

ABC's of Progesterone

Progesterone at a Glance

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

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

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

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

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

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

If the period comes earlier, the body is not producing enough progesterone. If the period does not come at all, it is a typical sign of pregnancy. However, longer intervals or no periods at all are also signs of progesterone deficiency.

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

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

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

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

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

Benefits of Natural Progesterone Replacement

In this age of estrogen dominance, I believe that a woman should always consider taking natural progesterone.

I routinely recommend it to patients whenever they take estrogen. I want a woman to have the important balancing and harmonizing effects that progesterone offers. This simple strategy could theoretically decrease the incidence of cancer, prolong the regularity of menstruation, and generate numerous health benefits.

Here's what progesterone can do for you, and what some of my patients have said after using it:

- It protects the breasts, uterus, and probably the ovaries from cancer.
- It acts as a natural diuretic: "I lost five pounds of water."
- It produces a calming, antianxiety effect: "You don't know how good it feels to be in control of my emotions again."
- It decreases PMS and menstrual flow: "Now I am the same woman for the whole month."
- It enhances your body's defenses.
- It improves the breakdown of fat into energy.
- It cuts the craving for carbohydrates and sweets: "I don't need my M&M's fix anymore."
- It reduces breast tenderness and pain: "My breasts are mine again."
- It contributes to the formation of new bone tissue.
- It increases HDL, the body's "good cholesterol."

Although I have read reports that progesterone decreases hot flashes and promotes skin and vaginal lubrication, I tend to discount them. I have seen such effects from progesterone only on rare occasions,. Estrogen replacement, however, will accomplish this.

Common Signs of Progesterone Deficiency

- Amenorrhea—no period at all. There is no ovulation. The ovaries are producing only a bare minimum of progesterone. Frequently, patients tell me, “I just want to have a period.”
- Oligomenorrhea—the period comes infrequently, perhaps every few months. This is also a result of minimum progesterone production. “Is such a small flow healthy?” patients want to know.
- Heavy and frequent periods. This situation could be related to tissue buildup in the uterus because of prolonged progesterone deficiency. “I get frightened when I see the large clots,” patients often say.
- Spotting a few days before the period. Here, the progesterone level is dropping rapidly and prematurely during the monthly cycle. Patients will tell me they “don’t like to use pads for so long.”
- PMS. Most PMS symptoms, whether physical or emotional, are progesterone-related. Initially, they may occur for a few days before the period. The more severe the deficiency, the longer they last. They may persist from the time of ovulation until the onset of the period. Many a patient has told me that “for a few days of the month, I don’t like the person I become.”
- Cystic breasts. “The cysts in my breasts scare me.”
- Painful breasts. “When my husband hugs me, I have a lot of pain.”
- Breasts with lumps. “When I feel the lumps my heart stops.”
- Most cases of endometriosis, adenomyosis, and fibroids. “I will take anything to get rid of this.”
- Anxiety, irritability, and nervousness. Difficulty sleeping and relaxing. “I have become a nervous wreck.”
- Water retention. “I can’t fit into my shoes.”

The Meaning of Your Progesterone Blood Level

Interpreting progesterone and estrogen blood levels are two different propositions. With estrogen, one woman with a blood level of 50 ng/ml could indeed have some deficiency symptoms. The side range of individuality doesn’t allow us to use a blood-level reading as a precise instrument for determining optimum dosage in an estrogen replacement program. We rely primarily on how a woman feels, as long as the blood level is within an acceptable range.

There is significantly less variability with progesterone. We also go by how a woman feels, but here we use the blood test reading to help us reach an *optimum zone* where we like to see the progesterone level. Most women can adjust their intake of progesterone to reach the target zone. Others cannot. They will develop signs of excess.

At most laboratories, the optimum zone ranges between 15 to 25 ng/ml. In the labs that I use, the zone is 18 to 20.

I attempt to elevate my patients to this level, without incurring any of the side effects, so they achieve the systemic benefits of progesterone.

Your ability to achieve an optimum level with maximum benefits depends a great deal on the form of progesterone you take.

Usually the progesterone range of normal in most labs is between 5 and 25 ng/ml. A level higher than 5 tells us one critical fact—the woman is ovulating.

Progesterone should be tested a week before the period (usually between day 19 and 21), when the hormone is at its normal peak level in a twenty-eight-day cycle.