further your understanding, let's take a closer look at the function of hormones, where they come from and how they get where they are supposed to be going.

Where Do Hormones Come From?

Hormones are produced and secreted by the endocrine glands—thyroid, pancreas, pineal, thymus, ovaries, testes, adrenals and parathyroid—into the bloodstream to evoke a response in another part of your body. This very large and important family of glands is your endocrine system. Your endocrine glands grab amino acids, cholesterol and other ingredients from your body, mix them up and make hormones. Each gland has its own job to do, but they all work together, too, so your body will run smoothly.

Who's In Charge Of The Endocrine System?

The conductor of the endocrine system is the anterior pituitary gland, nestled at the base of your brain. It's this gland that operates the feedback mechanism that controls where hormones are going and when they need to be shut off. This system works somewhat like a small computer in your body, sending and receiving messages. The big boss is the hypothalamus which sends special hormones called releasing factors to the pituitary, instructing it how to manage the other endocrine glands.

As you've probably guessed, the endocrine system is a busy place. It reminds me of those cloverleaf highways in Los Angeles where cars are zipping all over the place. Your hormones are like those cars, and the exits are the different cells and tissues in your body. LA drivers get to their destinations by reading street signs. Your hormones work the same way. Not all hormones effect all cells in your body. When cruising through your bloodstream, hormones depend on specific hormone receptors—"street signs"—on designated cells to direct them.

Once a particular hormone has found its “target” cell, then a cascade of chemical reactions kicks that cell into action. Without a receptor to receive the hormone, nothing can happen. You can also think of receptors as a lock and the hormone as the key that opens that lock. Once a hormone “opens” a cell up, depending on the hormone and the type of cell it fits, any number of things can happen. That cell might make more hormones, it could produce protein or cause a muscle cell to contract.

Throughout your body there are receptor cells for estrogen and progesterone. For example, both estrogen and progesterone receptors reside in your breasts. Estrogen makes your breasts firm and full, while progesterone has the opposite effect and leaves them soft and mushier. If you have PMS, your estrogen levels most likely overshoot during the last half of your cycle and your progesterone falls too low. Have ever wondered why you have breast tenderness or swelling a few weeks before your period? It could be that you have too much estrogen clogging up the receptors on your breast cells creating full, firm, swollen breasts.

Synthetic progestogen (called progestin) won't help your aching breasts. While man-made progesterone is similar in structure to your own natural source, it's not close enough to reduce symptoms. Your body does not have receptors to fully recognize synthetic hormones, therefore your symptoms continue and may even worsen with these drugs.

Under normal conditions, there is a harmonious balance between the endocrine glands, nervous system, and the response of the receptor cells. If a gland or some related part of your body isn't working right, a hormonal deficiency or excess can occur, causing what some call an imbalance. Stress or improper diet, for example, can adversely affect your glands, disrupt your feedback mechanism and upset hormonal secretions.

A Introduction To The Endocrine System

I've told you how the endocrine system generally works. Let me personally introduce you to each of the glands and organs and tell you a little more about them and their hormones.

The hypothalamus

The hypothalamus gland plays a major role in regulating your menstrual cycle and the production of female hormones. Located in the brain, it activates messages sent to the endocrine system and is linked to your nervous system controlling countless bodily functions like body temperature, thirst and hunger. The hypothalamus is sensitive to physical and emotional stress which can affect its ability to send signals to the anterior pituitary. These upsets can alter what the hypothalamus tells the pituitary, and thus the rest of the endocrine system. The ultimate result may be topsy-turvy hormones and an irregular menstrual cycle.

The pituitary

The pituitary gland is a small body joined to the hypothalamus at the base of your brain. The pituitary is actually divided into two separate glands—the anterior pituitary and the posterior pituitary. The anterior pituitary gland supplies a special brand of hormones that control your endocrine glands and regulate your menstrual cycle. The anterior pituitary also releases its own set of hormones, namely prolactin, the breast feeding hormone, and growth hormone.

The posterior pituitary, a neighbor but unrelated to the anterior pituitary, is responsible for two hormones—antidiuretic hormone (ADH) and oxytocin. ADH helps you maintain arterial blood pressure, for example, during blood loss, by retrieving water from your kidneys. Oxytocin contracts the uterus during childbirth and causes milk let-down during breast feeding.

The pineal

Your pineal gland is a member of the endocrine system, but isn't really a gland. Nerve messages tell the pineal when to release its hormone, melatonin. Your pineal gland and melatonin are thought to keep your biological clock ticking. Temperature, light and emotions command the pineal gland regulating your sleep, mood, immunity, aging and your menstrual cycle.

The adrenals

An adrenal gland sits on top of each kidney. Each adrenal consists of two parts—the cortex and the medulla. All adrenal hormones are ruled by adrenocorticotrophic hormone (ACTH) from the anterior pituitary. The adrenal cortex is the outer part of the gland responsible for making and secreting three kinds of steroid hormones. The first kind, called mineralocorticoids, includes aldosterone which keeps your blood pressure normal by balancing sodium, potassium and fluid levels.

Your doctor might have prescribed cortisone for you at some time. This popular drug is very much like the glucocorticoid hormones, cortisol and corticosterone, also made by your adrenal cortex. Besides reducing inflammation, these hormones regulate blood pressure, support normal muscle function, promote protein breakdown, distribute body fat and increase blood sugar as needed. Your adrenal cortex also manufactures small amounts of the sex hormone estrogen, and the male hormones testosterone and dehydroepiandrosterone (DHEA).

The medulla is in the inner part of the adrenal gland that acts more like it's a part of your nervous system than your endocrine system. The medulla's hormones, epinephrine (also called adrenaline) and norepinephrine, are controlled by the sympathetic nervous system when you're scared or mad. When these hormones are released, your heart pounds, your blood pressure soars and you're ready to fight!

The thyroid and parathyroid

Your windpipe is straddled by the two lobes of your thyroid gland, and snuggled in their underbelly are four tiny parathyroid glands. The thyroid gland produces the hormones thyroxine and triiodothyronine—essential for growth, body temperature, regulation of proteins, fats, and the breakdown of carbohydrates needed for energy. Calcitonin, a blood calcium-lowering

hormone, is also released by the thyroid and parathyroid. Your parathyroids (“para” means beside) emit parathormone (PTH) that controls phosphate and calcium metabolism for keeping your bones and nerves healthy. Thyrotrophin from the anterior pituitary keeps your thyroid hormones in check.

The thymus

Squeezed behind your breast bone and just below the thyroid is an irregularly shaped member of both your endocrine and immune systems—the thymus gland. Your thymus grows until you’re a teenager, then shrinks with age as fat fills in for the lost lymphatic tissue. Your thymus hormones are thymosin, thymopoeitin and serum thymic factor. They supervise several immune operations, particularly those that protect you from yeast, fungi, parasites, viruses, cancer and allergies.

The pancreas

The long slender pancreas lurks behind your stomach. You’re probably most familiar with the insulin and glucagon it makes, released by the islets of langerhans. These opposing hormones cooperate to keep your blood sugar even. Glucagon works together with epinephrine, growth hormone and glucocorticoids to prevent your blood glucose from dipping too low. High blood sugar calls your insulin into action, making sure glucose is passed from your blood into your muscles and body fat.

Your pancreas is a multi-talented organ. Did you know that without your pancreas, you wouldn’t digest your food very well? Besides its endocrine duties, the acini cells of your pancreas make and spill 2½ pints of digestive enzyme-containing juice each day—amylase for starch, lipase for fat and protease for protein—into your small intestine.

The ovaries

The ovaries are a pair of small almond-size female endocrine glands that are connected to either side of the uterus via fallopian tubes. Your ovaries take turns releasing one egg per month during ovulation. The ovaries produce estrogen and progesterone, hormones that make you a woman with your menstrual cycle, large breasts and hips, and soft skin. Pregnancy also depends on these hormones, as well as breast feeding. During pregnancy, the placenta also produces progesterone and estrogen, taking over from your ovaries.

The testes

The testes are a man’s source of the male sex hormone, testosterone.

Defining Womanhood—The Menstrual Cycle

Each month a woman experiences a menstrual cycle. That means for the average woman who menstruates for 40 years, she has 500 periods over her lifetime. The cyclical process of menstruation is a delicate and complex one—it’s no wonder women experience so many physical and emotional changes throughout the month. You might find you feel really good one week a month. The rest of the month you may experience changes similar to the Dow Jones: Up-and-down-and-up-and-down.

If one segment of your hormonal process is off, your entire cycle may suffer. Often you don’t even realize why you’re feeling tired, or in pain, or suffering unusual menstrual or ovulatory symptoms. During your menstrual cycle, estrogen, progesterone and other hormones are continuously on the move. Your well-being depends on a proper balance between estrogen and progesterone, as well as appropriate levels of FSH and LH. Once I understood these changes, I was able to identify that my hormonal problems were manifesting as PMS. Let me explain it to you.

Your body prepares and expects a baby every month of your menstruating years. It does this by lining your uterus with a rich, spongy bed of blood vessels, glands, and cells—not unlike a soft cuddly crib. When that doesn’t happen, menstruation cleans out the uterus and tries again. While the uterine crib is being made-up, your ovaries harvest several eggs and then pop out the best one. If your egg doesn’t meet a sperm, your womb sheds its lining—strips the bed so to speak—and starts anew.

The day you begin to bleed is day one of your cycle, which averages 28 days (although most women have normal cycles ranging from 20 to 40 days). A simple way of visualizing how your hormonal process works and how that correlates with the journey of the egg, is to divide your cycle into four phases

1: The four phases of your menstrual cycle.

Phase 1: Menstruation

Days 1-5: Menstruation occurs, estrogen levels are low and then begin to rise. Pituitary secretes FSH.

Phase 2: The follicular or estrogenic phase

Days 6-8: Estrogen levels continue to rise, egg-producing follicle grows.

Days 9-12: Fertile-type mucous is produced by the cervix to help sperm find the egg. Pituitary begins secreting LH.

Phase 3: Ovulation

Days 13-16: Ovulation occurs and LH begins to fall. Estrogen peaks and then decreases slightly. High estrogen levels turn FSH off. Basal body temperature dips then rises.

Phase 4: The luteal or progesterone phase

Days 17-20: Progesterone begins to rise. Estrogen rises again slightly. Egg travels toward uterus.

Days 21-24: Estrogen and progesterone levels peak then begin to fall.

FSH and LH also on the decline.

Days 25-28: Body prepares to eliminate uterine lining—menstruation.

2: The hormonal feedback mechanism during a menstrual cycle.

Hypothalamus secretes:

- 1) Follicle stimulating hormone-releasing factor (FSH-RF).
- 2) Luteinizing hormone-releasing factor (LH-RF).

Pituitary secretes:

- 1) Follicle stimulating hormone (FSH).
- 2) Luteinizing hormone (LH).

Ovaries

- 1) FSH stimulates the development of follicles.
- 2) Follicle secretes estrogen.
- 3) LH stimulates ovulation.
- 4) Corpus luteum (left after follicle releases egg) secretes progesterone.

Uterus

- 1) Estrogen stimulates a spongy bed-like endometrium to form inside the uterus during first half of cycle.
 - 2) Progesterone maintains uterine lining during second half of cycle.
-

It's your hypothalamus, the queen bee of the endocrine system, that kicks menstruation, the first phase, into gear. With messengers called follicle-stimulating hormone-releasing factor (FSH-RF) and luteinizing hormone-releasing factor (LH-RF), the hypothalamus notifies the pituitary, the middle manager in female reproduction, to make its own hormones—follicle stimulating hormone (FSH) and luteinizing hormone (LH). These pituitary hormones are easy to remember because their names describe exactly what they do. FSH stimulates the follicles or pre-egg pouches in your ovaries. LH forms luteal tissue, that is the corpus luteum or remains of the mature egg follicle.

Once you stop bleeding (around day 5 or 6—everyone is different) then the follicular or estrogenic phase starts. As you can see, each phase is named according to what hormone (in this case estrogen) or event (follicle maturation) dominates. Your pituitary sends FSH down to your ovaries so the follicles in your ovaries can grow up and become eggs.

Each one of us is born with as many as 400,000 follicles that last for life. This is unlike men who produce a fresh batch of sperm every few months until they die. Not all of these follicles get a chance at the big time, namely ovulation. Some mature, but then dissolve. Others merely deteriorate with age. When your follicles run out, then menopause is just over the hill.

It's the maturing follicle within your ovary that secretes estrogen and gets the spongy uterine lining called the endometrium ready—the crib for the fetus we mentioned earlier. I like to think of estrogen as the maid of the reproductive system. She's there during the first half of your cycle, bustling around getting the nursery set for a fertilized egg. (Of course, estrogen has other effects on your body, but we're concentrating on the menstrual cycle right now.) Estrogen continues to rise during this time and then peaks. When estrogen levels are high enough, FSH secretion is turned off and your pituitary sends out LH instead—around day 10.

LH causes ovulation, the release of an egg from one of your ovaries; your ovaries usually take turns ovulating every other month. Ovulation occurs at the midpoint or third phase of your cycle, usually around day 14. Once it escapes from the ovary, your egg begins its journey down the fallopian tube where it will be fertilized if sperm reach it. This is called conception. You might feel a slight twinge or mild crampy sensation in your abdomen during ovulation. Doctors call this *mittelschmerz* which literally means "middle pain" in German. Some women feel nothing.

If you practice natural family planning and chart your basal body temperature (BBT) upon waking every morning, you may notice a dip in temperature the day before ovulation, and a rise of about 4/10 of a degree Fahrenheit the day after ovulation, caused by upward surge of progesterone. However, temperature can increase a day or two before ovulation too. This is why you can't depend on BBT as a reliable form of birth control. This temperature remains elevated if you are pregnant, and will drop just before menstruation begins if you're not.

The luteal phase begins the second half of your cycle (and fourth phase). Once the egg has left your ovary, the pituitary begins to secrete increased quantities of luteotropic hormone (LTH). LTH acts on the egg's remains left in your ovary (called the ruptured egg follicle) and converts it into the corpus luteum. The corpus luteum, Latin for yellow body, begins to produce more progesterone and slightly less estrogen. Progesterone is like a nanny who keeps your uterus spongy and ready for baby to appear.

Even though estrogen is the boss during the first half of your cycle, and progesterone during the second, it's not an all-or-nothing situation. Estrogen levels are still relatively high after ovulation. In fact, both of these hormones are vital to keep a pregnancy going. Estrogen takes care of your womb by enhancing uterine muscles, making sure there's lots of blood and preparing your breasts for nursing. Progesterone, on the other hand, relaxes your womb so you don't go into labor prematurely. It also calms your bowels and stomach so you absorb more nutrients, important for a growing fetus.

As I've said before, these two hormones work in opposite but cooperative ways. It's like the perfect partnership where each member knows her place and picks up where the other leaves off.

These higher progesterone levels inhibit pituitary production of LTH. As LTH falls off, the corpus luteum breaks down. Without sufficient amounts of progesterone to maintain the uterine lining, the corpus luteum (now called corpus albicans or white body) dries up and stops making hormones. The egg joins the soon-to-be menstrual fluids in your uterus. Then, your menstrual cycle occurs all over again.

What If There's A Baby?

If conception occurs, the placenta eventually takes over progesterone and estrogen production from the corpus luteum. The placenta also makes another hormone called human chorionic gonadotropin (HCG). This is what pregnancy tests measure. HCG increases estrogen and progesterone production to maintain the pregnancy. Both FSH and LH levels decrease at this point.

Harmonious Hormones

The rise and fall of estrogen and progesterone during your menstrual cycle and years beyond is the foundation for health and well-being. Once I figured out how hormones worked in general and the ins-and-outs of my period, the next step in my journey of discovery was uncovering more information about the specific functions of estrogen and progesterone. I wanted to learn how I could achieve a harmonious hormonal balance and good health.

Many women's health conditions are related to an imbalance of these hormones. Understanding the basic endocrine system, menstrual cycle and hormonal process is one more mile on the road to discovering natural hormonal solutions for your health care. You can do this and still remain free of drug side effects and stay healthy. Hormones truly are us!

HORMOANS!

I was sick and tired of being sick and tired.

I was desperate.

I was on an emotional roller coaster.

My breasts were so big they felt like grapefruit filled with water weight.

I felt like a balloon ready to pop.

I was overwhelmed by a dark and painful depression.

I was a walking misery.

My mind was fuzzy.

What was the cause of these effects?

Hormoans!

I had pain all over my body, it seemed.

I was exhausted and stressed.

The pain and exhaustion were staggering.

Even when I woke up, I was so tired I couldn't get out of bed.

What was going on with my body?

Did I have a virus or infection?

Did I have cancer?

Thyroid problems?

Heart disease?

Why was my skin dry and flaky?

Was this just part of getting older?

Are you supposed to feel worse in your 30s?

Wasn't I too young to feel like this?

What was the cause of this?

Hormoans!

I never knew when this state would come over me.

I just knew it wasn't normal.

I had to do something.

I needed to feel good again.

I wanted my old body back.

The last time I felt really good was before puberty.

That was before my hormones stirred-up my life

*There must be a solution!
Who had the answers?
Where could I turn?
What could I do?
My doctors fed me pills, but I felt sicker.
Maybe Mother Nature had the answer to my questions.
I, like Mother Nature, am a wise woman.
The answers to my questions had to be . . .
Hormones!*

I wrote this in my journal during the beginning of my search for natural solutions. ~MB

Summary

- Hormones direct, regulate and coordinate activities in your body.
- Hormones attach to specific receptors on certain cells and organs throughout your body.
- The endocrine system is made up of several glands with different functions in your body.
- Hormones are made by endocrine glands (estrogen and progesterone are just two of many hormones).
- Hormones are controlled through a feedback mechanism.
- Progesterone and estrogen have opposing effects on your body.
- A balance between progesterone and estrogen is necessary for health and well-being.
- Your menstrual cycle can be divided into four phases.
- Progesterone and estrogen naturally rise and fall during your menstrual cycle.

CHAPTER 2 THE BALANCING HORMONES: PROGESTERONE & ESTROGEN

Many women don't realize it, but there is a continuous struggle going on in their bodies! It is fought between two hormones striving to balance each other. These hormones, progesterone and estrogen, can be the best of friends or the worst of enemies. If your body is healthy, these two powerful hormones stay in perfect balance, and you do not experience any symptoms or disorders—a truce, so to speak. Unfortunately, there are many women who have lost the war and whose hormones are out-of-sync. Thus, they suffer from the often debilitating physical, mental and emotional symptoms of this hormonal battle. Have you ever felt depressed? Moody? Do you have cysts in your breasts or irregular cycles? You will be surprised to learn the cause of your problem may be these hormones!

So who are the main contenders? Progesterone and estrogen—opposite personalities that are nevertheless attracted to one another. Like an old married couple, these sex hormones struggle with the difficulties of a close yet volatile union. You know how hard this kind of relationship is! If you're like I was, your hormones may be on the verge of a divorce. Until that happens, you don't know how this kind of imbalance affects your body.

To fully understand the relationship between progesterone and estrogen, I first researched their various functions. Only then, did I understand how important a healthy balance between the two was and how my “woman problems” could be resolved. I learned about estrogen replacement therapy (ERT) and the therapeutic use of synthetic hormones. I discovered, by talking with naturopathic doctors and other holistic practitioners, natural solutions that are available to resolve estrogen-progesterone imbalances.

The Hormone Factory

I found it valuable to study how hormones are made in the body when I was reviewing the benefits of natural progesterone. In my mind, each endocrine gland is like a tiny factory spewing out its particular brand of hormones. The process begins with cholesterol—that same fatty substance we try to avoid like the plague. I hate to tell you this, but while you're buying cholesterol-free margarine, your body is making tons of the stuff. Cholesterol has gotten a bad rap in the media. The truth is most cholesterol-rich foods also contain plenty of saturated fats. Cholesterol is found only in animal-based foods like lard, butter and thick juicy steaks. It's these foods which make you fat and clog your arteries. Without cholesterol, you would die. You need cholesterol to make cell membranes, lipoproteins, bile and, of course, sex hormones.

Once on the assembly line, cholesterol first transforms into pregnenolone. The next step in the conversion process is progesterone (depending on which biochemical conveyor belt you take) which can create DHEA, cortisol, cortisone, corticosterone, aldosterone, androstenedione, estrogens or testosterone. A healthy body is like a well run factory, producing only enough hormones to meet physiological demand. But when there's a problem in the system, then hormone orders get mixed up and you might manufacture too much or too little of a particular hormone.

What Are Androgens?

There are three types of sex hormones in your body: progesterone, estrogen and androgens. Androgens are a group of male hormones. The strongest, and one you're probably most familiar with, is testosterone. Like estrogen and progesterone in women, testosterone gives men those typically male characteristics like a deep voice and facial hair, as well as maintaining their male reproductive organs.

What you may not know is all women also have small amounts of these androgens, just like men have tiny quantities of estrogen. In fact, estrogens are formed from testosterone in a man, in his liver and other body tissues. A man's testes are the endocrine glands that produce most of his testosterone (and estrogen) as well as other androgens. Since you don't have testicles, then your adrenal glands make at least five different androgens in your body like androsterone, testosterone and dehydroepiandrosterone (DHEA). Your ovaries also make minute bits of testosterone.

Although the information I looked at is vague, women seem to need androgens for their tissue-building activity. Testosterone, for example, promotes protein synthesis which builds muscles. Why do you think athletes take anabolic (body building) androgen steroids? It's because they erect big, bulging muscles. Like the use of any synthetic hormone, problems can arise. Like progesterone and estrogen, your male and female hormones are in a relationship. When these girl and boy hormones aren't properly balanced in your body, it can turn into a battle of the sexes.

There's a condition called Stein-Leventhal Syndrome which occurs in some women—when male hormones are too high either from a tumor in the adrenal gland or ovary, or a problem with the communication system between the hypothalamus, pituitary and ovaries. If this happens, then beard-like hairs grow on your face and your period is very irregular or absent. As menopause approaches, the teeter-totter balance between your male and female hormones naturally tips ever so slightly toward your androgens and those same black stubby hairs may sprout on your chin.

I've always cherished being a woman, and once I found good health and a balance in my life and hormones, I loved my femininity even more. As I educated myself about hormones, I realized what a thin line separates male hormones and female hormones. Look at the picture below of testosterone and estrogen. There isn't much difference, is there? It really doesn't take much to convert one into the other in your body. Did you know both molecules are made from progesterone? It's truly amazing, even with all the potential hormonal problems we women have, how well Mother Nature keeps a handle on this intricate balance in our bodies.

You may have heard about DHEA recently. Like the other sex hormones, your body can make DHEA from progesterone. DHEA's job in your body has been fuzzy. We know it has slight androgenic properties. Researchers also thought this steroid hormone was a reservoir for your body to produce other hormones, like estrogen, progesterone and testosterone. However, it's becoming more apparent that DHEA has roles of its own. Its functions are still blurry, but according to Alan Gaby, M.D., author of *Preventing and Reversing Osteoporosis*, DHEA appears to affect your heart, body weight, nervous system, immunity, bones and other systems. (1) Recent medical studies on DHEA indicate it is therapeutically valuable for a wide range of medical conditions like cardiovascular disease, obesity, lowering cholesterol, depression, diabetes, cancer, Alzheimer's disease, immune system disorders and chronic fatigue syndrome.

Defining "Progesterone"

Because there's so much confusion around what is progesterone, what is natural progesterone and what is synthetic progesterone, I'd like to begin this section by defining each of these terms.

- Progesterone: This is the female sex hormone made in your body.
- Natural progesterone: This is the term I'll use that refers to progesterone made from the wild yam, soybeans and sometimes animal sources. Natural progesterone is a regulated chemical called USP grade progesterone. According to what many experts have told me, natural progesterone is bio- identical in structure to the progesterone found in your body.
- Progestogen: This is a synthetic drug that has some progesterone-like effects. If you're taking progesterone, chances are it's this most refined one. Because these progestogens possess a different molecular structure than the progesterone found in your body, they act differently. Unlike the progesterone in your body which has anti-estrogen effects, progestogen has estrogen-like actions (which can aggravate your PMS symptoms) or androgen-like effects (which can "bring out the man in you" with unattractive facial hair) along with its progesterone-like qualities. The starting materials for all hormones and progestogens is wild yam and soybeans, but progestogens are more processed than natural progesterone.

The above three terms are what I'll be using throughout the book to refer to the various forms of progesterone. I also want to add these definitions to further clarify (or perhaps confuse) you.

- Progestational: This adjective merely describes any substance (usually progesterone or a progesterone-like drug) that helps maintain pregnancy in a woman. Pro-gest-ation.
- Progestins: This is a generic term for any substance, natural or synthetic, that exerts a progesterone-like effect.

Progesterone: The Importance Of Progesterone

Progesterone is one of the most important sex hormones in your body. It is the middle-man between cholesterol and your steroid hormones that bring cortisol, aldosterone, estrogen and testosterone to life. Progesterone and estrogen have a love-hate relationship going on. Out of balance, they ruin your life. They can't live without one another, either. Most of progesterone's actions demand estrogen be present either before or during its biochemical actions.

Your body normally produces between 20 to 25 milligrams of progesterone a day from your ovaries, adrenals and body fat. Biochemist Raymond Peat, Ph.D., believes optimal levels of progesterone are absolutely essential to well-being. He states women must have sufficient amounts of vitamin A, cholesterol and a healthy thyroid for progesterone to be made. "Recent studies show progesterone prevents stress-induced coronary blood vessel spasms in aged hearts, probably explaining women's relative freedom from heart attacks, so long as they retain functioning ovaries." (2)

Because natural progesterone helps regulate hormone levels, it can be beneficial for the symptoms of menopause and PMS, and menstrual cramps. It's also been used to treat inflammatory conditions such as rheumatoid arthritis, as well as

endometriosis, irregular uterine bleeding, osteoporosis, amenorrhea and threatened miscarriage. Uterine and endometrial cancers threaten you when you take synthetic estrogen therapy alone. This risk is less likely when progesterone is added to an estrogen regimen or used alone.

Some Actions Of Progesterone

1. Governs the second half or luteal phase of your menstrual cycle.
2. Prepares for and maintains pregnancy.
3. Helps control abnormal menstrual bleeding by preventing your uterine lining from sloughing off prematurely.
4. Stimulates production of nutritional secretions in your fallopian tube to feed your fertilized egg prior to implantation.
5. Activates certain cells in your breast to assist in producing milk.
6. When pregnant, it is secreted in high doses by the placenta. If progesterone is low, miscarriage can occur.
7. It increases your body temperature around ovulation.
8. Builds new bone.
9. Elevates blood sugar.
10. Promotes breakdown of fats.
11. When progesterone levels are high, you might feel depressed. (3)

The Importance of Estrogen

Estrogen is one class of hormones produced by the ovaries, adrenal glands, male testicles, and the placenta. Estrogen is also produced in your fat cells during your childbearing years. After menopause, it is mostly produced by your adrenal glands. There are three hormones referred to as estrogens: Estrone (E1), Estradiol (E2) and Estriol (E3).

Quick Facts:

- Estrone (E1) is a weak form of estrogen made from estradiol and the male hormone androstenedione.
- Estradiol (E2) is the primary and most potent form of human estrogen secreted by your ovaries.
- Estriol (E3) is the weakest form, found in large amounts in your urine. Estrone makes most of the estriol; estradiol makes a little bit. (4)

Estrogen in a healthy, normal balance benefits your blood vessels, increases good cholesterol levels, makes you happier, enhances your memory, may prevent heart disease, slows down bone loss, and encourages youthful skin. Jerilynn Prior, M.D., of the University of British Columbia in Vancouver, Canada, has conducted research that suggests estrogen does not actually rebuild new bone density, but only prevents further bone loss. (5) Yet, as you will discover from WHT study, synthetic estrogen is not without risk.

Some Actions Of Estrogen

1. During the first half of your cycle it rebuilds the lining of your womb.
2. It stimulates the production of special mucus by your cervix to assist sperm in fertilizing your egg.
3. Is responsible for breast development.
4. Enhances HDL ("good") cholesterol levels.
5. Retards bone loss.
6. Excessively high estrogen levels may contribute to fibrocystic breast disease, endometriosis, PMS mood swings, infertility and painful cramping periods.
7. Lowers blood sugar.
8. Promotes fat production.
9. Creates anxiety, when too high. (6)

All Estrogen Is Not Created Equal Different

Like varieties of apples, we now know there are at least three different types of estrogens, all with different effects on your body. Because the word "estrogen" is often used to describe all types of estrogen, you may be confused as to the type you may need. Before I describe to you how estrogens are used during what's called ERT or estrogen replacement therapy, let me remind you that all three estrogens are vital for your health.

Estradiol, being the most powerful, is also the most important and influential estrogen in your body during your premenopausal years. Once you reach menopause, then estrone takes over. This is because estrone is derived from androstenedione, the male hormone secreted by both your ovaries and adrenal glands. It's your body fat that converts most of the androstenedione into estrone. I know being overweight isn't healthy. But during menopause, fat has its place. The fatter you are, the more estrogen (estrone) you're blessed with during the menopausal years. Estriol, the weakest and sparsest of the estrogens, exerts minimal effects on you. (7)

Now that I've explained how your body works under normal conditions, let's talk a little bit about using synthetic hormones. First off, many doctors prescribe estrogen therapy—that is synthetic estrogen without progesterone or progestogen to balance it. This treatment is often referred to as "unopposed estrogen". This is a big mistake because as you now know, progesterone and estrogen are friends that need one another for a well-rounded hormonal relationship.

Secondly, synthetic estrogen is made from the urine of pregnant mares and contains estradiol and estrone (as well as other estrogen-like compounds). It's these two strongest forms of estrogen, when used in high, drug amounts which can cause

problems like uterine cancer and abnormal vaginal bleeding. What about the PMS you're trying to cure? Don't use estrogen treatment in oral contraceptives or as ERT. Synthetic estrogen often causes the very symptoms you're trying to avoid like depression, breast tenderness and headaches.

For years, European clinicians have used estriol instead of estradiol and estrone because this weaker estrogen not only appears to be non-cancerous, but may actually protect you against cancer. A study in the *New England Journal of Medicine* revealed elevated estriol levels in animals guard them against the tumor-inducing effects of estradiol and estrone. (8)

Why These Two Fighting Hormones Are Really Friends

Dr. John R. Lee believes "One of the paradoxes in female hormone physiology is that estrogen and progesterone, though mutually antagonistic in some of their effects, each sensitizes receptor sites for the other. That is the presence of estrogen makes your body target tissues more sensitive to progesterone, and the presence of progesterone does the same for estrogen." (9) The theory is progesterone blocks the action of estrogen on its receptors protecting you from too many of estrogen's effects on your body. Mother Nature knows best. She'd never think of giving you unopposed estrogen without the balancing influence of progesterone.

Why Estrogen And Progesterone Get Off Track

Progesterone and estrogen are involved in a continuous cycle of creation, metabolism and break down. While it's important that both your estrogen and progesterone are at appropriate levels in your body, it's also vital to have a balanced ratio between progesterone and estrogen. When either of these allies get off track, then your hormonal ratio also loses its balance. Let me give you a few examples of how this happens.

- Your estrogen levels can be normal with a reduced progesterone level.
- You can have excess estrogen but normal amounts of progesterone.

Once these hormones are out of balance, your emotional and physical equilibrium can be affected. Often, you may not even realize several common health disorders and conditions affecting you can be caused by or influenced by a progesterone to estrogen ratio that's faltering. Have you ever experienced mood swings or skin blemishes? Do you have hot flashes, insomnia or vaginal dryness? If you have experienced any of these symptoms, the cause of your problem may be hormonal imbalance.

Ann Louise Gittleman, best-selling author of *Super Nutrition for Menopause*, describes loss of bone density, thinning hair, and increased facial hair as symptoms of low progesterone levels. She describes a condition called "unopposed estrogen dominance," resulting from an imbalance in the hormone levels that allow estrogen to take over. She says this condition can increase your risk of breast cancer, bone density loss, and hypothyroidism. (10)

Lita Lee, Ph.D., enzyme therapist and consultant, believes that estrogen is produced by many cells in the body, and any type of estrogen supplementation is potentially carcinogenic. She also says that some animal-based foods, like commercial meat, milk products and eggs, contain synthetic estrogen. Other foods, like wheat germ, yeast and yeast-containing foods such as beer and wine, and herbs, including dong quai and black cohosh, naturally exert an estrogen-like effect on your body. If you consume any of these estrogenic foods or herbs in excess, your body may be unintentionally assaulted with more estrogen than you need or can handle. Dr. Lita Lee states a healthy balanced ratio of estrogen to progesterone is ten to one and hormonal disorders occur when ratios are less than five to one. (11)

Although Dr. Lita Lee points to estrogen-like plants, also called phytoestrogens, as a source of elevated estrogen, I should point out that these plants don't just increase estrogens in your body. They have more of a balancing effect. So if your body's estrogens are too high (like in PMS), phytoestrogenic herbs temper your natural estrogen by occupying some of your estrogen receptor sites. Because the estrogen-like activity in plants is much lower than synthetic versions, you have less estrogen upsetting your hormonal apple cart. On the other hand, if you suffer from an estrogen-low condition like menopause, phytoestrogens supposedly supply you with a little extra plant estrogen boost.

Super Liver To The Rescue

Although it might strike you as odd, the liver, your largest internal organ, is a key player in the hormone balancing game. Tucked underneath your rib cage on the upper right side of your abdomen, your liver sticks to a hectic schedule of storing and filtering your blood, producing bile for fat digestion, squirreling away vitamins and iron, as well as having a hand in almost every metabolic system in your body.

Your liver also handles estrogen and progesterone. As the major filtering system in your body, your liver ensures that you're not overloaded with poisons, drugs—or hormones. One way it does this is by converting your sex hormones into milder, less active forms and disposing of extra amounts through your urine. For example, estradiol is converted into estriol, the weaker sex hormone.

When your liver is not functioning properly or if you are deficient in nutrients required to fuel estrogen conversion, then the estradiol to estriol makeover is blocked. (12) Being a liver in today's world is like being Superwoman. Pollution, food additives, drugs, cigarette smoke, alcohol, junk food, pesticides and sundry other chemicals we meet every day, mean double duty for your liver.

Your liver has to sort through all these toxins while trying to keep you safe. While keeping the toxin assembly line going, your liver must also keep an eye on hormones passing through. I know when I have too much to do, I get overwhelmed and don't usually do a very good job on anything. Your liver is the same way. It has to be "Super Liver", working extra hard to discard and

convert estrogen even when there's a backlog of toxins. The result is you end up with high blood levels of estrogen, hormonal imbalance and unpleasant symptoms.

When you eat a healthful diet high in fiber, and low in sugar and fat, fiber binds to toxins in your intestinal tract and sweeps them from your body. A poor diet lacks vitamins and minerals which hamper your liver's job. Even smoking adversely affects your liver, and ultimately your estrogen levels. (13)

Comparing The Effects of Estrogen Versus Progesterone

Estrogen and progesterone are at times like the relationship between wife and husband. Everything estrogen does, progesterone counteracts by doing the opposite. Does this sound like someone you know? Although opposite in nature, estrogen and progesterone's relationship works fine when each partner is even tempered. But when one member dominates, that's when the trouble begins. For instance, progesterone has a sedative effect, while estrogen is a stimulant. When unopposed estrogen is given, it can cause food cravings, nervousness, lower pain tolerance, insomnia, infertility, inflammation, increase headaches and aggravate hot flashes. When progesterone is given for high estrogen conditions like PMS, or administered along with estrogen for menopausal problems, it counteracts these side effects. Progesterone acts as an anti-inflammatory, antidiuretic and stress reliever.

Like a marriage counselor who thinks talking to the wife while ignoring the husband will cure marital problems, many doctors prescribe estrogen therapy without its balancing partner, progesterone. When unopposed estrogen therapy causes irregular vaginal bleeding, progesterone helps out. When estrogen makes you bloat up with water, progesterone assists by regulating water, sodium and potassium excretion by competing with aldosterone, another hormone that also manages these functions in your body. (14)

Progesterone raises your blood sugar, while insulin and estrogen lower it and promote fat storage. Balanced blood sugar protects you against the irritability and emotional ups-and-downs peculiar to low blood sugar. Progesterone and estriol may protect you against cancer and fibrocystic disease of the breasts. High estrogen levels, on the other hand, tend to promote some cancers and growth of cysts.

Estrogen Replacement Therapy (ERT)

As you'll see from the following passage, synthetic hormones carry with them many side effects. So you may ask yourself, why were they developed in the first place? Well, natural hormones—both the ones you produce and natural progesterone made from the wild yam—tend to be quickly broken down by your digestive system. Synthetic forms, on the other hand, retain their effectiveness even when taken as a pill by mouth because they are not dissolved immediately by your gut.

Many myths have swarmed around estrogen replacement therapy (ERT). In the 1960's, it was touted as a miracle hormone that granted women their youth and ageless skin. A decade later, doctors began warning us ERT may cause endometrial cancer. During the 1980s, scientists speculated ERT was responsible for post-menopausal breast cancer. **Today ,since the WHI study, ERT is no longer considered a cure-all. The WHI study was abruptly halted before it was completed because they discovered the risks were too great to continue.** Many doctors suggest estrogen for just about all hormonal problems you may have. Has your doctor offered you hormones to relieve your PMS symptoms or for menopause-like hot flashes, night sweats, vaginal dryness, or to prevent osteoporosis?

For many years, treatment for menopausal women consisted primarily of ERT. Today, there are more alternatives than before. The rationale behind using this hormone is it helps your body adjust to declining estrogen levels during menopause by increasing your blood levels of estradiol. Estrogenic drugs are also used in oral contraceptives, for the prevention of miscarriages and to treat abnormal vaginal bleeding.

What risks do you face with ERT? What are your other choices? I did not think there was another choice until I learned about the natural progesterone. I've found natural progesterone can relieve these symptoms without the side effects caused by ERT. If you haven't heard about natural options, you really don't have much of a choice. You can decide to use ERT or do nothing.

ERT Effects

No drug is a magic bullet. Anytime you take a drug, you're likely to experience unwanted effects in addition to its therapeutic actions. Cold medicines, for example, dry up your nose, but also make you feel drowsy. Every woman needs to be aware of the adverse effects of estrogen replacement therapy. ERT side effects can include: depression, headaches, loss of sex drive, mood swings, fatigue, irritability, sudden shortness of breath, nausea, hair loss, vomiting, cramps, breast tenderness or enlargement, changes in the amount of cervical secretion, vaginal yeast infection, lumps in your breast, jaundice (yellowing of the whites of your eyes), swelling or tenderness in your abdomen, a spotty darkening of the skin, skin rashes, dizziness, faintness, changes in vision, involuntary muscle spasms, increase or decrease in weight, possible changes in blood sugar and fluid retention. Water retention is of particular concern for women with asthma, epilepsy, migraines, heart disease, and kidney disease because it can aggravate these conditions.

More serious side effects can include thickening of the uterine lining, and possibly endometrial cancer. Women who use ERT after menopause are more likely to develop gallbladder problems requiring surgery than those who do not use estrogen. A recent study reported a two to three times greater risk of gallbladder disease among women who had taken ERT or oral contraceptives (as an estrogen source) postmenopause. Estrogen can also cause abnormal blood clotting and strokes, so if you have heart or circulation problems you may want to avoid it. Your blood pressure may increase while on ERT. (15)

Many doctors (and women) are so determined on washing away menopausal symptoms, and preventing heart disease and osteoporosis (conditions that tend to increase in women after menopause), that often they forget how lifestyle fits in. What I have

often wondered is—what did women do before ERT? Why are we so scared about heart attacks and breaking bones? Is ERT the only way to go? ERT is not for me!

Genetics, of course, determines how susceptible you are to any disease. I like to think of this as your weak point. When some people get stressed out, they get a cold. Others might suffer from a stomach ache or depression. It all depends on where your body is the frailest. So if there are heart problems and osteoporosis happening in your family, you might want to find a physician who knows about natural hormonal solutions, diet and lifestyle, and can guide you safely toward health.

If you just want to keep your heart and bones as healthy as possible, take care of the diet, stress and exercise in your life. All of these things greatly influence whether you're going to be a heart or osteoporosis patient or not. The trick is to take action.

Hormone Replacement Therapy (HRT)

Now, hormone replacement therapy (HRT), a combination of estrogen and progesterone, is in question by women and doctors. Many physicians are recommending this for women as a protection against osteoporosis. Progesterone is meant to balance the hormonal ratio I keep talking about. Unfortunately, the list of side effects for progesterone is almost as long as the one for synthetic estrogens. The adverse effects are depression, fatigue, breakthrough bleeding, bloating and fluid retention, weight gain or loss, increased appetite, headaches, breast tenderness, nervousness, exaggeration of PMS symptoms, suppression of ovulation, increase in LDL cholesterol levels, and suppression of progesterone levels. If you are taking synthetic hormones and notice any of these signs, consult with a health care practitioner.

Natural Progesterone Can Help

As you've probably realized, the subject of natural progesterone is complicated. So it's not surprising that it has been reported to help relieve the following:

Physical Symptoms and Conditions

Migraines and other headaches, epilepsy, fainting spells, muscle pain and stiffness, asthma, infertility, dry skin, hoarseness, backache, flu and colds, joint pain, blurred vision, fibroids, bloating and breast tenderness, hot flashes, inflammatory conditions like arthritis and bronchitis, miscarriage, allergies, gas and constipation, hypoglycemia, dry hair, toxemia of pregnancy, upper respiratory infections, fatigue and gallbladder problems.

Emotional and Mental Conditions

Depression, mood swings, lethargy, poor memory, aggression, anger, irritability, frustration, panic, mental exhaustion.

Natural Progesterone Versus Progesterone

Many women and their physicians aren't aware or don't believe safe alternatives to synthetic ERT or HRT exist. **Suzanne Sommers and Oprah** both discovered bio-identical natural progesterone was beneficial. Fortunately, some practitioners using natural hormonal alternatives can provide us with clinical evidence that these therapies are effective and really do work.

Synthetic hormones such as progesterone are most commonly prescribed as part of HRT. Many women do not react well to synthetic hormones, and experience myriad side effects. You may have experienced these yourself, like weight gain or breast tenderness. You may have taken these hormones under the brand names of Provera, Norlutate, and Amen. The unpleasant side effects of synthetic hormones force many women to discontinue using HRT during the first year. Fortunately, natural progesterone does not usually have these side effects. It is therefore considered to be a safer option. In fact, natural progesterone seems to relieve as many hormonal and PMS symptoms as progesterones trigger.

Dr. John Lee believes that "In Western industrialized culture, pharmaceutical companies buy natural progesterone (derived from yams) and then chemically alter its molecular form to produce the various progestins, which, being not found in nature, are patentable and therefore more profitable. Most physicians are unaware their prescription progestins are made from progesterone (from yams)." (16)

One drawback of progesterone is that its chemical structure is different from the progesterone in your body. Progesterone also doesn't act like your own progesterone does. It can't convert into other steroid hormones. When choosing a hormone treatment, it is important to remember that progesterone is the primary building block for all other steroid hormones and this alone distinguishes natural progesterone from progesterone. Instead of binding to the progesterone receptors in your body, most of progesterone binds to androgen (male hormone) receptors. This means progesterone has mild male-inducing effects like increased facial hair. There are minimal, if any, side effects with natural progesterone.

Natural Progesterone Is The Choice For PMS And Menopause

Natural progesterone is preferred over progesterone as a PMS treatment. Niels Lauenstein, M.D., founder of the first PMS clinic in the United States, suggests in his book *PMS: Premenstrual Syndrome and You*, that when your doctor prescribes progesterone treatment, you should make sure he's talking about natural progesterone not a synthetic. Dr. Lauenstein discovered only natural progesterone is effective in combating premenstrual syndrome. His experiences with progesterones are that they don't diminish PMS symptoms and may even increase them. However, a couple of his patients have found relief using Provera™ (a brand of synthetic progesterone). Dr. Lauenstein believes that, "When a woman is treated with synthetic progesterones, her body becomes confused and produces less natural progesterone." (17)

The side effects of natural progesterone were compared to progesterones in menopausal women. Joel Hargrove, M.D., of Vanderbilt University Medical Center in Tennessee, achieved a 90% success rate treating menopausal patients with oral doses of

natural progesterone for PMS. In his study, Dr. Hargrove compared oral micronized progesterone (natural) to oral progestogen therapy. He found the progestogens to have side effects such as increase in facial hair, depression, fluid retention, and headaches.

Dr. Hargrove found natural progesterone can safely be ingested in 200 mg per dose equal to progesterone levels normally seen during the luteal phase of a woman's cycle—with no side effects. (18) Dr. John Lee has had similar results using natural progesterone cream. However, his patients required five-to-eight times less natural progesterone because it was applied topically (on the skin). (19)

Synthetic names of estrogen and progesterone

<u>Brand name</u>	<u>Types of estrogen</u>
Premarin	Conjugated equine estrogens (urine from pregnant mares)
Estrace	Micronized Estradiol
Estratab	Esterified estrogens
Ogen	Estropipate
Estinly	Ethinyl estradiol
Estrovis	Quinestrrol

Estrogen Vaginal Creams

Premain	Conjugated equine estrogens
Estrace	17 beta-estradiol
Ogen	Estropipate
Ortho Dienestrol	Dienestrol

Progestogens (synthetic progesterone)

Provera	Medroxyprogesterone acetate
Curretab	Medroxyprogesterone acetate
Cyrin	Medroxyprogesterone acetate
Amen	Medroxyprogesterone acetate
Aygestin	Norethindrone acetate
Norlutate	Norethindrone acetate
Norlutin	Norethindrone
Megace	Megesterol acetate
Oveerette	Norgestrel
Micronor	Norethindrone
Nor-Q.D.	Norethindrone, micronized oral progesterone

Cancer Risks

Fear of cancer plagues most women in America today. Cancer evokes such fear in us because the cause is so vague, and there is no definitive cure. How do we prevent cancer? We can pinpoint some contributing factors to this disease: genetic predisposition, exposure to radiation, possibly viruses, poor diet, lack of exercise, as well as toxins from our food, water and the environment. Medical research indicates that excess levels of some hormones, like estradiol, may contribute to cancer risk. Other hormones, such as estrinol, play a role in preventing cancer. Decades ago, researchers knew very high estrogen caused cancer. Fifty years ago, research showed progesterone was central to steroid production. During the 1950s, the author of *Steroid Hormones and Tumors*, Alexander Lipshutz, discovered estrogen to be the only hormone to be carcinogenic. His study showed rats given estrogen developed tumors like uterine fibroid and even uterine cancer. However, the rats' cancer went into remission when progesterone and pregnenolone (the precursor to progesterone) were given. Lipshutz concluded that progesterone helps solve the problem of excessive estrogen. (20) Estrogen contributes to the growth of some tumors, especially those in the breast. Breast cancer cells can produce and secrete estrogen, so high levels of estrogen, from supplementation or an imbalance, may encourage the growth of these cancers.

A very important theory explaining cancer prevention is the relationship between estrinol and estradiol and progesterone hypothesis. Estradiol is associated with an increased risk of breast cancer. However, estrinol seems to prevent this disease. Your body needs smaller amounts of estradiol compared to estrinol or estrone because estradiol is 12 times more potent than estrone and 8-9 times stronger than estrinol.

A formula developed 30 years ago by Dr. Henry Lemon called the "estrogen quotient" measures the ratio of estrone to estradiol. Dr. Lemon tested his formula on two groups of women with active breast cancer. One group was given 2.5 to 15 mg of estrinol while the others were not treated. Of the women receiving estrinol, 37 percent experienced a remission. He discovered the estrinol levels of women with breast cancer were 30 to 60 percent less than women who did not have cancer. Cancer improved in patients partaking in the therapy, theorizes Lemon, because he boosted their estrinol levels. This suggests women have a higher risk of cancer when their estrinol is low in comparison to estradiol and estrone. It also suggests replacement therapy with estrinol may be a cancer cure and lessen women's risk of getting cancer. (21)

Progesterone appears to guard women from cancer, too. One study reported that a progesterone deficiency in premenopausal women increases their chance of developing breast cancer 5.4 times and their risk of death from cancer tenfold. (22) Low levels of estrinol and progesterone in a woman's urine are another indicator that she's at higher danger of breast cancer.

A 1995 study conducted by Harvard researchers confirmed that HRT during menopause does significantly increase your risk of breast cancer. Seventy-thousand women participating in the Nurses Health Study took both synthetic estrogen and progesterone. The study found that progesterone did not counteract the negative effects of the estrogen, but may actually have encouraged synthetic estrogen's cancer-causing action, raising the risk of breast cancer from 30 percent (with ERT alone) to 40 percent. The study did find, however, that if you stop using synthetic hormones, your cancer risk is the same as women who have never used HRT. That's good news! (23)

However, even for a relatively well researched product like synthetic estrogen, the cancer connection is now proved with the WHI study. Until then, a study found that the long term risk of endometrial cancer or breast cancer increases with ERT, not just while a woman is on the estrogen therapy but for many years after it is discontinued. (24) Women on estrogen for more than a year increase their risk of cancer (particularly endometrial) 4.5 to 13.9 times versus non-users. This hazard appears to be reduced if progesterone is added in sufficient amounts, and for long enough to the estrogen. There may also be a higher chance of developing breast cancer when postmenopausal women use ERT long term; however the results on this are inconclusive. These are just some of the reasons why women are looking for safer, more natural options to synthetic hormones.

2002 Women's Health Initiative Study Was Abruptly Halted Due To High Risks

The Women's Health Initiative study of 2002 was - prematurely halted in the name of public health and safety – This was a surprising and powerful set back to the traditional health care professionals and many of the women taking hormone replacement therapy.

This in-depth study found that the benefits of HRT for reducing heart disease and cancer was **NOT TRUE**. Up until that time, the health care professionals were giving women synthetic HRT as a standard therapy as if it was aspirin. This study found that using hormone replacement therapy placed women at a GREATER risk of heart disease, as well as breast cancer and other serious health issues

The reasons for previously giving women HRT for the symptoms of menopause and perimenopause was to reduce the risk of heart disease. Many women overlooked the known risk of increased breast cancer for the sake of a healthy heart. Health Care professionals are trained to protect the heart and are willing to risk cancer.

All that changed with the [Women's Health Initiative](#) halted an eight-year study just *five years* into the study. Researchers concluded that the risks to the test group of women on hormone replacement therapy outweighed the benefits of continuing the study.

The Women's Health Initiative trial, sponsored by the National Institutes of Health, studied the relationship between hormone replacement therapy (combined estrogen and progesterone) and heart disease, bone fractures, breast cancer, endometrial cancer and blood clots. The trial did not study the effect of hormone replacement therapy on [menopause symptoms](#) or other health conditions.

The study found women on hormone replacement therapy experienced a significant increased risk for breast cancer, coronary heart disease, strokes and blood clots. The Women's Health Initiative study found women taking hormone replacement therapy:

- have a 29 percent higher risk for heart disease.**
- have a 26 percent higher risk for invasive breast cancer. The longer a woman stays on hormone replacement therapy, the greater her risk for breast cancer.**
- have a 41 percent increased risk of strokes and blood clots.**

The Women's Health Initiative study confirms earlier studies from 1952 showing an increased risk of breast cancer with hormone replacement therapy. The good news is the study also showed that the risk of breast cancer drops back to normal six months after discontinuing hormone replacement therapy. Although the study did show benefits to hormone replacement therapy (37 percent decrease in colon cancer and 24 percent reduction in bone fractures), researchers did not consider those health benefits strong enough to outweigh the harms of hormone replacement therapy.

Hormone replacement therapy – HRT usually means to the use of estrogen or a combination of estrogen and synthetic progesterone for perimenopausal, menopausal and postmenopausal women. Physicians typically prescribe a combination of estrogen and progesterone for women who have not had a hysterectomy since the risk of endometrial cancer is too high for women who still their uterus.

Prior to the Women's Health Initiative findings, hormone replacement therapy was generally prescribed to relieve the symptoms of menopause (such as [hot flashes](#), insomnia and mood swings), to reduce the risk of [osteoporosis](#) and to reduce the risk of heart disease.

Doctors believed the earlier observational studies that indicated that hormone replacement therapy reduced the risk of heart disease. However, the earlier studies were not as detailed and specific as the sophisticated Women's Health Initiative study which used a "double-blinded" method of compiling and comparing data.



Now that the earlier studies have been refuting, the U.S. Preventive Services Task Force currently recommends against the regular use of combined estrogen and synthetic progestin hormone replacement therapy for menopausal and postmenopausal women. **This is not the same as natural progesterone. The study did not use natural bio-identical hormones.**

We cannot be sure that this synthetic hormone replacement therapy regimen is safe without more definitive data. More studies are in process, since the drug companies sponsor them. Until that time, women taking the estrogen-only hormone replacement therapy should be aware of the possibility of increased health risks. Today, women are rethinking their decision to take hormone replacement therapy and are searching for [alternative treatments](#) more now than ever before.

When choosing a HRT, educated women weigh the benefits and risks of hormone replacement therapy. It is important for women to discuss hormone replacement therapy questions and concerns with their physician. Hormone replacement therapy is no longer recommended for the prevention of heart disease. The prescription for reducing the risks of heart disease remains the same as it always has; stop smoking, start exercising regularly, lose weight and watch your diet. It's the same information doctors and health care organizations across the country tell their male patients on a daily basis.

Always consult a physician before starting a new exercise and diet regime. Women at a high risk for heart disease should also consult their physician about medications specifically targeted to reducing high cholesterol levels and high blood pressure.

When prevention of osteoporosis is the reason for HRT, there are newer medications and therapies that carry lower risks for breast cancer or heart disease. The risks of hormone replacement therapy are just too great.

It's Time To Start Making Decisions

Knowledge is power. With what I've taught you so far, I hope you feel stronger and more prepared to start making new decisions about your health care. You now understand how an imbalance between estrogen and progesterone can cause some of the most severe physical and emotional problems known to womankind. You may have identified the cause of your problems as hormonal.

I believe the best approach is to begin with the safest and simplest treatments. Now that you are aware of the risk potential of synthetic hormones and know about natural therapies to correct these imbalances, why would you want to use synthetic hormones? After all, when HRT begins clashing with your natural hormones, the battleground is a very special place—your body!

Besides natural progesterone, make sure you're eating right and exercising regularly. These easy steps not only make you feel better, they'll reduce your risk of osteoporosis and heart disease. Your diet also influences your hormones. For example, Vitamin B deficiency may slash estrogen effects by interfering with its ability to bind to receptor sites. The typical American diet of fatty foods, as well as drinking alcohol affects the removal and recycling of estrogen.

If you find self-treatment with natural progesterone, lifestyle changes aren't working for you, then evolve to the next level of treatment and seek professional guidance from a qualified natural health practitioner. They can offer you medical supervision and expertise in the treatments you've already tried, as well as more complex therapies like homeopathy and acupuncture.

If you still don't get relief, you can then try semi-natural hormones like natural progesterone derived from the wild yam. If this doesn't help, you can then turn to synthetic hormones with the help of your doctor. While I certainly don't advocate using synthetic estrogen and progesterone indiscriminately, there is a place and time for these treatments when all else has failed.

I believe my gentle, slow approach allowed my body to decide what it needed before I took risks with synthetic hormones. I am not opposed to synthetic hormones. However, why should I take them if I have other options to try first, that will work equally as well? I believe in choices and options.

Summary

- Abnormally high estrogen creates hormonal imbalances that cause many "woman problems".
- The liver converts estrogen into a milder form.
- When the liver isn't functioning well, it affects hormonal balance.
- There are at least three different types of estrogen.
- Estrogen replacement therapy has many side effects.
- Progesterone has many side effects.
- Hormone replacement therapy combines synthetic estrogen and progesterone.
- Natural progesterone is derived from plants like the wild yam.
- Natural progesterone cream offer is a safe alternative to synthetic hormone therapies.
- You have choices.

CHAPTER 3 NATURAL PROGESTERONE

During my research of discovery, I began to understand the swampy terrain of hormones and the push-me-pull-you relationship between estrogen and progesterone. Once I knew how my body worked, I hunted for natural treatments that would steady my "stirred-up" hormones. Since I am not a candidate for ERT or even birth control pills, natural progesterone cream became my

salvation. Still, I had many questions. How can natural progesterone cream help me? How does it work and how do you use it? Is it safe?

Are You Skeptical? Are You Suspicious?

When I first began my information expedition, I didn't believe or natural progesterone would really help me. Believing it could benefit me was as crazy as my life! Even though my meeting with natural progesterone expert Dr. John Lee was inspiring, I was still very doubtful. How could bio-identical hormones help end my endless suffering?

Fortunately, I had many qualified natural medicine health professionals at my disposal while I was working on a book, *The Alternative Medicine Yellow Pages*. I asked them all the same questions in an attempt to confirm what I learned from reading Dr. John R. Lee's work—What do you think of natural progesterone cream? Will it help my PMS? Can it relieve the symptoms of menopause? Does it work for women who have had a hysterectomy and want to avoid taking synthetic estrogen?—Since I know you probably have many of the same queries I did

While I researched for explanations and eventually tried natural progesterone and other natural treatments, my skepticism gradually transformed into confidence. Natural progesterone changed my life! It restored my vitality, mental health, emotional stability and my physical well-being. Without it, I wouldn't have this story to tell. So if you're ready, let me continue my tale starting with the plant-hormone controversy.

Do Plants Have Hormones? Not Exactly

One of the buzz words circling above natural health discussions is "phytohormones". Phyto means plant. So this word literally means "plant hormones". Many doctors and scientists dislike this label, because plants don't produce hormones, only animals do. What the term phytohormone attempts to convey is that some plants possess constituents that have hormone-like effects on your body. Whether or not your body can use these compounds to make real hormones is unlikely, though some experts suggest it may be possible. We just don't know for sure.

Phytohormones (for lack of a better word) are found in several plants, both herbs and food. Many natural medicine practitioners believe these substances work by competing with your hormones (like estrogen) for the same receptor sites in your body. Herbs with estrogen-like effects, like licorice and fennel, have a long history as female therapies. Unlike synthetic estrogen, these phytoestrogenic herbs balance your estrogen levels—whether they be too high or too low.

The theory goes like this. For syndromes where your estrogen runs amuck (like with PMS), the phytoestrogenic compounds, guessed to be about 1/400th as strong as synthetic estrogen, crowd out your body's own estrogen. This in effect diminishes estrogen's effects and your symptoms. If you don't have enough estrogen (as in menopause), then phytoestrogens supposedly offer you an estrogen-like effect. You can see how beneficial these phytoestrogenic plants would be if you're concerned about protecting yourself against cancer and other problems caused by synthetic estrogen.

Soybeans Are Winners

Because these hormone-like substances appear in food as well as herbs, many women have unknowingly been proving the advantages of plant therapy for centuries. Soybeans and soy based foods like tofu and miso are rich in the estrogen-like isoflavonoids genistein and daidzein. These weak "phytohormones" possess about 1/1000th of the activity of estradiol. (1) One study suggested the reason Japanese women have fewer hot flashes and other menopausal symptoms is their love of soy foods. (2) Every menopausal woman should have a soybean shrine in her house! Tofu anyone?

Research shows women in Western cultures experience more hot flashes than societies who eat large amounts of soy foods. It is interesting that women in countries consuming nutritious diets full of whole grains, fresh fruits, vegetables, and an abundance of soy foods, also endure fewer hot flashes than the average American woman. If you live in Japan, Malaysia, or even Africa, you may never know a hot flash! The phytoestrogenic constituents in soy foods call a truce between your hormones.

FIVE EASY SOY PIECES

Increase the soy and its beneficial phytoestrogens in your diet using these simple steps. (Soy is also high in protein.)

1. Use soy milk in place of cow's milk. There's plenty of wonderful tasting soy milk products on the market. Try a few, and pick your favorite.
2. Bake with soy flour. Substitute some soy flour for the flour you normally use when baking cookies, muffins or loaves. Only use about ¼ cup because soy flour has a strong taste.
3. Eat soy cheese. Like soy milk, there's lots of soy cheese brands available in your health food store. Taste a couple and the next time you make a grilled cheese sandwich, use soy cheese instead.
4. Add miso to soup. A tablespoon or two of miso enriches your home made soups and adds valuable nutrients. Miso is available in a variety of strengths and flavors.
5. Toss soy beans into everything. Soak and cook up a couple of cups of soy beans, then freeze them for later use. Add a handful or so of soy beans to casseroles, pasta salad or as a garnish to green salads. They're delicious and nutritious!

More "Phytohormone" Sources

Exciting research on the chaste tree berry—*vitex agnus castus*—and its treatment of menstrual cycle disorders as well as PMS is one more example of a plant that realigns your deranged hormones. *Vitex* is believed to increase the production of lutenizing hormone and inhibit release of follicle stimulating hormone, which in turn helps increase your ratio of progesterone to estrogen.

Clinical observations by 153 gynecologists on 551 of their patients demonstrated *vitex* reduced menstrual disorders and PMS complaints when taken over several cycles. (3)

Another study successfully treated patients whose menstrual cycles were lopsided with *vitex agnus castus*. The second half or luteal phase of these women's cycles was too short due to extremely high amounts of the hormone prolactin. After three months of a daily 20 milligram dose of *vitex*, prolactin levels fell. As a result, the women's luteal phase normalized and regular progesterone synthesis was restored. (4)

Mother Nature provides us with a whole medicine chest full of plants useful for treating female conditions. Most of the herbs help other ailments too. Some of these herbs are dandelion, cramp bark, black haw, black cohosh, red raspberry leaf, hops, nettle leaves, alfalfa and skullcap. .

Wild Yam Stirs Up World History

It was sparked in the 1940s when medical pioneer Professor Russell Marker developed a chemical process to transform diosgenin, a constituent of wild yam, into progesterone and other hormones. This was a fantastic discovery, since up until that time, steroid hormones (then derived from animals) for treatments were very costly. Marker's methods were much cheaper and more efficient.

Professor Marker's adventure began in 1943 when he traveled to Mexico City in search of the wild yam. While residing there, he isolated diosgenin from *dioscorea mexicana*, one of over 150 species of wild yam. Marker's comprehensive research eventually led to the development of first contraceptive pill. His wild yam breakthrough absolutely changed the world for women. In 1973, 200 million drug prescriptions in the United States came from diosgenin. (6)

It's the steroidal sapogenins found in the wild yam roots, like diosgenin, yamogenin and others, that are used to manufacture progesterone, cortisone, DHEA and other steroid hormones for medical use. The wild yams from Mexico have some of the highest sapogenin content—about 40 percent diosgenin and 60 percent other sapogenins. (10) These sapogenins are such terrific raw materials because their molecular structure is nearly identical to that of progesterone and other hormones.

There is no scientific evidence at this time proving the body can use diosgenin in any way to synthesize hormones. Silena Heron, N.D., a naturopathic physician and long time herbalist from Sedona, Arizona, says, "You can't take *dioscorea* and put it in the body and get progesterone out of it. What you get are precursors (building blocks), and your body decides whether it is going to make it into progesterone or other hormones." Diosgenin and progesterone are chemically similar.

Unfortunately, once the Mexican government discovered the value of their wild yam crops, they increased the price of their diosgenin by 250 percent. Botanists and herbalists attempted to grow *dioscorea mexicana* in the United States and other countries, but without success. Since then, drug companies and herbal firms have turned to other wild yam species (which also contain diosgenin). A popular species in this country and others is *dioscorea villosa*. Today, most drug companies in the U.S. who make birth control pills and other steroid hormones use the cheapest starting materials they can, usually stigmasterol from soybeans or cholesterol from wool fat. (7) Still, 60 percent of all steroid drugs worldwide start with diosgenin from the wild yam. (8) These hormones relieve asthma, arthritis, eczema, high blood pressure, migraines and treat menopause symptoms, menstrual cramps and PMS. (9)

Over the centuries, wild yam extract has been used to treat a range of female conditions from morning sickness to menstrual cramps. People around the world, including Native Americans, have used the wild yam root to treat a variety of conditions such as bilious colic, gastrointestinal irritation, asthma and rheumatism. Women have welcomed wild yam for its ability to ease their menstrual cramps, morning sickness and afterbirth pains. Recently, research even points to wild yam as a possible cancer cure. (5)

There is a great deal of misunderstanding about wild yam and natural progesterone. I hope I've made it abundantly clear to you that they are two different substances. Natural progesterone is a term often used to describe bio identical progesterone made from the wild yam. Wild yam contains diosgenin, the raw materials to make progesterone in the laboratory. Wild yam does not contain progesterone itself.

A 28 year old pre-med student had a full hysterectomy. She had a whole list of menopausal complaints. She was told by her doctors she must go on estrogen replacement therapy for the rest of her life. As a pre-med student, she was clearly informed and aware of the high risks and side effects of drugs. Following her own intuition, she (like thousands of women around the country) had been using or natural progesterone cream with fantastic results. Many times, women have told their doctors how relieved their symptoms when other things have failed to work.

Toni is a woman in her thirties. She was on the Pill for 25 years to keep her hormones in check. When she finally stopped using birth control pills, she felt like her life was becoming a complete wreck. She was plagued with early menopausal symptoms and bled heavily for over three weeks. Toni was worried and very tired all the time. She didn't want the hysterectomy her doctor recommended to stop the bleeding. After trying several natural remedies with varying degrees of success, one of Toni's friends recommended a natural progesterone cream. Toni was so excited about the prospects of a natural product that could stop her bleeding, she began to use about ¼ of a two ounce jar over the next four days. Around the fifth day, her bleeding stopped and her menopausal symptoms disappeared; her period became as regular as clockwork.

Natural Progesterone

Dr. John Lee believes the transdermal (means passes through the skin) creams made with natural progesterone are eighty times more effective than the pill form. (11) Why? The pill must pass through the digestive system and the progesterone is broken down and eliminated too quickly to be effective. A cream bypasses your digestion by absorbing through your skin and into your blood stream. Some of the hormone also connects with specific receptor sites on your skin.

Dr. Lita Lee reveals that, "Natural progesterone cream is anti-aging to the whole body, and if you rub it on, your pores shrink. I've had people tell me that their moles disappeared." Christina Northrup, M.D., an obstetrician/gynecologist from Yarmouth, Maine, and author of *Women's Bodies, Women's Wisdom*, recommends using a cream containing natural progesterone cream to treat migraine headaches. She recommends ½ teaspoon of cream applied to soft skin areas once a day as a preventive measure. For relieving a migraine already in progress, she suggests placing ¼ teaspoon of progesterone oil under the tongue every 15 minutes. (12)

Raymond Peat, Ph.D., uses natural progesterone cream to treat a wide variety of conditions. He has cured suicidal depression, epileptic seizures and blindness from multiple sclerosis with three to four applications of progesterone cream a day. He has also treated menopause symptoms with good results. (13)

Summary

- Hormone-like compounds (called "phytohormones") are found in plants and foods.
- These "phytohormones" are thought to compete for receptor sites in your body with your naturally occurring hormones.
- Phytoestrogenic plants provide safe natural solutions for PMS, menopause and other female conditions.
- Natural progesterone, derived from wild yam, soybeans and wool fat, is identical to the progesterone occurring in your body.
- Wild yam contains diosgenin, a substance used to make natural progesterone and other steroid hormones in the laboratory.
- Natural progesterone is chemically different from progesterone, is it bio-identical.
- Wild yam doesn't contain actual hormones, but it is theorized that its diosgenin may have progesterone-like qualities and may even be used to make other hormones in your body. There is no evidence for this.
- According to women who have tried it, natural progesterone cream helps menstrual disorders, PMS and menopausal symptoms.
- Natural progesterone cream applied topically is the most direct route into the bloodstream.

CHAPTER 4 AM I GOING CRAZY? SAY GOODBYE TO PMS

Have you ever suffered from Pre-Menstrual Syndrome (PMS)? Perhaps you have experienced these vague, hard-to-explain symptoms of PMS: bloating, headaches, food cravings, fatigue, irritability, depression, or backache. Your co-workers, husband or friends may think you're exaggerating about how debilitating these recurring monthly symptoms are. Any physically or emotionally stressful event can trigger PMS—consider marriage, divorce, pregnancy, promotion, moving, the death of a loved one, or such crises like an automobile accident. These events are part of life. Happy times or unpleasant experiences can stir-up your hormones and consequently, your life.

Over 25 million women in the United States have suffered from PMS at some point in their lives. Certain experts report this number is much larger. You know the way you feel is real. You're not crazy. I questioned my own sanity until I found natural solutions that healed my wacky symptoms. Natural progesterone cream came to my rescue and saved me from the clutches of PMS.

I know first hand about stress-induced PMS, because I first experienced classic PMS symptoms after being involved in a car accident. Back then, of course, I never made the connection between the trauma of the accident to the onset of PMS. For years, I experienced depression, breast tenderness and bloating every two weeks before my period. I just assumed it was normal since so many women suffer from the same symptoms and so many more.

PMS is not a disease per se. It's a syndrome or waste basket of at least 150 emotional, physical and mental symptoms that appear every month around two weeks before your period. The frustration of this condition is you feel fine for a week or two after you menstruate, then the insanity of PMS hits you once again. This explains why you can feel on top of the world one week and in the very depths of hell the next. It took me eight years of living this way before I considered going to the doctor, and finally through this journey learned the link between my hormones, menstrual cycle and PMS.

My Life With PMS

My monthly cycle ruled my life. If you've been struggling with PMS, then you can relate to my story. The first week of my cycle I felt great. I had energy morning, noon and night. I was in a great mood and I felt happy. The following week, my energy began sliding down hill and I tired easily. I started feeling irritable and slightly moody. About mid-cycle, my anxiety mounted and my breasts hurt. Frustration and temperamental outbursts turned me into the "Bride of Frankenstein".

The week before my period I became barely nice. I couldn't run from what was inside me—though I desperately wanted to. I was weepy, moody, bitchy, and puffy. My physical and emotional symptoms grew uncontrollably worse as my gloom grew into a deep painful depression. Even my skin broke out! Before PMS reared its ugly head, I never had a pimple, even as a teenager. I finally went to a dermatologist for my acne and he gave me skin medications. Of course, he didn't ask me about stress or any menstrual problems.

The day before my period was a killer. An intense total misery set in and I was ready to shoot myself or anyone else who crossed my path. I cried for no reason and snapped at everyone. The smallest difficulty set me off. Suicide seemed reasonable,

though I never tried it. Instead, I stuffed myself and my hurt with chocolate or any other sweet things I could find. Unfortunately, this made me even more anxious because I didn't want to get fat. During this time, life was unbearable. Those moments seemed like forever. Wasn't I a joy to live with?

PMS wasn't my only problem. Twinges of pain cued the beginning of my period and hours of severe cramps. Finally, when the painful cramps stopped, I felt great. All the emotional and physical things I'd lived with totally disappeared. I was so happy for about a week—until it began all over again. My life was an emotional rollercoaster. Was this how life was supposed to be? It was time to feel good once again, time to seek help. My regular physician heard my list of complaints. He did a battery of tests to discover the cause of my complaints. All his tests came out normal. How could all my tests coming out “normal” when I felt awful?

During my check-up, my doctor suggested I use birth control pills to treat my problems. First, he believed it was the best way to prevent pregnancy. Second, he felt the multi-purpose actions of birth control pills would cure my ailments. He knew my family had a history of heart disease and cancer. Little did I know then the side effects of synthetic hormones would actually aggravate my PMS symptoms and increase my risk for these conditions. To me, this means I'm not a candidate for any estrogenic drugs.

He also prescribed anti-depressants for my “bummed out attitude” and the stresses of life. Though the anti-depressants dampened my anxiety and depression, they turned me into a walking zombie. I was not only very spacey, but still experiencing the water weight gain, cramps, and breast tenderness I'd gone to see my doctor for in the first place. Instead of uncovering the cause of my problems, my doctor merely prescribed drugs to mask all my symptoms and ultimately create even more problems. Has something like this happened to you?

Enough Is Enough

I tried to ignore the combined side-effects of anti-depressants and oral contraceptives. After three months of feeling worse, I finally decided I'd had enough and stopped taking all the pills. I knew I had to do something else. First, I needed to answer the questions—What was wrong with me? What could I do to feel better? Who can I turn to when the doctors tell me there is nothing wrong? Fortunately, this all happened at the same time the world of natural medicine opened up to me. Repeatedly, natural health doctors advised me to try natural progesterone cream. I was ready to take charge of my health and research the effects of hormone imbalances.

Once I finished my studies, I decided to try natural progesterone cream to see if it really worked. With the help of several herbalists and holistic doctors, I created my own formula of natural progesterone cream with chaste tree berry, jojoba oil, apricot kernel, Vitamins A, D and E, and aloe vera—individualized for the special needs of myself and my family.

My herbal formula was devised to heal and restore my physical and mental well-being—to create beauty inside and out. I wanted my new cream to help prevent illness and strengthen me by balancing my body and bringing it into harmony with nature. I tried to include herbs that would realign the upset estrogen and progesterone in my body, protect against cancer, improve my pimply skin and remove lines and wrinkles. I included antioxidant nutrients to guard against chronic disease and the effects of aging, and vitamins to nourish my body. I experimented by using a variety of ingredients in assorted concentrations for a gestation period of nine months. Finally a formula was born that worked for me.

My return to health was slow but powerful. It took a month before I noticed a difference in my symptoms. First my pimples went away. According to Dr. Raymond Peat, “Patients consistently report . . . that using progesterone at the first sign of a pimple stops the development at that stage, prevents the expected outbreak, and within a few days resulted in relatively clear skin.” (1) A few cycles later, my emotional black cloud cleared away to sunny, peaceful skies. I lost weight and my physical symptoms went the way of my depression and moodiness. I finally felt really good again. Natural progesterone cream really worked for my PMS. I said good-bye to PMS! You can too!

PMS Has A History (or is it Herstory)?

Although I have only known the meaning of PMS for three years, it has been studied as a physical illness since 1920. In 1931, PMS and its symptoms were first linked to excess estrogen. Researchers thought these high levels were caused by either diminished estrogen excretion and/or an overproduction of estrogen within the body. (2) Seven years later, low progesterone production and the estrogen-top-heavy balance between the two were added to the PMS equation. (3) In 1943, scientists found estrogen excretion was inhibited by a vitamin B deficiency. (4)

In 1974, a study demonstrated that three to six days before menstruation estrogen was higher and progesterone was lower in women with anxiety related symptoms. (5) Four years later, PMS-depression was tied to decreased estradiol and elevated progesterone during the second half of the menstrual cycle. Research in 1983 indicated estradiol counters the effect of progesterone. (6) The past decade has brought about incredible amounts of new research on PMS. Symptoms are now linked to different body systems, with hormones frequently as the cause.

Today, most authorities agree PMS is caused by imbalanced hormones. Some physicians believe there are other contributing factors including a diet high in animal fat, vitamin and mineral deficiencies, untreated low blood sugar, chronic yeast infections, stress, thyroid disease, adrenal gland dysfunction, and lower than normal levels of the hormone DHEA. After 65 years, we are still searching for answers.

Making Sense Of PMS

The very nature of PMS makes it a very difficult condition to diagnose and manage. Noted researcher Guy Abraham, M.D., made your doctor's job a little easier by dividing PMS symptoms into four distinct groups. Each body of symptoms is easily identified by its nickname. For example PMS-A stands for all the PMS symptoms related to anxiety (A). PMS-C stands for

craving symptoms. PMS-D indicates depression. PMS-H means hyper-hydration or water retention type symptoms like bloating and breast tenderness. (7)

PMS-A (Anxiety Symptoms) = Linked with high estrogen and low progesterone levels.
Examples: Anxiety, irritability, mood swings, nervous tension.

PMS-C (Craving Symptoms) = Linked to an increase in appetite and carbohydrate tolerance. Deficiency of prostaglandin PGE1 in some cases.

Examples: Increased appetite, headache, fatigue, dizziness or fainting, and heart palpitations.

PMS-D (Depression) = Linked to low estrogen, high progesterone, and elevated levels of androgens (if there is growth of facial hair).

Examples: Depression, crying, forgetfulness, confusion and insomnia.

PMS-H (Hyper-Hydration) = Linked with the hormone aldosterone.

Examples: Fluid retention, weight gain, swollen arms and legs, breast tenderness, and abdominal bloating. (8)

If you are suffering from any of these symptoms, PMS may be a part of your life.

How Do You Know If You Officially Have PMS?

I attributed my behavior to PMS without having a professional diagnosis. If your symptoms fit into the definition below, you may have PMS. In her book, *Once a Month*, Hunter House, Dr. Katharina Dalton states, "It is essential to establish a definition of PMS for proper diagnosis. The definition of premenstrual syndrome is the presence of any symptoms or complaints that regularly come just before or during early menstruation, but are absent at other times of the cycle." (9) This precise definition means there are three requirements to be fulfilled for a correct diagnosis:

1. Symptoms must be present every month for at least three months.
2. Symptoms must be present premenstrually, and cannot start before ovulation.
3. There must be complete absence of symptoms after menstruation for a minimum of seven days.

A blood test can also help your doctor diagnose PMS. This test estimates the binding capacity of sex hormone binding globulin (SHBG).

Charting Your PMS Symptoms

If you want to discover if you have PMS on your own, you need to keep a chart of your symptoms. Writing down all your symptoms—physical, mental and emotional—will help you determine if you truly have PMS. It will also increase your understanding of how estrogen and progesterone (and other hormones) influence your symptoms.

Keeping a menstrual chart is easy to do. Record when your symptoms occur and to what degree, for at least two months. You begin by taking your basal body temperature every morning before you get out of bed. By recording your temperature, you will know when you ovulate and if your symptoms occur before or after ovulation. You can purchase a BBT thermometer along with instructions on how to use it from most drug stores. After you record your temperature, also write down any symptoms you may be experiencing. Notice if your symptoms follow a certain pattern during the month. Your temperature dips at mid cycle (at ovulation) and then rises. After that, your temperature should remain high until menstruation. If your temperature gradually decreases, your progesterone may be too low. (10)

What About Your Thyroid And PMS?

If you have PMS you may also have a thyroid or blood sugar problem. I think some low thyroid problems are hard to detect. Among the many tests my doctor did on me was a thyroid test. I had all the symptoms of low thyroid—feeling cold, puffy eyes, dry hair and skin. I even had to sleep with heavy socks to keep my feet warm. Yet my test results were still normal! Hypothyroid, or low thyroid, is one of the most widespread conditions for women. This condition remains undetected in over 40 percent of women. You may have a thyroid problem and not even know it. Hypothyroidism means the thyroid gland is producing smaller than normal amounts of thyroid hormone.

One study drew a correlation between abnormal thyroid function and PMS. It showed 94 percent of 54 PMS patients tested had thyroid dysfunction as compared with none of the 12 patients without PMS. (11) Hypothyroidism can have similar symptoms to PMS: fatigue, headaches, low sex drive, poor circulation and menstrual disturbances.

Dr. Broda Barnes of Littleton, Colorado speculates there is also a connection between hypothyroidism and low blood sugar. He says the liver is unable to release glycogen (the stored form of sugar) and produce glucose if your thyroid is underactive. This causes a low blood-sugar condition.

Dr. Barnes found a simple test to pinpoint hypothyroidism. Take your basal body temperature before getting out of bed each morning, as you do for detecting ovulation. A subnormal basal temperature of 97.8 degrees or lower indicates your thyroid may be sluggish. Repeat this test again during your period.

Dr. Peat says healthy thyroid function is essential for your body to use progesterone—either naturally occurring in your body or as a supplement. He sees a direct correlation between women who have breast cancer and the incidence of hypothyroidism and low progesterone. He believes the same women suffering from PMS will be most likely to suffer from menopausal symptoms, age related diabetes, and even breast cancer. I have personally seen the above hormone relationships, that Dr. Peat talks

about, in action. One member of my family has breast cancer, thyroid problems as well as diabetes. How different her life would be today if a doctor, like Dr. Peat, had found the cause of her problems before they became major life threatening diseases.

A healthy thyroid needs many nutrients to function properly like vitamin A, selenium, zinc and iodine. Iodized salt is our most important source of iodine originally introduced to prevent cases of goiter, an enlargement of the thyroid often due to iodine deficiency. However, since then high iodine in salt and other foods has created almost the opposite problem.

Over the years, iodine consumption has increased dramatically through iodates (added to bakery products), FD&C Red Dye No. 3, some produce, contaminated dairy foods (from iodophor-disinfected pipes and containers, and iodine fed to cows as a foot rot prevention), fish and seaweed (we are eating more seafood), and nutritional supplements. When totaled up, Americans eat two to five times the RDA for iodine.

Estrogen And Progesterone Levels Affect PMS

If estrogen and progesterone are at the bottom of your PMS, it's essential to balance out these hormones. However, other hormones are involved too, as are diet, lifestyle and stress. True healing of PMS demands that you and your doctor dig up the root cause of your problems. I want to concentrate on how estrogen and progesterone, the battling-balancing twins influence how you feel each month.

Estrogen rules the first half of your cycle, while progesterone is the master of the second half—the two weeks just before your period when you usually feel horrible (if you have PMS). Estrogen in the right amounts makes you feel energetic, high amounts of progesterone can depress and tire you. It makes sense then that if estrogen rises too much, you'll feel anxious instead of exuberant—kind of like drinking too much coffee. If depression hits you premenstrually, then excessively high progesterone is probably dragging you down.

Have you ever over ate on foods like Twinkies™ or Ding Dongs™ before your period? It's not surprising, because higher progesterone levels increase cravings for carbohydrates, estrogen ups blood sugar levels and reduces your cravings. You really aren't crazy! There's a physiological explanation for your elusive symptoms. Your suffering is genuine, and so is the solution!

Say Good Bye To PMS With Natural Progesterone!

Conventional treatments for PMS have included synthetic hormones like contraceptive pills, diuretics, counseling, tranquilizers and thyroid medications. Oral contraceptives and progestogen tend to worsen PMS symptoms because they lower your level of normal progesterone. There are very different side effects depending on the type of progestogen you use. There are no side effects with natural progesterone cream and rarely with natural progesterone. (12)

How does natural progesterone help PMS? Over forty years ago a very smart doctor from England began to treat women with natural progesterone. This doctor, Katharina Dalton, M.D., has been a true pioneer and authority on PMS research and treatment since 1953. She established the first PMS treatment center in London and has successfully treated over 30,000 women with natural progesterone in her clinic for over 30 years. In 1983, Dr. Dalton conducted a study using natural progesterone on 86 women with PMS. A remarkable 83 of her subjects reported complete relief of all of their symptoms. (13) Today, you here tragic stories of mother with depression after they have a child.

Dr. Dalton concluded progesterone receptors could be the "missing link" in understanding PMS. She states, "Either there are not enough progesterone receptors to transport the molecules of progesterone into the nucleus (of the cell), or the ability of the receptors is inhibited by adrenaline or some other unknown factor." Her comprehensive studies and treatment of thousands of women reveal that PMS is, in many cases, a progesterone related disease.

According to Susan Lark, M.D., "Synthetic progestins were used originally instead of natural progesterone because they can be taken orally. Unfortunately, natural progesterone cannot be ingested because it is destroyed during digestion and never reaches the bloodstream. In recent years, a new micronized form of progesterone is available that is protected from the stomach acid and enzymes and can be absorbed and used by the body. Made from the natural progesterone found in yams and soybeans, oral micronized progesterone has gained wide acceptance by physicians as a treatment for PMS. I began to prescribe natural progesterone a decade ago to my PMS patients and I am very pleased by the response to this treatment. It seems to be particularly helpful in controlling the emotional symptoms of PMS such as anxiety and mood swings." (14)

The best time to start using progesterone therapy is about two days before you expect PMS symptoms to begin (about day 14 to 16 days in a 28 day cycle), and continue therapy until menstruation. The exact amount and length of dosage will vary depending your cycle and symptoms. Do not use it during menstruation. If you choose to use natural progesterone, your physician can prescribe it for you either by injection, with a rectal or vagina suppository or as capsules.

Mother Nature's Answers To PMS

If you have PMS, please know you don't have to live with it forever. My PMS responded well to easy-to-use natural progesterone cream. It not only worked for my PMS symptoms, but it helped smooth out my wrinkles and made me look younger.

Karen Lee Torell, D.C. from Newport Beach, California, has used natural progesterone cream both personally and for her patients. She writes: "My personal experience . . . has shown it to entirely eliminate all premenstrual symptoms, forcing me to observe the calendar more closely to remember when to stop using the creme (sic) to allow for my period. However, the creme does not stop my normal cycle from occurring should I forget to discontinue it at the 26-27 day (my normal cycle). I have used the creme (sic) for over 18 months, without any negative results! I am 47 years old, my hormone levels are excellent, with no indication of approaching menopause." Dr. Torell also reports her patients benefit from using natural progesterone cream for

excessive menstrual bleeding, tender breasts, irregular periods, hot flashes, birth control pill withdrawal, and mild to moderate cases of endometriosis.

Since discovering this great plant, my mind has opened up to other forms of natural healing. In addition to using natural progesterone cream, I changed my diet, exercised more, and took vitamins with minerals. It is up to you to find the right combination of therapies that will heal your PMS.

Amie's PMS story:

Amie had suffered from PMS symptoms for many years. Bloating irritability and anxiety were her biggest complaints. She began using natural progesterone creme twice a day from ovulation to the day before her period. After she had been using a natural progesterone creme for one and one half months she noticed her PMS bloating and irritability disappeared.

Diet

Did you know something as simple as changing your diet can drastically improve your PMS symptoms? I found a diet high in complex carbohydrates (vegetables, whole grains, legumes) gave me energy, leveled out my blood sugar and wiped out my PMS. Unlike sugary treats, foods rich in fiber and complex carbohydrates prevent your blood sugar from bouncing up and down like a beach ball. Eating six small well-balanced meals each day, about three hours apart, also helps maintain the blood sugar levels.

I know this sounds difficult to some of you, but try it and see how you feel. Enduring low blood sugar is even worse with the irritability, fatigue, and shaking that comes with it. A study published in 1982 found PMS patients consumed more refined carbohydrates like white sugar and white flour, and dairy products than the PMS-free control group. The control group ate a diet higher in B vitamins, iron, zinc, and manganese. These findings demonstrated the importance of diet in PMS treatment. (15) However, it goes the other way too. Unbalanced hormones tend to egg on food cravings. Hormones can “stir-up” both you and your diet!

Exercise

Exercise is beneficial for your health and your hormones. If you exercise aerobically at least 20 to 30 minutes, three times a week, you can reduce stress and improve your blood flow. Adrenaline, the fight-or-flight hormone released during tense times, can trigger headaches and irritability when stress levels soar. Something as simple as walking around the block on a regular basis can improve your sense of well being—at any age.

Vitamin & Mineral Supplements

Certain vitamins and minerals can reduce your PMS symptoms. Look at the chart in Appendix B for more information. Many physicians recommend supplements of vitamin B-6 and B complex, calcium and magnesium and a multi-vitamin. Vitamin B-6 reduces water retention, calms nervous tension, and preserves your magnesium levels. Magnesium normalizes glucose metabolism, and calms your nerves. Calcium reduces pelvic pain, insomnia, bloating, and nervousness. Vitamin E reduces breast pain and tenderness, and normalizes production of sex hormones. Vitamin C reduces allergic response, and relieves pain. Lecithin helps prevent excessive fatty deposits in the liver, and deactivates estrogen. Zinc improves glucose tolerance and helps regulate prostaglandins. I have tried all of them. I notice a huge improvement in the way I feel emotionally and physically especially when I take magnesium.

Natural Solutions For PMS Symptoms

You have many natural treatment selections for your PMS symptoms. To make coping with these choices a little less stressful, I've compiled a list of common PMS symptoms as well as suggested natural remedies. Say good-bye to PMS forever!

Headaches, anxiety and mood swings

These symptoms usually occur when estrogen levels are high and progesterone is low. The herbs suggested help release stress and muscle tension, and balance your hormones.

Natural Solutions: Natural progesterone cream, licorice, dong quai, ginseng, kava, chaste tree berry, passion flower.

Fatigue and lack of energy

These symptoms can be caused by exhausted adrenal glands. Herbal combinations that encourage and support the adrenal glands without stimulants can be beneficial.

Natural Solutions: Sarsaparilla, licorice root, natural progesterone, uva ursi, rose hips, ginger, capsicum, pantothenic acid (B-5).

Water retention and breast tenderness

Aldosterone, the hormone that controls water and salt metabolism, is involved with these symptoms.

Natural Solutions: Natural Progesterone cream, dandelion, kelp, licorice.

Hypoglycemia

This is low blood sugar. Highly refined carbohydrate foods aggravate this condition by causing a surge of insulin into the blood stream and a resulting plummet in blood sugar.

Natural Solutions: Natural progesterone cream. If you are hypothyroid, these thyroid supporting herbs may help (check with your doctor first). Kelp, kombu, dulse, alfalfa, Irish moss, watercress, spirulina, borage, nettles.

Skin changes

Donna discovered through a holistic medical practice and chiropractic care that she suffered from upset progesterone levels in her body. She was having trouble with very dry irritated skin, depression, hair loss with crushing fatigue and muscle soreness. She began using a natural progesterone cream recommended by her chiropractor. Since using it, all her symptoms have decreased and her dry skin has noticeably improved. Donna's skin glows and it is soft now.

Natural Solutions: Natural progesterone Cream, dandelion, kelp, licorice.

Fibrocystic breast disease

Fibrocystic breast disease is a common breast condition occurring in 20 to 40 percent of women. This premenstrual breast pain and tenderness occurs in both breasts every cycle a week or two before a woman's period. For this reason, FBD is considered part of PMS.

A high estrogen to progesterone ratio is accepted as the cause, sometimes combined with an underactive thyroid. Many women develop FBD from ages 30 to 39, ten years before menopause when the progesterone levels begin to decrease. Fibroids usually disappear after menopause. Women with fibrocystic breasts are three times more likely to develop breast cancer.

Caffeine, found in black tea, coffee, some soft drinks and chocolate, appears to be a principal contributing factor. Thomas J. Finneran, D.C., a chiropractor from Newhall, California, recommends a daily massage to relieve breast fibroids. He suggests massaging each breast in a circular pattern with natural progesterone cream, olive oil or natural progesterone cream. Rub the right breast counter clockwise, and the left breast clockwise for maximum benefit.

Natural solutions: Natural progesterone cream, chaste tree berry, licorice, dong quai, dandelion, burdock, yellow dock, alfalfa.

Other Problems, Other Solutions

Menstrual pain and cramps

This condition, called dysmenorrhea, affects up to half of all menstruating women. Although menstrual cramps are sometimes lumped in with PMS, dysmenorrhea is an entirely different condition. This is a complex and not entirely understood condition. Prostaglandins, hormones, anatomy, diet, exercise and stress all seem to play a part.

Natural Solutions: Natural progesterone cream, chaste tree berry, valerian, passion flower, raspberry leaf, licorice root, motherwort, black haw.

Uterine bleeding disorders

This circumstance includes excessive bleeding and spotting; delayed or suppressed menstruation. High levels of estrogen or low progesterone can aggravate these conditions. Bleeding can also be a sign of more serious problems like uterine fibroids or polyps, or cancer of the cervix or womb. If heavy bleeding lasts for more a month, check with your physician. Many doctors prescribe progestogens for heavy bleeding associated with low progesterone levels. Low fat diet and non-dairy diets are helpful, too.

Natural Solutions: Natural progesterone cream, chaste tree berry, yellow dock, sarsaparilla, peony.

Endometriosis

Endometriosis means endometrial tissue (the lining of the uterus) that grows in areas other than the uterus. There is no known cause for this very painful, crampy and abnormal bleeding condition. As this condition develops, the pain becomes progressively worse and begins earlier in the menstrual cycle. Dr. John Lee prescribes natural progesterone to his patients with mild to moderate endometriosis. Natural progesterone is used from day 10 to day 26 monthly and the dosage is increased until pelvic pains decrease. The treatment is continued for three to five years. None of Dr. Lee's patients with mild to moderate endometriosis have had to resort to surgery. (16)

Natural Solutions: Lady's mantle, hops, natural progesterone cream, black haw, licorice, black cohosh, chaste tree berry, ginger, angelica root, chamomile, squaw vine.

Ovarian cysts

Ovarian cysts are small fluid-filled, non-cancerous lumps on the ovary. The symptoms include abdominal pressure, pain, discomfort and bleeding with ovulation. Women who don't get their period or are bleeding excessively may have ovarian cysts. Usually, the cause is estrogen dominance.

Natural Solutions: Natural progesterone cream, chaste tree berry, dandelion, burdock, white bryony.

Infertility

Infertility may be due to low progesterone levels or high estrogen. Check with your doctor for the cause of your infertility.

Natural Solutions: Natural progesterone cream, chaste tree berry, sarsaparilla, vervain, Siberian ginseng, lady's mantle, black haw, dandelion, cramp bark, spearmint, sarsaparilla, black cohosh, false unicorn root, licorice root, motherwort, dong quai.

Summary

- PMS is treatable!
- There are over 150 recognized and documented symptoms.
- One cause of PMS is low levels of progesterone or high estrogen.
- PMS can also be the result of high progesterone and low estrogen.
- PMS can be categorized into four groups: PMS-A (anxiety), PMS-C (cravings), PMS-D (depression) and PMS-H (water retention).
- True PMS occurs after ovulation on a monthly basis.
- Low thyroid may be related to PMS.
- Develop a good exercise program and healthy diet to treat PMS.
- Natural solutions include natural progesterone cream, herbs and vitamins.

CHAPTER 5 YOU SPEAK TO ME!

Over the years, that I have been researching and lecturing about natural solutions, women have shared their stories with me. You are not the only woman living with terrible symptoms like monthly cramps, or bloating, or mood swings, or gaining weight, or always feeling tired, or depressed, or craving chocolate, or breaking out in acne or having a hot flash, or night sweats . . .

This chapter is a place for women to learn from one another—to tell their stories about success with natural solutions—especially with natural progesterone. You do have choices! Read on . . .

Leslie's Discovery: Hysterectomy induced menopause at age 30

After my hysterectomy, I went into a very deep, long depression. I was unaware of the emotional problems I would encounter after my surgery. I didn't feel like a total woman. I lost interest in my life. I no longer went out socially or had an interest in being with friends. I felt that no one really understood what it felt like to lose my reproductive organs and the ability to have children at age 30. I was young and unprepared for this loss. I truly suffered emotionally for years. Each time I saw a child, a deep pain went through my heart. My doctor immediately prescribed hormone replacement therapy. I started with shots of Premarin (a synthetic estrogen). I continued to try other estrogen drugs, finally settling on a tolerated form of replacement therapy, the Estraderm patch.

For almost ten years I had noticed loss of hair, weight gain, severe migraines, stomach problems, loss of sex drive, and increasingly poor vision that declined to the point where I was declared legally blind without my glasses. I never talked to my gynecologist about the problems I was experiencing, but rather I called an internist or an eye doctor or my family doc about each individual problem. Although my internist knew I was taking hormones, he prescribed various drugs to relieve my headaches and other problems. The system of treatment I experienced was one of taking drugs to counteract the drugs. None of my doctors tried to backtrack to find the original problem.

My sister told me how the Wise Women Essentials natural progesterone cream helped her PMS depression. I was reluctant to do anything without my Doctor's approval. When I called my gynecologist to ask him about it, he did not have any knowledge about natural therapies. He told me that I would be on hormones until the day I died. I was scared, and just accepted what he said, following his treatment unquestioningly.

At first, I used both therapies for months. I finally I had enough faith in the natural progesterone cream to go off the estrogen patch. Gradually, I went off the patch, first changing it once a week, then every two weeks, every month, and finally discontinued its use. At the same time, I was using the natural progesterone cream every morning and evening. Since I have stopped using the patch, and began using natural progesterone cream with natural progesterone, my symptoms have decreased. I lost 20 pounds within two months of discontinuing the synthetic hormones. My appetite returned to normal, and my hair stopped falling out. I didn't realize until I stopped using the patch how much the drugs had caused me discomfort all these years. I practically had a personality change. During the time I was using the patch, I had attributed all my symptoms to other causes. Now, I am know it was the side effects of estrogen replacement therapy. Today, I look and feel like I did before my hysterectomy. I realized the benefits of natural progesterone when I was going through artificial menopause and hope every woman can experience the release and relief that I have.

Holly's Story: Stress induced PMS

Holly was going through a difficult and intense divorce. She was unaware she was suffering from PMS. Her primary physicians regarded her symptoms as something that was in her head and "just due to stress." He prescribed Valium. The first two weeks of the cycle, Holly felt okay. Beginning with ovulation, she began to notice headaches and slight mood swings. The week before her period, she felt more and more depressed, hopeless, and nervous. The day before her period, she felt like crawling out of her skin, crying, moody, and rode an emotional rollercoaster. Life became unbearable. Every month she felt a deep hopeless depression and anxiety. Life became unbearable. At times, she even had thoughts of suicide. She felt bloated, had breast tenderness, and severe cramps. Unfortunately, the prescription of Valium as a stress reliever didn't help these problems. After

three months with no results on the Valium, she stopped taking all the pills. She heard that natural progesterone cream helps for relieve depression and menstrual problems. She found Wise Women Essentials natural progesterone cream with chaste tree berry and apricot kernel oil and began to use it as a facial moisturizer for two weeks before her period. In just one cycle, Holly noticed her symptoms were reduced, by the fourth cycle, she was happier than she had been in years and free from depression and the PMS symptoms (and free from her unsympathetic husband, too)!

Sheila's admits: Miscarriage

Sheila is a 25-year old hairdresser who suffered a miscarriage in her third month. For the first time in her life, she found herself feeling too depressed to even get out of bed. She couldn't ever remember feeling this way before—she was usually a positive, energetic person. After her miscarriage she began to feel very negative about her life and her marriage, and was experiencing dramatic mood swings. She wasn't even sure if she wanted to have a family anymore. She felt as if her whole life had changed. What she didn't know was depression is very common after a miscarriage, but her physician did not offer her this information. Then she began using Wise Women Essentials natural progesterone cream and began to feel much better within four weeks. Sheila's moods stabilized, and she began to feel more positive about her life.

Jennifer's Story: No period for three years.

Jennifer was 18 years old when she heard about natural progesterone cream from a friend. She hadn't gotten her period since she was 15 years old, and had been to many doctors, and had tried the gamut of hormonal treatments. Nothing helped her. She was unhappy, moody, and had developed a terrible temper. After using 1/4 to 1/2 teaspoon of Wise Women Essentials natural progesterone cream for 27 days, she got her period after three years of absence. Her body finally felt in balance, and her emotional and mental state improved. She felt great—like her old self again.

Jill Reveals: Hot Flashes

"I was having severe hot flashes frequently and night sweats for several months. It was interrupting my ability to work, sleep and became very uncomfortable. I first felt my whole face turn red. I become all wet and sweaty. My clothes were wet. I even get heart palpitations. I found myself asking, Is it hot in here, or is it me? I began using a 1/4 - 1/2 teaspoon Wise Women Essentials natural progesterone cream, twice a day for two weeks it 'got rid' of my problem within a few days.

Julie's Story: Vaginal dryness

She was suffering from vaginal dryness and sex became irritating and unpleasant. Her chiropractor recommended natural progesterone cream, for her irritation. She began using 1/8 teaspoon of Wise Women Essentials natural progesterone cream before sex and she was able to relieve the vaginal dryness and enjoy sex once again.

Clare's Success: Combination of herbal extracts worked to relieve menopausal symptoms.

She had tried a variety of extracts from a holistic doctor for two months with no relief from emotional menopausal symptoms like anxiety, lightheadedness, and fatigue. Clare tried Wise Women Essentials natural progesterone cream combined with other herbs and in less than a week her symptoms were gone and she felt normal again.

Pamela Surprise: Skin problems

"I have gone to many doctors this past year to find out what is wrong with my skin. I used Wise Women Essentials natural progesterone cream, and the next day, my skin problem disappeared."

Janis Admits: Night sweats

"I used natural Wise Women Essentials progesterone cream for two days and my night sweats disappeared! I rubbed it into my elbow. I am very happy with the results."

Etta says:

I had been bleeding excessively for weeks. I was a wits end. I did not want to operate or take synthetic drugs. I wanted to try something natural before I resorted to drugs or surgery. I heard from other women about the Wise Women Essentials natural progesterone. Once I was able to find a natural progesterone cream, I used it heavily over my stomach and inner thighs. I about 24 to 36 hours my bleedings stopped.

CHAPTER 6 WISE WOMAN WITHIN

Within each of you is the power to create, nurture yourself and heal. I came to understand how true this is one remarkable August afternoon. I was sitting at my desk and telling a friend on the phone how extraordinarily happy I felt. My usual companions—Grumpy and Weepy—had been replaced with inner peace and joy. I was so content that I began to worry. Perhaps my menopause had arrived early and I would never menstruate again, or have the chance to bear a child. To my surprise, my period quietly began later that day, but without my “normal” premenstrual agony and fanfare.

I was totally stumped by this dramatic change in my health. Then it hit me—it was natural progesterone cream I'd been using for four months. This wonderful product changed the way I felt and looked. I restored my inner balance and beauty. I gained emotional tranquility. What my Mom couldn't tell me about women's health and hormones, Mother Nature did herself by leading me to natural medicine and the natural progesterone.

I wrote this book for you—think of it as your gift to wellness. Each page is one mile of the journey I took to find answers and regain my health. Countless conversations with many types of health practitioners, long hours reading the latest research, and plenty of soul searching have allowed me to bring you valuable information.

Along my research of discovery, I identified the love-hate relationship between progesterone and estrogen. I learned the benefits of natural progesterone, how hormones work in your body, and where natural medicine can fit into your health regimen.

Most importantly, I listened to women like you who shared their experiences with natural progesterone to end PMS, reduce their hot flashes and wipe away menopausal problems. Wedged between their words, I heard joy and excitement about the safe and effective alternatives they found to Hormone Replacement Therapy (HRT).

On this last mile of my journey with you, I want to share my most important discovery of all. **YOU DO HAVE A CHOICE.** You can choose your health care, and as I found out, you can choose to be healthy or not. It may take longer using natural therapies. It may take additional time to pinpoint the exact road you need to find your own inner peace. Fortunately, the time spent on this gift of health is well worth it.

True wisdom comes from acting upon what you know to be true—using your intuition and listening to that persistent voice inside. By sharing all that I have learned, I hope each one of you makes your own choices. Keep your eyes open and your ears alert to the wisdom that dwells within you. You have the power to take control of your hormones, your health and everything else on your path. Have a wonderful journey!

Appendix I Commonly Asked Questions About Using Natural Progesterone From Dr. John R. Lee

After giving hundreds of talks around the world about progesterone, I've found that the same questions tend to come up over and over again. I hope this list of questions and succinct answers will provide a useful refresher and guide.

Q: How long should I stay on progesterone supplementation?

Since progesterone has so many positive benefits and no known side effects, there is no reason to discontinue it. I tell women to continue until age 96 and then we'll reevaluate.

Q: How do I know how much Progesterone to use?

The goal is to restore normal physiologic progesterone levels for at least two to three weeks a month. An ovulating woman makes about 20 to 24 milligrams a day for about 12 days each month after ovulation, or about 240 milligrams a month. Let's say progesterone cream supplies 480 -500 milligrams of progesterone per ounce (960 -1000 milligrams per two-ounce jar). Even at 50-percent absorption, one ounce of cream used up over two to three weeks will supply 240 milligrams a month, the same amount as an ovulating woman.

If a woman has not been making progesterone for a number of years (often starting five to 10 years before actual menopause), her body-fat progesterone is probably very low. Since progesterone is fat-soluble, it is likely that during the first month or so, much of the progesterone that is absorbed will be taken up by body fat, resulting in lower blood levels initially. For these women, I recommend using two ounces (one jar) of the cream each month for the first two months. After that, one ounce (one-half a jar) should be a sufficient monthly dose. Many post-menopausal women do well on one-third of a jar each month. Since prevention or reversal of osteoporosis is a goal of progesterone usage, serial lumbar bone mineral density (BMD) tests are helpful. If the BMD rises on one-half a jar per month for 10 to 12 months, then one knows that the progesterone dosage is sufficient. If you are using a full jar per month and observe good BMD results, you can reduce to one-half a jar per month and recheck the BMD in another year. Since individual needs vary, the correct dose is the dose that works.

If BMD is low and does not improve after 10 to 12 months of progesterone usage at the levels described above, the cause of the failure to improve is probably some other factor in bone building, such as diet, lack of exercise, nutritional deficiency, or taking a medication that causes bone loss, such as an antacid.

Q: But shouldn't I be taking estrogen for my heart?

No, the WHI proved that it does not protect the heart. Estrogen does appear to lower total cholesterol and raise HDL cholesterol modestly. But it is not clear that this reduces the risk of heart mortality per se, as shown by the recent report titled "Serum Total Cholesterol and Long-Term Coronary Heart Disease (CHD) Mortality in Different Cultures," by W. M. Monique Vershuren, and published in JAMA (Journal of the American Medical Association). The authors concluded that other factors, such as diet and antioxidants, are probably more important in heart disease prevention.

Several studies that claim to show reduction in heart deaths in estrogen-taking women, there are differences in other heart risk factors between the group and the control group. In other words, the study 'compared apples with oranges' in addition, in the most prominent study (Nurses' Questionnaire Study), the risk of "ischemic" stroke (i.e., clot-caused) was significantly higher in the estrogen-taking nurses. Remember, other factors are known to reduce heart disease risks significantly. These factors include a plant-based diet (avoiding red meat and dairy products, especially milk), eating more seafood, taking antioxidant vitamins such as E, beta-carotene, and C, and mineral supplements such as magnesium, potassium, and selenium. Modest amounts of alcohol and eggs do not increase heart risk.

The increased risk of heart disease after menopause may be the result of progesterone deficiency rather than estrogen deficiency. Heart disease risk is highly variable when different cultures are examined, yet all women experience menopause. Over the past 15 years, I have been struck by the fact that my patients on progesterone supplementation (and without estrogen supplements) have been remarkably free of heart disease. Clearly there are other factors involved. The role of estrogen per se is still questionable.

Q: Who should use estrogen supplements?

Estrogen works especially well for hot flashes and vaginal dryness. These symptoms can be taken as a sign of estrogen deficiency. However, because progesterone is a biochemical precursor to estrogen, it alone is often sufficient to restore estrogen levels to normal and eliminate these symptoms. If a three-month trial of progesterone plus proper diet and supplements of magnesium and B6 do not relieve hot flashes or vaginal dryness, then low-dose natural estrogen may be helpful. (Estrogen is not recommended in those women with a history of breast or uterine cancer, obesity, diabetes or a history of clotting or vascular disorders.) If used for hot flashes, find the lowest dose of estrogen that works. If vaginal dryness is the problem, I usually recommend vaginal gels or creams containing estrone or estriol. Often, a small dose applied in the vagina only twice a week, three weeks a month will do wonders. Otherwise, I'm not sure of any reason to use estrogen.

Q: I'm still having periods, but I have problems with hot flashes, water retention, poor sleep, and mood swings. What is wrong with me?

During the years before actual menopause, estrogen may be decreasing slightly and, more often, ovulation has ceased or is rare. Without ovulation, progesterone production is essentially zero, and estrogen receptors become less sensitive to the estrogen still being made. You are actually estrogen dominant. Your doctor, however, will probably prescribe estrogen, but the results are only partially effective and many of the problems, such as fluid retention, become worse. When a synthetic progestin is added, the results are usually not good because progestins are not the same as natural progesterone and also cause undesirable side effects.

The best treatment is a plant-based diet, vitamin E, magnesium, and vitamin B6 supplements, plus natural progesterone. In these cases, progesterone can be added during the "luteal" phase, that is, from day 12 (ovulation time) to day 26 (48 hours before the expected period).

Q: My periods are sometimes scant, sometimes heavy, and sometimes come early or late. What should I do?

Irregular periods in the years before menopause are another sign that menopause is approaching, and you are most probably deficient in progesterone due to not ovulating every month. Remember, shedding of the bloody endometrial lining is triggered primarily by the fall of progesterone levels 12 days or so after ovulation. If you are not ovulating, you are not making much progesterone, and therefore there will be no fall of progesterone to trigger a proper shedding. Follow the advice of the previous question for at least three cycles and your periods should become more regular again.

Q: I'm 43 years old and still having periods, but I've lost interest in sex. What's wrong?

Libido (the desire for sex) is mistakenly thought by most doctors to come from estrogen. The fact that you are still having periods means you are making plenty of estrogen. But you are most probably low in progesterone. Progesterone is an important factor in libido. Testosterone also improves libido. Since most doctors are unaware of this role of progesterone, some are tempted to give women testosterone for their flagging libido. However, this choice is less desirable because of the masculinizing effects of testosterone. The more desirable choice is natural progesterone. Follow the advice of the two previous questions and your libido will most probably return to normal. Don't worry; you will not become a sex maniac-the guy across the room will just become a little better-looking, that's all.

Q: Help! My hair's falling out by the handful.

When progesterone levels fall as a result of ovarian follicle failure (lack of ovulation), the body responds by increasing its production of the adrenal cortical steroid, androstenedione, an alternative precursor for the production of other adrenal cortical hormones.

Androstenedione conveys some androgenic (male-like) properties, in this case, male pattern hair loss. When progesterone levels are raised by progesterone supplements, the androstenedione level will gradually fall, and your normal hair growth will eventually resume. Since hair growth is a slow process, it may take four to six months for the effects to become apparent.

Q: My sister developed breast cancer when she was 45 and still menstruating. I'm now 43 and my periods are changing. What should I do?

: The actual causes of breast cancer are still largely unknown, but most authorities agree that estrogen is at least a promoter of breast cancer. In industrialized countries, it has become epidemic that progesterone deficiency and estrogen dominance among women occur during their mid-thirties. (This is probably due to xenobiotic [petrochemical] toxins affecting ovary development during the embryo stage.) Estrogen dominance increases the risk of breast cancer. To prevent breast cancer, it is wise to follow a plant-based diet to avoid xenoestrogens in red meat and dairy foods, and to supplement with natural progesterone. Avoid synthetic progestins; they may increase breast cancer risk, whereas natural progesterone protects against breast cancer.

Q: My own doctor doesn't seem to know much about natural progesterone. What should I do?

Tell your doctor that it's your body and you have the right to choose what to do for it, and point out that natural progesterone is available without prescription. Tell your doctor that whether he or she knows much about it or not, you plan to use natural progesterone. Ask your doctor to follow along with you, that's all. If you like your doctor, it's better to train him/her than to go doctor-shopping. If you're not particularly pleased with your doctor, you always have the option of looking for another one who is more open-minded. You can also give your doctor a copy of this book or his book written for doctors, *Natural Progesterone: the Multiple Roles of a Remarkable Hormone*.

Q: Why do you Prefer creams instead Of pills or capsules for Progesterone?

Mother Nature guides us in this: The ovary never puts its hormones into the stomach, and for good reason. Progesterone is fat-soluble and, when absorbed from the stomach or intestines, it is taken by the portal vein directly to the liver, where it is efficiently metabolized for excretion in bile. When taken orally, about 85 to 90 percent of progesterone is lost via the bile or converted into metabolites that are not the same as real progesterone. Thus oral doses must be 100 to 200 milligrams per day, 10 to 20 times greater than transdermal doses, just to get the 20 to 24 milligrams daily. I see no reason to put the liver to all this work just to get 10 to 15 percent of the progesterone into the blood stream.

Natural progesterone is well absorbed through the skin into the fat layer under the skin and then into the bloodstream, riding on fatty components such as chylomicrons and red blood cell membranes. (Being fat-soluble, very little of the skin-absorbed progesterone is found in the watery blood serum.) Most of the good progesterone creams provide 480 -500 milligrams of progesterone per ounce. If used up over 24 days in a month, one ounce provides 20 milligrams a day, the same daily amount usually made by an ovulating ovary. Our goal is to achieve equivalence with normal physiologic progesterone levels. Transdermal progesterone does this easily. There is no need to take oral doses of 100 to 200 milligrams per day.

Q. How can I check my hormone levels?

In the past, blood serum levels were used. However, the newer saliva hormone assays are probably better. When the ovaries make estrogen and progesterone for circulation in the watery blood serum, they bind them to protein (sex hormone-binding globulin in the case of estrogen or cortisol-binding globulin in the case of progesterone) to make them more water-soluble. Protein-bound hormones are not biologically active, but they represent over 90 percent of the hormones found in the serum. Thus the serum results do not accurately reflect the biologically available hormones. Saliva hormones reflect only the biologically available hormones. Saliva hormone assays are less expensive, very accurate, easier to obtain, and more relevant than serum assays.

Since progesterone levels are apt to be highest two or three days after ovulation, it is wise to check hormone levels around day 18 to 21 of the menstrual month, counting day one as the first day of the preceding period. If the levels are found to be low at that time, you can be sure you are missing ovulation that month and your body progesterone level will be low.

Q. What is natural progesterone?

The wild yam's most active ingredient—diosgenin—is used to make progesterone in the laboratory. Wise Essentials uses the highest concentration available of diosgenin from the wild yam. Natural progesterone is identical to the progesterone found in your body. Natural progesterone refers to progesterone made from the wild yam or soybeans. Natural progesterone is a regulated chemical called USP grade progesterone.

Q. Why do women need progesterone? Women Need Natural Progesterone To Counter Balance The Toxic Effects Of Estrogen.

It governs the second half or luteal phase of your menstrual cycle, prepares for pregnancy, helps control abnormal menstrual bleeding, helps prepare for a fertilized egg prior to implantation, assists in producing breast milk and helps maintain pregnancy. If progesterone is low, miscarriage can occur. Also, very important to know it builds new bones and promotes breakdown of fats with the liver. It helps relieve hormonal imbalances from PMS to menopausal symptoms such as hot flashes, night sweats, insomnia, improves libido and skin, mental concentration or mood swings.

Q, How does it balance hormone levels?

The skin has receptor cells for estrogen and progesterone. Hormone-like compounds called "phytohormones or phytoestrogens" are found in plants and foods. These "phytohormones" are thought to compete for receptor sites in your body with your naturally occurring hormones. Phytoestrogenic plants provide safe and effective solutions for PMS, menopause and other female conditions. Herbal remedies such as Black cohosh, Licorice, burdock, Chaste Tree Berry, Sarsaparilla, Ginseng, and Dong Quai are helping thousands of women, with great results..

Q. Will it help my hot flashes?

Yes, women have reported to me that it reduces hot flashes in a few days. For excessive hot flashes, experts recommend daily supplements of natural progesterone cream, applied every 15 minutes during a hot flash. If hot flashes still persist after a few cycles, add a phytoestrogenic herb like licorice root taken by mouth to your daily regimen until the hot flashes have subsided. Stress, poor nutrition and physical illness may contribute to the onset of hot flashes and other symptoms. If you're not seeing results, consult with your doctor to see if there may be another medical problem..

Q. How does natural progesterone differ from synthetic progesterone?

Synthetic progesterone is actually called progestogen and is a different chemical than progesterone. Since progestogen is a different molecule, it can't do what natural progesterone accomplishes.

Q. Will natural progesterone help ovarian cysts?

Yes, but be sure to see your doctor if you suspect you have cysts.

Q. Can I use natural progesterone without estrogen for preventing osteoporosis?

It is not proven that it alone can help. The effect of progesterone on bone and for treating osteoporosis has not been conclusively proven. Recent research indicates that progesterone is associated with an increase in bone formation, which may actually reverse the bone loss of osteoporosis. (14) However, studies in this area are conflicting and the controversy continues. Estrogen, commonly prescribed as a deterrent to osteoporosis, only slows down the process of bone loss. Some practitioners recommend a combination of estrogen and progestogen to prevent this condition. Others believe estrogen supplementation is not necessary at all for menopausal and postmenopausal women who still have their ovaries. Consult a health practitioner to determine your risk factors so you can make an informed decision about your treatment choices for osteoporosis.

Q. Can I use or natural progesterone cream if I have had a hysterectomy? Doesn't some form of estrogen need to be taken?

Before I answer this question, I want any woman considering a hysterectomy to seek a second opinion. This major surgery is one of the most popular operations performed in the United States—800,000 per year in 1984. Contrary to what you might think, this surgery is not without risks. Two thousand women die from hysterectomy complications each year. Others may suffer from fever, wound infections, hepatitis, urinary incontinence, bowel perforations or later on have adhesions (internal scars) causing intestinal obstructions, pain and other problems. (15)

If you've already had a complete hysterectomy (uterus and ovaries removed), most practitioners recommend starting with natural progesterone only and adding estrogen if no relief occurs within two weeks. If this isn't effective after three months, some low dose estrogen may be required, according to health practitioners.

If your hysterectomy involved the removal of your uterus only, then you have your ovaries and your body is still capable of producing estrogen and progesterone. Theoretically you shouldn't need supplemental hormones. However, according to Penny Wise Bud off, M.D., even a tuba ligation (female sterilization where a small piece of the fallopian tubes are cut out) can cause heavy menstrual bleeding or irregular periods. This is due to a change in ovarian function. (16) I'm sure the same thing could happen when a uterus-only hysterectomy is performed. Natural progesterone may help in these situations. Ask your doctor.

Q. Should estrogen be used without natural progesterone?

Some practitioners believe natural progesterone is sufficient because in our society we produce or consume an overabundance of estrogen. It appears most women are estrogen dominant—their estrogen levels are higher than normal. In other words, the estrogen-progesterone teeter-totter is top heavy in favor of estrogen. Other practitioners believe it is extremely important to use natural progesterone along with any form of estrogen. This subject is very controversial. Without progesterone, estrogen may contribute to endometrial cancer. Estrogen taken alone may contribute to water retention, fibrocystic breast disease, fibroid tumors, and cysts in the ovarian area. Again, it really depends upon you and what is good for your body. See a health care practitioner to determine the choices best for your body.

Q. I have gone through menopause and haven't taken any hormones. Do I need hormones?

Probably not. Women who never had any menstrual problems are less likely to experience menopausal symptoms. Also, remember that hormonal replacement therapy is a relatively new treatment. So why is it that all of a sudden, every woman needs this remedy? If you're worried about health risks like heart disease and osteoporosis, work with a practitioner who can help you minimize your chances of developing these diseases using lifestyle maneuvers like diet and exercise. If you're plagued by menopausal symptoms, again look at your lifestyle. Also, a study on Japanese women who hardly suffer from hot flashes because of the soy foods they eat (and probably their healthier diet in general). If there is a history of osteoporosis in your family or if you have many of the risk factors like smoking and a sedentary lifestyle, consult your health professional.

Q. I am taking hormones prescribed by my physician. Can I switch to a natural progesterone cream? How do I do this?

Yes. If you are using synthetic estrogen and/or progestogen, you can gradually switch by substituting natural progesterone cream. Natural health practitioners say that after you begin applying the cream, it is recommended to gradually cut back each month on the synthetic supplements for three months. Half the dose the first month, half it again the second, and half of that dose the third month. However, since weaning off steroid hormones can have adverse effects, I urge you to do this with the knowledge and support of your doctor.

Q. I am post-menopausal. Will I begin menstruation again or experience breakthrough bleeding if I use natural progesterone cream?

Probably not with natural progesterone cream. It depends upon your age, your body and how much cream you use. If it does occur, you can cut back on your dosage. If bleeding persists for any length of time, discontinue the cream altogether and consult with your physician. You may be able to try the cream again with your doctor's help.

Q. Why does natural progesterone cream help PMS?

PMS is often due to high levels of estrogen in the body which results in a low ratio of progesterone to estrogen. This ratio can be evened out by taking extra progesterone. Natural progesterone is very effective for many women suffering from hormonally based PMS. Most of the uncomfortable emotional, physical, and mental symptoms can be relieved. If your symptoms are especially severe, your doctor may recommend pharmaceutical doses of natural progesterone cream. Personally, and from the many women I've spoken with, natural progesterone cream is also very effective in treating PMS.

Q. Will natural progesterone cream help amenorrhea (no periods)?

Yes. I've had many women tell me how their periods returned after using progesterone. However, like any condition, you need to know the cause before starting treatment. Amenorrhea can be caused by a number of things like anorexia nervosa, pituitary tumors and most commonly—pregnancy! If your periods have stopped and you don't know why, have a pregnancy test done before you use natural progesterone cream or any other treatment.

Q. What are the side effects of natural progesterone cream?

Taken in the right amounts, natural progesterone cream is free from side effects. If you get overly enthusiastic and use more than the recommended amount of progesterone cream, then you might experience side effects like a change in your menstrual period. Women who use progesterone cream for irregular cycles may notice spotting during ovulation. With continued use, however, periods should become regular and spotting should cease. Post-menopausal women don't normally report any side effects. Natural progesterone may increase your thyroid activity. If you're taking thyroid medication or natural thyroid supplements, talk to your doctor. Again, if you have problems using progesterone, consult with a knowledgeable health care practitioner.

Q. Are all the natural progesterone creams the same?

No. Each cream is different. The percentages and concentrations of natural progesterone in a two ounce jar varies, as do all the other ingredients. Natural progesterone, USP pharmaceutical grade, is obtained only by prescription for medicinal treatments in a standardized amount. Cosmetic creams containing USP grade natural progesterone can be purchased over-the-counter.

Q. What progesterone cream should I use?

Use a progesterone cream that contains at least 400 -500 milligrams of progesterone per ounce. There is now a number of creams on the market that contain less than 10 milligrams an ounce, and these are unlikely to be effective.

Q. If the percentage of natural progesterone is equal in different creams, will they work equally well?

No. Equal percentages do not mean equal strength. Usually a higher percentage indicates higher potency, but not always, because the actual concentration of diosgenin, wild yam's active ingredient, can vary. Because natural progesterone is created in the laboratory, its strength can be controlled. The FDA proposes a maximum of one milligram of natural progesterone per two ounce jar of cosmetic cream (.5 milligrams per one ounce) and up to .1 percent of pregnenolone acetate.

Q. How do you use a natural progesterone cream?

The cream is applied to the soft fatty areas of your body like the breast, inner arm, inner thigh, wrist, and abdomen—rotating periodically to a different area. The amount used varies depending on the individual and condition being treated.

Q. Why use a cream, and how does it work?

A cream is easy to use. Hormones, like progesterone, tend to be broken down very quickly by your digestive system. One way of bypassing digestion is through your skin with a transdermal cream. The estrogen patch is a good example of this process. Progesterone receptor sites on your skin also benefit from a cream.

Q. Do I need a prescription for natural progesterone cream?

No. Natural progesterone cream in "cosmetic" form does not require a prescription. Pharmaceutical UPS grade natural progesterone in any strength, used any other way than cosmetically, is only available as a prescription from your doctor.

Q. How long will it take for me to see any direct benefits?

Many women I've talked to see immediate benefits—within a few hours or days. Others may see a difference within a few menstrual cycles. Women report their menopausal symptoms can be relieved within a few days. I found my physical symptoms of PMS like breast tenderness were relieved in a cycle or two. However, my depression took four months to disappear. It's important to remember the results really depend on you and your unique biochemical make-up!

Q. How does progesterone affect osteoporosis?

Progesterone can increase bone mass and rebuild new bones. Often, loss of bone density, thinning hair, and increased facial hair are symptoms of low progesterone levels. A condition called "**unopposed estrogen dominance**," results from an imbalance in the hormone levels that allow estrogen to take over. This condition can increase your risk of breast cancer, bone density loss, and hypothyroidism. When unopposed estrogen therapy causes irregular vaginal bleeding, progesterone helps out. When estrogen makes you bloat up with water, progesterone assists by regulating water, sodium and potassium excretion by competing with aldosterone, another hormone that also manages these functions in your body.

Benefits and conditions it helps relieve:

Helps Fatigue	Fibrocystic Breasts
Depression	Uterine Fibroids
Weight Gain	Endometriosis
Loss of Sex Drive	Low Metabolism
Mood Swings	Hypothyroidism
Water Retention	Blood Sugar Levels
Stress	Sweet Cravings
Irritability	Sluggishness
Headaches	
Hot flashes	
Nights sweats	

Appendix ii Resources Where To Find Doctors Who Use Natural Hormones

Wise Essentials

Experts in natural progesterone creams. Makers of Wise Women Essentials natural progesterone cream made to Dr. John Lee's recommendations. 651-699-4468 www.wiseessentials.com contact mb@wiseessentials.com. Helps women with natural choices for hormonal issues.

Compounding pharmacists

Compounding pharmacists make individualized medications, including natural hormones and many of them work with doctors who use natural hormones. In fact, many pharmacists are more educated than the doctors they work with about how to best use natural hormones. For a referral in your area contact IACP (International Academy of Compounding Pharmacists), (800) 927-4227, ext 300, or go online to www.iacprx.org and plug in your zip code.

Health Food Stores

Your local health food store can be another good source of info on doctors and other health care professionals who are familiar with natural hormones. You can also look in your yellow pages under "physicians." Those who practice alternative medicine often advertise themselves as holistic or holistic physicians.

Alternative Medicine Network

A free service listing health care professionals who use natural hormones, by state.
www.altmednetwork.net

American College for Advancement in Medicine

P.O. Box 3427
Laguna Hills, CA 92654
(800) 532-3688
In California: (714) 583-7666

American Association of Naturopathic Physicians

601 Valley St., Ste. #105
Seattle, WA 98109
(206) 298-0126
Website: www.naturopathic.org/welcome.html

American Holistic Medical Association

Resources for natural HRT.
12101 Menaul Blvd., NE Suite C
Albuquerque, NM 87112
Ph: 505-292-7788
Fax: 505-293-7582
WebSite: <http://www.holisticmedicine.org>

Professional Referral Network

www.healthreferral.com

There are many factors to consider when deciding whether to take hormones including your current health status and medical history. Discuss your risk factors and medical history with your doctor. This information is for education purposes and not intended to prevent, cure or treat any disease.

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