

Catherine P. Rollins

Progesterone & Migraines

***A 60-Day
Guide to Using
Natural
Progesterone***



Natural-Progesterone-Advisory-Network.com

A Making Plans Production

© Copyright 2007, Catherine P. Rollins. All rights reserved.

Many other self-help eBooks and taped teleclasses, plus
affiliate/reseller income opportunities are available at

Natural-Progesterone-Advisory-Network.com

IMPORTANT COPYRIGHT NOTICE

This is NOT a free eBook

Reproduction or translation of any part of this work by any means, electronic or mechanical, including photocopying, beyond that permitted by the Copyright Law, without the permission of the publisher, is unlawful. Please refer interested parties to www.natural-progesterone-advisory-network.com for their own personal copies. You can also join our [affiliate program](#) free of charge and earn up to 50% for referring other people to purchase this book and other products. Thank you.



Table of Contents

What causes migraine headaches?	4
What is estrogen dominance?.....	5
How do we become estrogen dominant?.....	5
Where does progesterone fit in?	6
How to use progesterone to alleviate migraines	7
Supplements that can help.....	8
What to do if you don't get results?.....	9
Reduce your exposure to endocrine disruptors	9
Contra-indications	11
Caution / consideration.....	11
Using progesterone in conjunction with other medical treatments	12
Will progesterone supplementation raise other hormones in the body?	14
Salivary hormone testing	14
Hormone testing just got easier.....	15
Journaling your progress.....	16
Delivery method - cream, oil or pill?	20
Do you need help finding cream?	21
Putting progesterone back into your body	22
Correct application of cream	22
Cyclic use.....	23
Discovering your optimal level	24
Self-medicating	25
Getting a prescription from your doctor.....	25
Be active in your choices	26
Our formula for hormone harmony	27
Clinical Studies / References	27
Taking the next step ... <i>'A Woman's Guide to Using Natural Progesterone'</i>	28
'Hormone Harmony' coaching	29



What causes migraine headaches?

The word "migraine" comes from a corruption of the latin *hemicrania* or 'half the head' because migraine headaches often hurt on only the left or right side of the head. However, many people with migraines always have pain on the whole head.

Classical migraine is a headache which involves one half of the head at a time with other associated symptoms like photophobia (light insensitivity), visual upset, nausea, sleepiness and tingling. Migraines can last from an hour to several days, causing the patient to leave work and lie down in a dark room.

Some of the diagnostic points to migraine include:

- Attacks can last from 4 to 72 hours
- Patients are usually symptom-free between attacks
- Typically has two of the following features:
 - Unilateral (on one side)
 - Pulsating
 - Moderate to severe
 - Aggravated by routine activities
- Accompanying symptoms may include
 - Photophobia (more sensitive to light)
 - Phonophobia (more sensitive to noise)
 - Nausea and Vomiting

Once the headache has subsided the postdrome usually involves the patient feeling quite washed out or hung-over.

One theory about the cause of migraine is blood flow, which focuses on blood vessel activity in the brain. Blood vessels either narrow or expand. Narrowing can constrict blood flow, causing problems with sight or dizziness. When the blood vessels expand they press on nerves nearby which causes pain.

Another theory focuses on chemical changes in the brain. When chemicals in the brain that send messages from one cell to another, including the messages to blood vessels to narrow or expand are interrupted, migraines can occur.

More recently, genes have been linked to migraine. People who get migraines may inherit abnormal genes that control the functions of certain brain cells. And something the person's body is sensitive to in some way triggers the actual headaches.

Headache triggers can vary from person to person. Most migraines are not caused by a single factor or event. Your response to triggers can also vary from headache to headache. Many women with migraine tend to have attacks brought on by:

- lack of food or sleep
- bright light or loud noise
- hormone changes during the menstrual cycle
- stress and anxiety
- weather changes
- chocolate, alcohol, or nicotine
- some foods and food additives, such as MSG or nitrates

While migraine headaches affect millions of people, they are still less common than tension headaches.

Tension headaches cause a more steady pain over the entire head rather than throbbing pain in one spot. Most of the time migraine attacks happen once in awhile, but tension headaches can occur as often as every day. While fatigue and stress can bring on both tension and migraine headaches, migraines can be triggered by certain foods, changes in the body's hormone levels, and even changes in the weather.



Migraine headaches are more common in women. In fact, about three out of four people who have migraines are women. They are most common in women between the ages of 35 and 45; this is often a time that women have more job, family, and social commitments. Women also tend to report higher levels of pain, longer headache time, and more symptoms, such as nausea and vomiting.

It's estimated that over 40 million Americans suffer from chronic headaches / migraines. Some reports even show headaches / migraines as one of the leading causes of absenteeism at work.

Over half of women with migraine report having them right before, during, or after their period. Others get them for the first time when taking birth control pills. And some women start getting them when they enter menopause.

Migraine sufferers are always in fear of their next headache.

Women who regularly suffer from migraine headaches only at premenstrual times most likely experience these episodes due to estrogen dominance. In addition to opposing the excess estrogen associated with estrogen dominance, progesterone helps to restore normal vascular tone, counteracting the blood vessel dilation that causes the headache.



What is estrogen dominance?

Estrogen is a group of sex hormones secreted primarily by the ovaries. It is responsible for female characteristics such as the development of breasts and female curves, as well as for menstruation. There are several types of estrogen and the main ones that we know are estradiol (E2), estrone (E1) and estriol (E3). These naturally occurring estrogens are found in the blood and in the body.

Too much estrogen in the body:

- Builds up uterine lining
- Stimulates breast tissue
- Increases body fat
- Salt and fluid retention
- Depression, headaches/migraines
- Interferes with thyroid hormone
- Increased blood clotting
- Decreases libido
- Impairs blood sugar control
- Increases risk of endometrial cancer
- Increases risk of breast cancer
- Slightly restrains bone loss
- Reduces vascular tone

We are now learning that many cancers are known to be a result of hormonal imbalances. Specifically they are a result of excess estrogen or estrogen dominance

Estrogen dominance is a term coined by the late Dr John Lee in his first book on natural progesterone. It describes a condition where a woman can have deficient, normal, or excessive estrogen but has little or no progesterone to balance its effects in the body. Even a woman with low estrogen levels can have estrogen-dominance symptoms if she doesn't have any progesterone.



How do we become estrogen dominant?

All too often our food chain is laced with toxic pesticides, herbicides and growth hormones - a sea of endocrine-disrupting chemicals that mimic estrogen in our body (xeno-estrogens). If we are overweight, our body's store of excess fat can be converted into estrogen (E1). Insulin resistance leads to estrogen dominance. A visit to our GP for the odd hot flash, missed period or PMS discomfort can result in a prescription of estrogen pills, patches or implants.



And yet unopposed estrogen in our bodies results in all sorts of hormone-related health problems such as PMS, endometriosis, uterine fibroids, infertility, weight gain, increased blood clotting, thyroid dysfunction, even cancer, in both men and women.

Our men-folk are equally at risk. Estrogen gradually rises as men age, while saliva levels of progesterone and testosterone gradually fall. Thus, with aging, estrogen dominance occurs. A clear sign of estrogen dominance in aging men is their tendency to develop breasts. This indicates these men are low in progesterone and testosterone.

Here are a few keys to remember about estrogen dominance:

- Fat stores estrogen. The more weight you gain, the more estrogen you will retain.
- Stored fat can convert into estrogen, creating a vicious cycle (estrogen→fat→estrogen→fat).
- Stress produces cortisol which boosts estrogen levels.
- A toxic liver, from excess alcohol or pollution, will not filter estrogen out of our bodies.
- Many of the foods we eat are fed estrogens to make them grow and produce more food. Eating meat and dairy products will increase your estrogen levels.
- Plastic containers, pesticides and cleaning chemicals produce xeno-estrogens, chemicals that mimic estrogen in the body.
- Skipping periods, whether by choice through the use of birth control pills or by nature, will prevent the release of progesterone which keeps estrogen levels in balance.

A detailed list of estrogen dominance symptoms can be found in my ebook ['A Woman's Guide to Using Natural Progesterone'](#).



Where does progesterone fit in?

Estrogen is the hormone that stimulates cell proliferation, or the growing phase. In other words, estrogen causes cells to divide and multiply. Progesterone, on the other hand, is the hormone that stops growth and stimulates ripening. It induces cell maturation and programmed cell death (called [apoptosis](#)). It is our body's natural anti-estrogen.

Programmed cell death is a normal cellular event in many tissues that maintains a balance between newer replacement cells and aged or worn cells. In contrast, cancer cells seek to be immortal and often dodge apoptosis by mutating or deregulating the genes that participate in programmed cell death.

Although cells in different parts of the body may look and work differently, most repair and reproduce themselves in the same way. Normally, this division of cells takes place in an orderly and controlled manner. If, for some reason, the process gets out of control, the cells will continue to divide, developing into a lump which is called a tumour. Tumours can be either benign or malignant. Doctors can tell whether a tumour is benign or malignant by examining a small sample of cells under a microscope. This is called a biopsy.

Whilst not a cure for cancer, progesterone can dramatically decrease cell multiplication rates, providing women with a degree of protection against estrogen-driven cancers. Normal levels of progesterone in the body can, therefore, actually help protect you against some forms of cancer.

We now know that progesterone deficiency is linked to an increased risk of cancer. Uterine cancer, for example, is known to be caused by unopposed estrogen. That's why women who have an intact uterus and take estrogen replacement therapy must also be given some form of progesterone to oppose estrogen and reduce this risk. This is generally given in the form of synthetic progestin which, incidentally, is not the same molecule as bioidentical progesterone, but is designed to block estrogen effects.

- When migraine headaches occur with regularity in women only at premenstrual times, they are most likely due to estrogen dominance. Estrogen dominance causes dilation of blood vessels, and thus contributes to the cause(s) of migraines. One of the many virtues of natural progesterone is that it helps restore normal vascular tone, counteracting the blood vessel dilation that causes the headache. Here again, progesterone is safe and treats the cause in a normal, physiologic way. The more dangerous pharmaceutical drugs can be reserved for the rare case that does not respond completely to progesterone.





How to use progesterone to alleviate migraines

Your approach to cyclic headaches and migraines is to tackle estrogen dominance head-on.

And the best way to avoid monthly hormone migraines is to recognise when they start (in your cycle) and begin applying cream a couple of days prior. In this manner, you are treating the hormonal imbalance that can trigger cyclic headache. Then, as your monthly cycle progresses, you can increase your dose accordingly.

When to apply cream

Still menstruating*	<i>Apply during the 2 weeks before your next period</i>
Irregular menstruation*	<i>Apply during the 2 weeks before your next period is due</i>
No longer having a menstrual cycle	<i>Apply on Day 1-24, stop from Day 25-30 of the calendar month</i>

** If migraines tend to strike in the first half of your cycle, start applying cream from Day 5 through until one or two days before your period is due. Once you get control of your migraines, follow application guidelines above.*

How much cream to use

Daily dosage would be 20mg up to 100mg per day.

Commencing with a dose of approximately 30mg, you would gradually increase to a larger dose (of up to 100mg if necessary) towards the end of your cycle. This gradual increase of progesterone levels, peaking at around 2 days before your next period, will usually control the onset of a migraine.

For severe migraines, up to 100mg per day is well tolerated in the initial stages.

Migraines may take months to settle, and usually disappear if managed correctly.

Severe migraines may take up to 12 months to control but, with each cycle, severity, duration and debilitation lessens.

For women who are extremely progesterone deficient, a high loading dose of up to 100mg per day will quickly raise hormone levels back to normal. Give yourself at least 60 days to replenish body fat stores, after which time your daily 'maintenance' dose would be 15-30mg. Ultimately, dosage is relative to symptom relief.

How to apply cream

As a rule, you would split your dose, applying a larger dose at night and a smaller one in the morning. However, we've found that if you do hourly doses - dabbed onto your temples and behind the neck when you feel most susceptible and stressed - you may be able to control (and assess) your symptoms on a 1-2 hourly regime. This is particularly true of women who feel the characteristic "aura" that usually precedes migraines.

It's amazing how, when you become calmer, the curtailing of stress may be all that's required to reduce the triggers of the onset of a migraine. Also bump up your intake of magnesium supplements (300-400mg of a morning and taken again in the evening) which is a muscle relaxant, invaluable in the treatment of muscle spasms, cramps, nervous tension, and pain management.

Progesterone exerts a vasodilator (relaxing) effect on the blood vessels further assisting anti-spasmodic action that can set off headaches.

Drinking heaps of filtered water also prevents toxic build up, flushes out body wastes and toxins, and maintains fluid balance preventing dehydration.



If you cannot recognise the onset of a headache/migraine or it strikes unannounced, try adopting an intra-vaginal dose starting at 20mg. Wait a couple of hours and re-apply if symptoms are not abating. Repeat until headache subsides. This can markedly reduce the impact of your headache, occasionally thwarting the onset of a migraine. Be aware that the vaginal route can have an almost immediate (spike) impact on your body through direct absorption, so go easy on how much you apply.

We suggest women experiment with this unique approach before actually relying on it to treat the onset of a migraine. Note here, a full-on migraine is really beyond management with progesterone cream. You may need to resort to medical treatment or see your doctor. Progesterone may not help prevent nausea and vomiting if your migraine has progressed.

Alternatively, you might consider taking sublingual (under the tongue) progesterone at the sudden onset of a migraine headache. If you suck on a lozenge or put drops under your tongue, you'll get a steep, sudden rise in progesterone levels, followed by a steep drop. Be aware, the rapid rise and fall in progesterone can leave you without progesterone for a good part of the day unless you dose every few hours.

In a non-migraine state, you would apply cream transdermally (through the skin) for 8-12 hour sustained delivery. This is why it works best to use progesterone cream twice daily to most closely mimic how your body functions.

Sublingual (under the tongue) method

Important: DO NOT USE progesterone cream under the tongue because of toxic ingredients

Sublingual drops, which are in a base of vitamin E oil, may be more effective, because they are absorbed rapidly and cause a quick spike in progesterone levels. A sublingual dose of 40-50mg should do the trick.

The progesterone must be in a vegetable oil or vitamin E base.

Intra-vaginal application method

Important: Make sure your cream is indicated for VAGINAL USE.

Suggested guideline for the introduction to vaginal dosage is 10mg (1%) once a day to allow you body time to adjust to this method, and for you to assess your sensitivity and response to intra-vaginal progesterone application.



Supplements that can help

- When the herb feverfew is accompanied by 250-500 mg of magnesium and 125mg of ginkgo biloba on a daily basis, the symptoms of migraines can be drastically reduced.
- Supplements of niacin have a tendency to create a flushing sensation in the head, which in turn eliminates excess blood and quells the onset of migraines.
- Studies have shown that daily supplements of 1,000-2,000mg of omega-3 fatty acids, found in fish oil, and 400 mg of Vitamin B2 (riboflavin) each morning can decrease the frequency and severity of migraines.
- Vitamin E 600 IU/day before bedtime
- Vitamin B6 50 mg/day
- Vitamin C, 1,000mg thrice daily (if diarrhea develops, reduce the dose)
- Pantothenic acid, 400 mg two times daily (should be taken with food)
- 5-HTP, 100 mg thrice daily (if you take antidepressants, check with the doctor)





What to do if you don't get results?

As an individual, it is important to learn your triggers. Keep a journal that tells the date, time, weather conditions, foods eaten in the last 24 hours, emotional stressors, amount of sleep, drugs taken or, if you are a female, where you are in your menstrual cycle. In women ages 30-55, hormonal imbalance is one of the leading causes of migraines.

If a hormone migraine occurs after your period, this may indicate you are still estrogen dominant and that you have yet to realise the full benefits of progesterone therapy. We suggest you take shorter breaks. Start on day 5 (after your period), continue for a few months, then extend your breaks as your headaches lessen.

As previously stated, charting will help you identify triggers, and to recognise when migraines headaches are likely to occur so cream dosage can be increased prior to the onset.

Women have found that if they increase their progesterone dosage prior to the onset of their period, particularly if this is when their migraines tend to occur, pain can be managed without the need for pharmaceutical pain killers.

Reports of migraine headaches re-emerging after a headache-free period are not uncommon. There are many reasons why this may occur. Notwithstanding conditions currently under the watchful eye of a qualified healthcare professional, we pose the question, "What has been going on in your life?" And usually women can recall, perhaps one to two months prior, an incidence of unmanaged stress, a shock, an infection, illness, the introduction of some other form of medication, or a lifestyle change such as a new job or new environment, travelling, changing climate.

There are many aspects that can cause an imbalance in our hormonal constitution. Stress for example. Chronic stress leads to chronic levels of cortisol in the bloodstream, which creates a need for more hormones (e.g., thyroid, insulin, progesterone, testosterone) in order to do the same job.

Stress increases production of the hormone cortisol which BLOCKS (or competes for) progesterone receptors. That means progesterone won't work. Additional progesterone is required to overcome this blockage, and stress management is important.

Therefore, normal physiological doses of progesterone can maintain hormonal health beautifully until the body has to call on its reserves to perform other roles in the body (handle stress or create cortisol to fight infections), in which case your dose needs to be increased for a short period of time to accommodate the body's need for higher levels of progesterone.

The solution is often as simple as doubling the dose for that month and then reducing gradually back to the physiological dose. It does not take long to quickly get progesterone reserves up if the body is normally in balance.

If there are stress factors that are ongoing, it may pay to slightly increase dosage (by 1-2%) over that period of time as a buffer. And to also look at improved nutritional and vitamin supplementation that will support the body, perhaps a super multi vitamin B complex and a multi vitamin complex, and other calmatve herbs. Perhaps more sleep or a holiday. Charting can actually help you identify where the triggers are and what your body is actually telling you. Is the physical born of the metaphysical? Certainly a headache, heavier period, sore boobs, or whatever are all early warning signs we need to heed.



Reduce your exposure to endocrine disruptors

Most women living in Western Industrialised countries will experience hormone related problems in their lifetime as a result of their exposure to petrochemical by-products present in their food, medicines, plastics, clothing, soaps, etc.



Too much estrogen in a woman's body without the balancing, protective properties of progesterone may be mirrored in the growing incidences of various cancers, PMS, endometriosis, fibroids, infertility and early menopause.

Humans are not immune to xenohormones and our environmental exposure to these agents is increasing. It would be almost impossible to avoid them in this century and, as our modern technology advances, there grows an ever increasing danger, perhaps in plague proportion. The knowledge of the effects of xenohormones comes primarily from observing wildlife population exposed to chemicals in our waterways and through agricultural spraying. No living creature appears immuned.

There is suggested links between exposure to environmental pollutants that mimic estrogen and the developing baby's tissue. Laboratory experiments, wildlife studies, and the human DES experience link hormone disruption with a variety of male and female reproductive problems that appear to be on the rise in the general human population - problems ranging from endometriosis, testicular cancer, infertility, and in there somewhere is PCOS.

Hormonally active synthetic chemicals can alter the nervous system and brain, and impair the immune system. Synthetic chemicals can derail the normal expression of sexual characteristics of animals, in some cases masculinising females and feminising males. Some animal studies indicate that exposure to hormonally active chemicals prenatally or in adulthood increases vulnerability to hormone-responsive cancers, such as malignancies in the breast, prostate, ovary, and uterus (publication: Our Stolen Future).

It is argued that if a female embryo's ovarian follicles are compromised through exposure to these chemicals, this damage will not be apparent until after puberty.

Pregnant women should do whatever they can to protect themselves and their unborn child from exposure to xenoestrogens during gestation. Children, too, appear highly susceptible as their immunity system is immature. We suggest women avoid buying plastic toys for their children, especially if they are at that age where they are prone to put everything into their mouth. Where possible, don't heat baby's plastic bottles in the microwave. Go back to using glass feeding bottles, and sterilise with boiling water rather than toxic chemicals.

Avoid packaged and/or refined foods, and eat primarily fresh and preferably organic foods, taking care to wash produce thoroughly. Avoid storing food in plastics containers or plastic wraps. Instead store food in glass containers and never microwave or heat food inside a plastic container.

It is imperative to drink clean, filtered water. If you invest in a water filter be sure to change the filter whenever outlined by the product manufacturer otherwise this could create further problems.

One can only assume that pesticides, herbicides, fungicides, basically any substance that is used to kill fungi, plants, or bugs is going to be toxic to our body. Be aware, garden fertilisers, dog flea repellent wash, insect sprays and skin repellents may be highly toxic to you and your family and animals.

If you're particularly susceptible to toxic fumes and are building a new home, do whatever you can to avoid laminated wood or wood veneers, or other materials that outgas chemicals. Glues and adhesives in particular are very toxic as in carpet-laying. We have actually had women report severe haemorrhaging and heavy periods following the laying of new carpets.

Perhaps you're supersensitive to vinyls in cars, and vinyls on work benches.

Women in the photography industry have also run into problems, specifically those working in the processing rooms of film laboratories and handling chemicals which are absorbed through their skin. Hairdressers have come to us with cases of fibrocystic breasts, ovarian cysts and PCOS, and we believe there may be a link between the chemicals and the fumes that they are exposed to in this industry.

Rural women who work on the land have displayed thyroid problems such as multi-nodular goitre. Observation suggests there's a link between chemicals used in farm management which may be adversely impacting the endocrine system. Otherwise, these women have lived a very healthy, active and organic lifestyle.

Certain hair dyes and hair products can contribute to xeno-hormone exposure in the body. We suggest, therefore, women try to use all natural products. If you know you are sensitive then perhaps refrain from dying your hair or applying unnecessary chemicals to your skin, eliminating exposure to fumes and skin. A small number of women in the plant nursery industry come to us with hormonal disorders and cyst problems. Could this be the result of exposure to toxic sprays, fertilisers and other substances?

Opt for detergents, soaps and shampoos that are eco-friendly. Avoid solvents and if you must use them protect your skin as they enter the blood stream quickly through the pores. It is also important not to breath in fumes, to use masks were possible, and avoid exposure to paint fumes, car fumes, nail polish fumes as they can actually cause symptoms like hot flushes, heavy bleeding, and imbalances, as reported by many, many women.

There are certainly solvents in nail polish and nail polish removers used widely among the young teenagers who are vulnerable to reproductive damage. We caution women with hormone imbalance to be wary of the chemicals used to apply & remove false nails.

Our website has observed a couple of women with high levels of estrogen dominance who have undergone breast implants using foreign substances. It's crossed our mind there may be a correlation between their high level of estrogen dominance and a likely reaction to these foreign particles. Of course, there could be other underlying aspects, but there certainly seems to be a very strong link or suggestion that foreign objects implanted in breast cell tissue may lead to xenoestrogen exposure.

We reiterate here that progesterone cannot possibly protect us against the onslaught of xenoestrogens in our environment. Whilst progesterone may help tone down estrogen dominance symptoms and perhaps confer some protection, unless you directly address your exposure to xenoestrogens you'll always be vulnerable to endocrine disruption and associated complications. This is where liver function and support is vital.

For extensive information and references on xenohormones, we strongly urge you to read Dr. Theo Colborn's book, '[Our Stolen Future](#)'. It is a classic on the subject. This book is a must read for anyone concerned about the survival of the human race and the terrible price we are paying by pouring toxic chemicals into our environment without thought for the consequences.



Contra-indications

Progesterone should NOT be used by women with any of the following conditions:

- Severe active liver disease, i.e., cholestatic jaundice, hepatitis, Rotor syndrome or Dubin-Johnson syndrome
- Any unexplained or abnormal vaginal bleeding
- History of herpes gestationis, jaundice of pregnancy
- Known sensitivity to progesterone creams or any of their individual components



Caution / consideration

Some medications may interfere with the progesterone effect. Right now we don't have sufficient information to determine the level of interaction with these medications. Women frequently ask us if their medication can be taken in conjunction with progesterone. This is why it is imperative you refer back to your GP.

It's important that readers understand we are not medical professionals and this information came from various sources in our own observation. It is for information purposes only and is not a prescription for your particular needs. Consult with your health care professional if in doubt or if you have questions. We do not diagnose or try to overrule the advice of your health care professional.





Using progesterone in conjunction with other medical treatments

Will progesterone interfere with my blood pressure medication?

Progesterone can be used with your antihypertensive drugs but must be done with strict supervision of your doctor and regular check ups and regular blood pressure testing. Again, progesterone helps to eliminate the fluid retention aspect of the body because it is actually negating the estrogenic effects of sodium retention. Too much estrogen will cause fluid to be retained in the body. With the adjunct of progesterone, it reduces the amount of estrogen and the effects of retention, thereby often reducing the blood pressure in the body (progesterone also exerts an anti-spasmodic influence of blood vessels).

We emphasize that blood pressure changes may be due to physiological effects or other reasons and not to self medicate because they have a high blood pressure. Reports have indicated that the reduction of antihypertensive drugs have been necessary over a period of time under the doctor's supervision purely because their blood pressure has been restored to normal.

Addition to hypertension: There is a potential interaction with progesterone and the group of medications known as beta blockers. This interaction may cause an increase in the resistance to blood flow in the hands and feet. The result may be an increase in the side effects of the beta blocker, especially the cold hands and feet. We stress that there have NOT been reports of this effect as yet, but the potential is there.

Can you take progesterone while on anti-depressant drugs?

Yes you can. We again emphasize that anyone on any form of medication and using progesterone should be under the supervision and the monitoring of their doctor. Many women have found after seven months on progesterone they feel the inclination to start weaning off their antidepressants over a period of a few months, under the supervision of their doctor, and have had excellent results in maintaining a state of anti-depression.

They also have found that once coming off their anti-depressant drugs, often their libido and sex drive have also improved because a lot of the antidepressants have also suppressed a lot of their libido and/or an ability to be sexually aroused. Not all anti-depressants have done this, but overall a lot have had this common denominator.

Some anti-depressants may impair the functioning of the limbic brain including the hypothalamus which may affect the menstrual cycle.

Can you take progesterone while on thyroid medication?

If you have been diagnosed with a thyroid problem, and you are on thyroid medication, and now want to incorporate natural progesterone into your regime, there's no reason why you can't providing you do so under the strict supervision of your treating physician.

Progesterone may cause a potentiation of thyroxine's effects leading to hyperthyroidism. Normal T3 and T4 levels with elevated TSH suggest impaired thyroid hormone activity rather than insufficiency. Periodical TSH testing should be adopted on initiation or progesterone treatment in these patients.

Please do not stop your thyroid medication because you have read that progesterone helps thyroid function. Your thyroid dosage, however, may require regular adjustment as progesterone exerts an influence upon the thyroid gland. Correcting estrogen dominance may not correct your thyroid function.

The thyroid gland function can be improved with trace minerals such as selenium, iodine, zinc and manganese.

If you are unsure whether your thyroid is functioning optimally that can be characterised by an inability to lose weight, puffy and swollen body appearance, lethargy, muscle weakness, dry skin, hair loss and



constipation, we suggest BEFORE resorting to progesterone to fix these problems you might be well advised to ask your doctor to order the appropriate tests. This includes blood profile to measure the levels of both thyroid hormones T4 and T3, and also TSH (Thyroid Stimulating Hormone). A shortage of T4 would be administered in the form of thyroxine tablets. In the USA, thyroid replacement therapy is available in cream form by way of natural thyroid hormone replacement using bio-identical hormones.

Can you take bone building drugs such as Fosamax and Raloxifene with progesterone?

Yes, you can, however if you are using progesterone for bone building it will be severely compromised, if not rendered ineffective for this purpose. We suggest you consider why you are taking the bone building drugs in the first place and decide for yourself whether it is bone delay that you are seeking or bone building. Because the bone building drugs are not forming new bone, they are actually stopping and delaying the resorption of old bone. Blocking off the action of absorbing old, brittle bone, prevents progesterone moving in to build new bone in place of the old. On X-ray, bone building drugs look fantastic as the bone appears dense, but in actual fact may be quite weak and brittle because the X-ray is depicting 'old' bone that should have been removed and replaced with new. Slowing bone resorption doesn't necessarily make your bones stronger.

As explained above, there are two different actions involved - taking away old bone, rebuild new bone. We cannot make the decision for you but we strongly urge you to seek out options, information, and do drug research. Ask your doctor for full disclosure of side effects, benefits, and the test trials then look at these seriously because at the end of the day, it is your health, your decision, and your body.

Raloxifene blocks estrogen receptors. It is a selective estrogen receptor drug which has estrogenic effects on bones, and is known to cause hot flushes and blood clots. We don't know what other effects it has on progesterone or visa versa.

Can you take Tamoxifen and progesterone at the same time?

Tamoxifen is prescribed to women for the treatment of breast cancer.

Tamoxifen is sufficiently estrogenic to cause endometrial hyperplasia. As such, progesterone will block this effect. Women report some terrible side effects while taking Tamoxifen such as hot flushes, and get great results once they go on progesterone therapy, which takes about 4 months to take full effect.

Don't forget to make sure your doctor orders regular pelvic ultrasounds to check endometrial thickening. And make sure your doctor knows you are taking progesterone.

Can you take progesterone during chemotherapy treatment?

We don't know medically if there is a reason why you can't, except that the endocrinologists may be very adamant about no other form of treatment. Some even frown on taking vitamins. Yet some women have reported initiating progesterone replacement therapy because they've asked their doctor if they can take natural things throughout their treatment and the doctor has indicated that it's fine. Nonetheless, we remind our women that this is a hormone and not a vitamin.

Throughout surgery, many women have continued to take their progesterone prior to, and directly after surgery as it appears to assist their body with the stresses and the corticosteroid pathway. The body may be in shock and traumatised, so progesterone being the mother hormone, can actually help build other vital steroid hormones.

We know for a fact when the body is stressed, whether it be mental, emotional or chemical, it will actually take more progesterone in the form of cortisol. Often women will suffer the next month as a result with period problems or heavier bleeding, or headaches and signs of estrogen dominance. This is purely because progesterone levels that would normally sustain the body are just not enough under stress.

Surgery is therefore one of those qualifying periods where we say to women, if you can't take progesterone during surgery, certainly increase your dose prior to, and resume progesterone application directly afterwards where possible, particularly if used cyclic.



You need to try and follow those cycles as closely as you can, otherwise you may be throwing the rhythm of the body out.



Will progesterone supplementation raise other hormones in the body?

Progesterone does NOT cause an increase in the levels of other steroid hormones.

The body does use endogenous (made in the body) progesterone to create other hormones, but this does not occur with supplemental progesterone.

This is probably because progesterone cream is carried directly through the fat layer in your skin and into the bloodstream, while the conversion of progesterone made in the body into other hormones takes place directly in the ovaries and adrenal glands.

This has been extensively tested by Dr David Zava of ZRT Labs using saliva hormone level tests.

However, the use of progesterone replacement therapy in someone who is deficient will keep estrogen receptors working efficiently, and it will improve thyroid function.



Salivary hormone testing

Why not do a blood test to check progesterone?

In the revised and updated version of his book *'What Your Doctor May Not Tell You About Menopause'* published in 2004, Dr Lee maintains that as much as 90 percent of an oral dose is destroyed in the gastrointestinal tract within 15 minutes or so of taking it. The progesterone that is destroyed becomes by-products or metabolites that enter the liver where they and the real progesterone are transported into the bloodstream. Several research groups, including one in France (Nahoul) and another in the United States (Levin), using highly sophisticated methods of analysis, came to the conclusion that about 80 percent of what is measured as progesterone by conventional blood tests (serum venipuncture) is really inactive metabolites of progesterone.



Therefore, if you are taking 100 mg of oral progesterone and your blood test comes back as 10 ng/ml, the real progesterone level is more likely only to be about 2 ng/mg and the rest of it inactive metabolites, or metabolites that are causing side effects rather than benefits. These metabolites are not as likely to get into saliva, and therefore a measurement of bioavailable progesterone (through a saliva test) will give far more accurate levels than serum (or plasma) levels.

The theory and science behind saliva hormone testing

For detailed information on the science behind saliva hormone testing, Drs. Gillson and Zava have written a paper on [Salivary Hormone Analysis](#). This fully referenced paper details the theory and science behind saliva hormone testing.

Saliva Hormone Testing kits

- ZRT Laboratory (David Zava, Ph.D), 12505 NW Cornell Rd., Portland, OR, USA, 97229, phone (503) 469-0741, fax (503) 469-1305, www.salivatetest.com, e-mail info@zrtlab.com.

Hormone Hotline (www.salivatetest.com/hotline.html) is a 24 hour taped audio-library with a growing



list of topics on every aspect of hormone balance and testing. The Hotline number is 503-466-9166.

- Genova Diagnostic Laboratory, 63 Zillicoa St., Asheville, NC, USA, 28801, (800) 522-4762 or (828)253-0621, www.gdx.net.
- Hopkins Test Kits, P.O. Box 84900, Phoenix, AZ, 85071, phone (800) 522-4762 or (602) 252-4477, fax (602) 943-2363, <http://www.virginiahopkinstestkits.com> , email connect@virginiahopkinstestkits.com.
- Aeron Lifecycles, 1933 Davis Street, Suite 310, San Leandro, CA, USA, 94577, (800) 631-7900, www.aeron.com.
- Diagnos-Techs, Inc., Clinical & Research Laboratory, 6620 South 192nd Pl., J-104, Kent, WA, USA, 98032, (800) 878-3787, www.diagnotechs.com.
- National Biotech Laboratory, 13758 Lake City Way, N.E. Seattle, WA, USA, 98125, (800) 846-6285.
- Rocky Mountain Analytical, Unit A , 253147 Bears paw Road, NW Calgary, Alberta, Canada T3L 2P5, Phone: (403) 241-4513, Fax: (403) 241-4516, www.rmalab.com.
- Analytical Reference Laboratories (ARL), 5 Leveson Street, North Melbourne, Victoria, Australia, 3051, (61-3) 9328-3586, fax (61-3) 9326-5004, www.arlaus.com.au, e-mail info@arlaus.com.au.

NOTE: New York State Residents

New York State health law prohibits the testing of specimens collected in or mailed from New York, and prohibits the transmission of data from any laboratory to NY physicians or residents. Therefore, direct receipt of lab results for NY residents is not possible.

New York State Public Health Law Title 1 Article 5 states that laboratories need to be approved, licensed and examined by the State.

Unfortunately, unless the sample is collected out of state and mailed, testing facilities are unable to run the test. Dr David Zava and team of ZRT Laboratory are looking into the licensing requirements for New York but it may be some time before they are able to do business in New York.

NOTE: California State Residents

California State health law requires that the testing of any specimen collected or mailed from California be accompanied by a written order from a health care professional licensed in California to order laboratory tests. This includes the following disciplines: M.D.; D.C.; LAc; R.D.; D.O.; N.P.; and Pharmacists (R.PH).

As of September 2002 (Senate Bill 577), such lab tests may be ordered by complementary/alternative health care practitioners "not providing services that require medical training." California consumers not working with a licensed health care professional should contact a compounding pharmacist in their area or contact our Network for further information and, if need be, investigation.



Hormone testing just got easier

Capillary Blood Spot Hormone Test Profiles

ZRT Lab has made capillary blood spot testing available to measure bioavailable hormones. This is the same hormone profile recommended by Dr. John Lee, but Dr. Zava of ZRT can now extract it from capillary blood taken from the finger. It's a fast, easy and accurate test for those for whom saliva testing may not be the appropriate fluid for measuring hormones.



Blood Spot testing requires only a tiny amount of blood from a nearly painless finger prick—at home. You send the sample to the lab in a prepaid container and results can be sent to you or your doctor. Several tests can be run from a single sample. Blood spot testing provides results on a par with those from serum tests (the kind that requires a prescription from your doctor and a visit to a lab) but without the cost and inconvenience. In addition, collection times can be optimized for fasting baseline hormone levels, assessment of HRT dosing and diurnal hormone testing.

Here's where to find an article with more detailed information: [Measure Hormones in Blood Spot Profile](#).

Capillary blood spot testing offers:

- Better and more accurate method than saliva to detect bioavailable hormones in individuals using hormonal troches or sublingual drops.
- Good alternative for individuals who have a dry mouth and cannot produce enough saliva over a reasonable time frame (30 minutes).
- Individual preference for and familiarity with blood serum testing and blood ranges.
- Better method than serum venipuncture to detect bioavailable hormones in individuals using topical hormone supplements.
- Combination of SHBG (male and female) and PSA (male) provides additional information about the overall estrogen burden, bioavailable fraction of testosterone, menopausal status, and potential for overdosing with estrogen or testosterone therapy.”

Capillary Blood Spot Hormone Testing kits

- ZRT Laboratory (David Zava, Ph.D), 12505 NW Cornell Rd., Portland, OR, USA, 97229, phone (503) 469-0741, fax (503) 469-1305, www.zrtlab.com, e-mail info@zrtlab.com.
- Hopkins Test Kits, P.O. Box 84900, Phoenix, AZ, 85071, phone (800) 528-0559 or (602) 252-4477, fax (602) 943-2363, <http://www.virginiahopkinstestkits.com>, email connect@virginiahopkinstestkits.com.

NOTE: New York State Residents

New York State health law prohibits the testing of specimens collected in or mailed from New York, and prohibits the transmission of data from any laboratory to NY physicians or residents. Therefore, direct receipt of lab results for NY residents is not possible.

New York State Public Health Law Title 1 Article 5 states that laboratories need to be approved, licensed and examined by the State.

Unfortunately, unless the sample is collected out of state and mailed, testing facilities are unable to run the test. Dr David Zava and team of ZRT Laboratory are looking into the licensing requirements for New York but it may be some time before they are able to do business in New York.



Journaling your progress

Is it important to keep a chart?

This is entirely up to you. However, we believe it IS beneficial to keep your own chart or journal to better understand how your body functions and to tune into its needs. Charting helps you become aware of the day to day changes in your body. It helps you interpret symptoms that may be relevant to your hormonal balance and general wellbeing.



Symptom relief is an important barometer in your hormonal well-being, and acts as a guide to using the least amount of progesterone required to maintain balance.

When you first begin progesterone supplementation, it's always advisable to go through the list of estrogen dominant symptoms and mark off what applies to you and date it. Add to this list anything that is unusual or is idiosyncratic to your hormonal profile.

Don't, whatever you do, *judge* what you put down believing it to be totally irrelevant. Write it down anyway because it's guaranteed somewhere along the track your 'peculiar' symptom may actually correlate with other women's stories of hormonal imbalance.

Women become so conditioned to discounting themselves and undermining their problems, especially if they have been long-standing.

Make no mistake you are not alone in this struggle with this new emerging condition - estrogen dominance. Women who approach our Network seeking help are invariably surprised to learn that their collection of symptoms has absolute relevance within the context of determining and balancing estrogen dominance according to their unique hormone profile.

Comments like "*I can relate to that*" or "*the same thing happens to me*" tells us women out there continue to suffer in silence, year in, year out, unable to discuss and validate their experiences with other women.

The Natural-Progesterone-Advisory-Network.com website is essentially about empowering women so each can, in time, claw her way out of the 'hormonal' abyss she finds herself. And in order to do this, you need to get in tune with your own hormonal persona so to speak.

For your convenience we have listed all these aspects of your overall health in sections which are contained in my ebook ['A Woman's Guide to Using Natural Progesterone'](#). Be aware of them. You may find your own amongst these to include in your charts. The questions we present make you aware of your own body, particularly before using progesterone, while calling attention to how your body responds once you've started using progesterone.

This is an on-going journey, and things will change in your body, over months and over years.

Taking control

Most women, when asked to refer back over their lists of twelve months ago, are quite shocked to see how many symptoms were on their original list. So, for this reason, we ask you to continue your journey. Be patient and persistent. Your efforts will be rewarded in improved health.

In other words, discover what works for you, and get good at it. Allow it to become a habit, a way of life that, in time, sustains optimal health.

Our website offers you some charting guidelines. Pick the one that suits you. Or using our guidelines, create your own. You are free to make up what works for you. And at the end of each month, we encourage you to not only tick off what symptoms still exist and how many negatives or unusual symptoms you have reported for the month, but to list all the things that have improved.

The score sheet is ideal for putting together a quick summary that indicates the effectiveness of progesterone for that month.

The main thing to remember here is that these are your charts, a diary no less of your progesterone journey and validation of who you are.

Your monthly journal and list of all the positives are extremely important because so many women have been conditioned to expect a negative cyclic experience. Two examples would be migraine sufferers and women with endometriosis who suffer pain that incapacitates each month, sometimes for days. These women tend to be focused and fear-driven by ingrained negative belief systems based on past experiences.

Charting can help break such cycles and re-program their belief system, thus inducing the healing process. When documented proof of improved health is evident in their charts, it can dramatically alter their perception. This is especially important since we tend to focus on what's not right with our body forgetting to acknowledge and give thanks for that which has improved our quality of life.



For to get well and be healthy you need to focus on the best possible outcome, not the worst. Good health is, after all, a synergy of mind, body and soul. Our positive attitude, commitment, and love of self fuel the body's power to heal.

Imbalances can occur at any time in any disguise, but once you setup a hormone 'template' by charting for the initial 7 months, you have the blueprint that you can always refer back to.

Many women are actually staggered at the value of charting when they may need to revisit them 2-3 years down the track. And it may only take a small adjustment to get back in balance ... because they already have the road map!

Many of the symptoms may never reoccur because progesterone has actually corrected the problem. There will always be a persistent 'weakness' that you will, in time, come to see as idiosyncratic to you. That can be an indicator you need to start listening to your body, and implementing whatever strategies required to maintain continued health.

Through these charts your will learn that symptoms can be quite insidious. They creep up undetected and are easily overlooked, particularly if a woman is stressed out or pre-occupied. If you understand these patterns and realise the connection, you can quickly get on top of it. Take action to correct the problems before they compound.

This is particularly true for women who suffer joint pain, arthritis, fibromyalgia, hypothyroidism (low thyroid function), high blood pressure or bladder problems, sinusitis, and headaches. They tend to be unaware their symptoms all fit together like a jigsaw puzzle.

To appreciate the benefits of progesterone and to fully recognise the positive effects, you have to stay on the cream and monitor your progress, long term. If you do this, then results can be truly astounding. What you end up with is a charted record of your body's rhythms; a template for future reference.

Which Chart Suits You?

#1 - Monthly Score Sheet

Charting should be conducted monthly to assess reduction / flare-up of symptoms. Your monthly score should be reducing each month. We commonly use a 7 month time frame as a fair gauge to work in, although we see most symptoms disappear around 4 months if it's a progesterone deficiency / estrogen dominance problem. If some symptoms persist you would need to look at possible physiological cause other than hormonal, i.e., depression that is not alleviated by progesterone.

If your score is not reducing over 4-7 months, it indicates that your progesterone cream is not being assimilated by the body effectively. This can be for various reasons (see also 'Cream Usage & Guidelines' in my ebook ['A Woman's Guide to Using Natural Progesterone'](#)).

Most women who are estrogen dominant present with a score of 26-36 out of a possible 42. And within 4 months we've observed most women's total score drops to under <10, after following our suggested guidelines. Nonetheless, it's important you maintain yours charts for a minimum of 7 months, at which time stability would have been established.

Suggested Score Guideline for Monthly Score Sheet:

- High Score: (dosage initially >10% or 100mg)
- Moderate - High Score: (dosage between 4%-6% or 40-60mg)
- Moderate Score: (dosage between 3%-4% or 30-40mg)
- Low Score: (dosage between 1%-2% or 16-20mg)

[Click here to download](#)

#2 - Health Observation Calendar

This chart suits the methodical person who likes to record keep in symbols, and who is very involved in her health agenda. It probably wouldn't suit the lady with a busy lifestyle who's on the go.

[Click her to download](#)



#3 - Calendar style notations of symptoms

If you are a woman looking to record 'unusual' symptoms and may not be recording in-depth details, this chart gives you a guideline of where / what may be happening at certain times of the month. The charts can then be used as a comparison, month to month. Patterns can be determined using this method. It's always important to note dosage of cream on all charts, to correlate dosage versus symptom relief.

[Click here to download](#)

#4 - Quick tick chart

This is a very popular chart because it's so user-friendly. All you need to do is tick the appropriate columns each day as they apply. It doesn't require lengthy reporting, just helps you acknowledge how you're feeling, and what's going on. Perfect to stick on your refrigerator.

[Click here to download](#)



Know Your Progesterone Cream

Quality Guidelines

Creams manufactured and/or sold in the British Commonwealth will contain micronized progesterone that meets BP (British Pharmacopoeia) standards. Creams manufactured and/or sold in the United States will contain micronized progesterone that meets or USP (United States Pharmacopoeia) standards. If it doesn't have either on the packaging, well, you might want to question the quality of the cream you're purchasing.

The United States Pharmacopoeia (USP) is a nongovernmental, standards-setting organization that advances public health by ensuring the quality and consistency of medicines, promoting the safe and proper use of medications, and verifying ingredients in dietary supplements. The British Pharmacopoeia Laboratory's principal role is in the procurement, establishment, maintenance and sale of British Pharmacopoeia Chemical Reference Substances (BPCRS). World Pharmacopoeias include United States Pharmacopoeia, British Pharmacopoeia, European Pharmacopoeia, Japanese Pharmacopoeia, and International Pharmacopoeia.

Micronization is a process where the progesterone is milled to a particular size. The degree of micronization is dependant upon the process used to mill the progesterone. The smaller the particle size the easier it will be for the progesterone to pass between the intercellular spaces of the skin's stratum corneum - the skin's physical lipid barrier to prevent substances/chemicals entering the body. In general, the absolute maximum particle size should be no greater than 20 microns.

Do check correct cream base for maximum absorbability. Creams containing mineral oils (paraffin) will NOT deliver progesterone to the body because the progesterone is more soluble in the mineral oil and will not permeate the skin. Creams should contain NO animal products or by-products, nor any petrochemical based ingredients.

A 2004 research study suggested that exposure to parabens may have negative health effects. And while the results of the study are not conclusive, paraben-free formulations are readily available.

Wild Yam 'Extract' Creams

If your cream is marketed as a cosmetic, the label may say "Wild Yam Extract". In these circumstances, confirm with your cream distributor that your jar or tube does in fact contain USP progesterone, and how much is delivered per application.

Wild Yam Extract (diosgenin), when included as an ingredient in a natural progesterone cream, can potentially have an *estrogenic* effect upon the body. For this reason, natural progesterone creams containing plant derived estrogens are not recommended in those women with a history of breast or uterine cancer, obesity, diabetes, or a history of clotting or vascular disorders. Certain herbs stimulate



estrogen receptor positive breast cancer cells to grow, and/or compete against any natural progesterone taken and should therefore be avoided.

We know that Wild Yam creams have an 'estrogenic' effect on the body, but there is no scientific proof that, when cream is applied to the skin (or ingested in tablet or powder form), the active ingredient diosgenin can be converted by the body into progesterone.

Kerry Bone, an experienced Australian researcher and industrial chemist, and practising herbalist writes in *Modern Phytotherapist* Vol.3, No.2 1997 that *"any progesterogenic activity of plants due to their content of progesterone can be discounted as insignificant ... that when women were administered Wild Yam cream or tablets, saliva analysis found that their progesterone levels were no different from untreated women."* He goes on to conclude *"plants (such as Vitex) exhibit significant progesterogenic activity only by stimulating luteal phase progesterone in the premenopausal women. Despite the rhetoric and the controversy, there is no solid evidence for any other kind of progesterogenic activity from plants."*

You do need to be wary of Wild Yam Extract creams that contain NO progesterone. These creams are not recommended for women who are progesterone deficient and are looking to supplement this hormone.

Progesterone creams containing herbs should be avoided by women who are trying to get pregnant, who are pregnant, or who are nursing.



Getting your dose right

Make sure you know how much bioidentical progesterone (USP/BP) is contained in your jar or tube of cream. And how much is delivered per application. Are you getting the correct dosage into your body? Make sure your container of cream contains at least 450-500 mg of progesterone per 28 grams (1 ounce).

1 gram = ¼ tsp - size of large pea or pencil eraser.

The percentage of progesterone contained in your cream determines how much is administered each application:

- 1.6% = 16mg per 1 gram application
- 2% = 20mg per 1 gram application
- 3.2% = 32mg per 1 gram application
- 4% = 40mg per 1 gram application
- 6% = 60mg per 1 gram application
- 8% = 80mg per 1 gram application
- 10% = 100mg per 1 gram application

It's best to work in grams or ounces for accuracy of dosing. A "teaspoon dose" can vary from kitchen to kitchen. Most cream distributors provide their own measuring dispenser, eliminating the guesswork on your part

You might prefer to buy your cream in a metered pump which dispenses the recommended dose of 20mg natural progesterone per application.

Too much progesterone is not healthy. Neither is too little. Be aware, very low progesterone creams may make estrogen even more active, and make estrogen dominance symptoms worse.



Delivery method – cream, oil or pill?

Natural progesterone supplementation is available as skin cream, skin oil, sublingual (under the tongue) drops, and capsules. To simulate the normal progesterone level seen in a woman's body, skin cream provides the most reliable and stable delivery of biologically available progesterone.



Medications like bioidentical progesterone delivered transdermally (absorbed through the skin) circumvent the digestive system, avoid liver metabolism and subsequently can be administered in substantially lower doses.

Hormones taken orally (swallowed) enter the bloodstream from the small intestine, and go directly to the liver. Because the liver is not accustomed to receiving large amounts of hormones, it begins to break them down, leaving only a small percentage (5%) of the ingested hormone available to cells. It is estimated that about 80 percent of what is measured as progesterone by conventional blood tests is really inactive metabolites of progesterone (which may cause side effects rather than benefits).

Sublingual troches / lozenges (under the tongue) tend to make your levels rise rapidly and then drop rapidly. And there's the question of how much of the hormone will you end up swallowing in saliva (guestimate is 50%)? This method requires applications through-out the day, which can be inconvenient.

Intra-vaginal application of (approved) progesterone cream gets into the bloodstream quicker, and has been known to raise progesterone levels very rapidly.

Don't give up on progesterone supplementation simply because you are experiencing a 'reaction' to your cream (itching, rash). We recommended you swap brands, perhaps opting for a cream that is free from additional hormones, herbs and alcohols.

Tightly close your jar or tube of cream after opening - oxygen breaks down progesterone. For best results, always store in a cool, dry, dark place (50-70° F; 10-21° C).



Do you need help finding cream?

The Natural-Progesterone-Advisory-Network.com website has compiled a [list](#) of natural progesterone creams that meet what we consider to be a premium formulation.

Simply [Click HERE](#) to jump to our website, complete the online form, and we'll put you in touch with a list of cream manufacturers / distributors in your area who can step you through placing an order.

Also included is information relating to international compounding pharmacists should you prefer to have your NP cream tailored to suit your individual needs, in consultation with your treating physician.

The Natural-Progesterone-Advisory-Network.com website has established itself as the site of choice for hundreds of thousands who seek a unique, unbiased view on bioidentical hormones.

We are privately funded (via ebook sales & generous [donations](#)), ensuring we do not sway to the influences of sponsors or censors.

We do NOT accept commission from cream sales.

We offer this link to progesterone cream manufacturers and/or distributors as a [service](#) to our visitors.

Because we are not affiliated with other companies, we are free to make recommendations, offer advisories, point out concerns, and provide unbiased information. We tell it like it is when it comes to the best sources AND uses of natural progesterone.

[Click HERE](#) to jump to our 'FIND CREAM' webpage or cut & paste the following link into your browser:

<http://www.natural-progesterone-advisory-network.com/where-to-buy-natural-progesterone-cream.php>





Putting progesterone back into your body

On commencing progesterone supplementation, the first 10-14 days can be likened to a roller coaster ride. You might experience severe estrogen dominance 'wake up' (heightened estrogen receptor sensitivity that exacerbates estrogen dominance symptoms) or a total euphoric state. Some women, however, may experience a delayed response over a number of months. There are many factors determining why these extremes occur.

During the initial 8 weeks of therapy, high doses are well tolerated until you reach optimal levels. Initial high doses, while not recommended long-term, do help override estrogen dominance 'wake up'. When you begin supplementing progesterone for the first time, your body will uptake much of the progesterone and store it in fat cells. Allow for this lipophilic activity before progesterone becomes fully effective in the body.

Expect your body to adjust to progesterone therapy over 3 menstrual cycles, or calendar months if menopausal. If you fail to notice any benefits after 3 months, perhaps some other health irregularity is at play that requires further investigation. On the other hand, if you fail to respond to the progesterone cream, we suggest you try another brand before giving up. The problem may be the cream itself (sub-standard quality control).

As a rule, when applied on retiring of an evening, progesterone can assist you to sleep more soundly. This is why you are urged to apply a larger dose of cream at night. There are, however, women who report bouts of wakefulness at night-time after applying progesterone cream. This isn't uncommon. If you believe this is the case for you, then apply cream first thing in the morning after showering. Apply your second daily dose late afternoon.

Understand, through the use of charts/journal, typical short & long term physiological changes that occur during on-going natural progesterone therapy. The aim is to learn to recognize progesterone supplementation characteristics versus problems that require further investigation by your GP.

Progesterone should NOT be used by women with any of the following conditions:

- Severe active liver disease i.e. cholestatic jaundice, hepatitis, Rotor syndrome or Dubin-Johnson syndrome
- Any unexplained or abnormal vaginal bleeding
- History of herpes gestationis, jaundice of pregnancy
- Known sensitivity to progesterone creams or any of their individual components

Use in Pregnancy: Progesterone is the hormone essential for promotion and maintenance of pregnancy. Ovarian output of progesterone in the non-pregnant state is 25-30mg daily during the luteal phase. The placental output during the third trimester of pregnancy is 340-400mg per day. Where as artificial progestins contained in The Pill and conventional HRT are contraindicated in pregnancy, bioidentical progesterone exhibits no adverse effects on the foetus.

Use while Breast Feeding: Progesterone supplementation appears to provide women suffering pronounced moods swings, perhaps bordering on depression, with a 'happy' and safe solution for mum and her baby, and does not appear to interfere with milk production.

Contraception: Caution should be exercised if supplementing progesterone while you are also taking the contraceptive pill or cortisone.



Correct application of cream

The standard dose that mimics physiologic tissue levels is between 15-30mg progesterone per day.

A 'one size fits all' cookie-cutter approach to progesterone supplementation is just not realistic. You need to individualize dosage and application methods according to your unique menstrual cycle, medical and family history, lifestyle considerations, diet, metabolism, etc.



Once your progesterone stores have been replenished, one application per day can be sufficient. Some women, however, prefer to split their dose into morning and evening applications to maintain 24hr coverage (progesterone levels fall 12-15 hours after application).

Apply cream straight after a hot shower or bath, or when your body is warm.

Cream utilises fatty and cellular tissue as 'reservoirs' for storing progesterone, providing a more sustained level of progesterone exposure. This 'storage' was validated by Chang et al in their 1995 study utilising transdermal progesterone on women with breast cancer. Following those first few months when we regain a 'steady-state', progesterone diffuses out of the fat cells as needed. Unless women carry little or no body fat, over a period of time, they'll build up stores of progesterone such that a two-week break from cream is unlikely to cause any discomfort or trigger a resurgence of estrogen dominance symptoms.

In some cases, particularly when in the throws of pronounced estrogen dominance, you might want to bypass this lipophilic activity. When you need to get progesterone into your system very quickly, apply cream to parts of your body where you can see veins close to the surface. For example, cream can be applied directly to the breasts, temples, inner arms, behind your knees, hands, feet, face and neck, and vagina (if approved). Avoid grossly/extremely fatty areas (if you have any!) like the tummy, hips & thighs. This will guarantee an immediate delivery of progesterone into the bloodstream.

You will need to rotate application sites around the body for optimal effect.

- Advantages of site-specific application are generally associated with the problem you are attempting to treat. One example would be hormonal headaches (migraines). Try rubbing small amounts of natural progesterone cream on the temples hourly to relieve pain.

Do not use cream if it is gritty or smells rancid.

Aim to work to physiological doses or achievable doses where you are symptom free. Never create an excess. Determining your optimal dose may take some trial and error (see safety margin).

Query cream if you're not getting effective results. And if you should change your cream, try taking a month's break before switching. Ask yourself, "*Am I using my cream correctly?*"



Cyclic use

Progesterone is a cyclical hormone and the body really needs to see a change in the concentration to affect a proper physiological response. If your levels of progesterone are constantly above the concentrations that it recognizes as "off" or low, this is not possible.

Always follow cyclic usage to avoid menstrual irregularity & problems, and down-regulation of receptors which will render progesterone less effective.

Allow 6-8 weeks on natural progesterone therapy to reach saturation levels, adjusting dosage according to symptom relief. A break from cream may or may not be necessary during this time depending on symptoms and individual response. Of course, given each woman's physiological uniqueness, there'll be exceptions.

After the first 8 weeks, periodic breaks from cream MUST follow.

What is a normal cycle for YOU? Figure out when Day 1 of your next period is due, then count backwards 2 weeks. That's when you should start using progesterone. If you no longer get a monthly period, then the break from cream would be the functional equivalent of your menstrual period as you remember it. If you're not at all familiar with what your own body did, then go with the "cookie cutter" approach. Apply progesterone for 3 weeks straight, and break for 1 week - 7 days. This will mirror a cycle of sorts.

Always take a break from progesterone cream on your true menstrual cycle. Ignore breakthrough spotting that may occur in between your normal period. This will assist synchronisation of your body's natural cycle. However, ALWAYS follow-up breakthrough bleeding problems with your GP to rule out anything sinister!



Men do NOT need to cycle like premenopausal women and can safely take the progesterone daily. The dose of natural progesterone for men is 10 to 12 mg per day. Dose can be split and taken twice a day.

Keep your progesterone cream in a location where you will be reminded to use it, such as on your bedside table or bathroom counter.

If you miss a day, don't fret. Just continue applying cream according to your cycle, taking time off each month to rest receptor sites.



Discovering your optimal level

Progesterone dosages higher than the optimal level for your body will result in reduced benefits (down-regulation of receptors). In excess, progesterone can cause lethargy or sleepiness, which is often reported when women use oral progesterone. Enormous doses can cause an aesthetic or drunken effect.

The healthy ratio of progesterone (P) to estradiol (E2) is at least 200:1, and can go up to 1,000:1 in women using transdermal progesterone.

In healthy women without breast cancer, we find that the saliva progesterone level is routinely 200 to 300 times greater than the saliva estradiol level. In women with breast cancer, the saliva P/E2 ratio is considerably less than 200 to 1.

The ratio of progesterone/estradiol is only a guidepost to see where you fit relative to expected ranges in women who often have symptomatic relief from the progesterone.

We suggest you monitor how your body metabolizes progesterone cream through regular salivary/blood spot hormone profiles. You would adjust your dosage of progesterone (use more or use less) according to your estradiol levels measured by saliva testing coupled with symptom relief.

Safety margin: Short term high progesterone levels are reported to cause no particular side effects other than a decrease in potential progesterone benefits. This loss of effect due to excessive dosing is not uncommon. Progesterone cream has the potential to accumulate and contribute to disruptions in the adrenal hormones such as DHEA, cortisol, and testosterone. Sustained elevated levels of progesterone are not healthy. Physiological doses help you avoid this. What you need to do here is restore normal progesterone to estrogen ratio with the aid of saliva/blood spot hormone testing. We suggest you mirror Mother Nature's template. Optimal balance equals minimal risk.

Overdosing: In cases of *progesterone dominance*, you need to take appropriate steps to wash progesterone from the body. If your progesterone levels exceed the normal reference range, then STOP using cream and begin monthly monitoring of your progesterone & estrogen levels.

Estrogen: Progesterone won't work without a little bit of estrogen to prime receptor sites. For those women who no longer get a period (menopause) and are very thin (remember body fat makes estrogen), or who have had a complete hysterectomy, use a premium phytoestrogen formula (i.e., red clover) to support estrogenic benefits. Evidence to-date suggests the estrogen *estriol (E3)* is safe to use transdermally to treat vaginal dryness/atrophy, and that it may even be protective against breast cancer. Unfortunately, estriol doesn't help retain bone as well as *estradiol (E2)*. Low dose estradiol patches or creams are most widely used and recommended for menopausal symptoms in general.

Guidelines to Bioidentical HRT:

- Use saliva hormone testing for a complete and individualized hormone profile.
- Supplement hormones only when you have confirmed you are truly deficient in them.
- Use only human-identical hormone replacement therapy rather than synthetic hormones.
- Apply hormone replacement transdermally (through the skin).
- Supplement hormones according to your unique reproductive cycle.
- Use only in dosages that provide normal physiologic tissue levels.
- Take cyclic breaks (from cream) to rest receptor sites, and sustain balance.



- If symptoms of hormone imbalance persist, consult your physician. Your individualized prescription of human-identical hormone therapies may need to be adjusted.



Self-medicating

Rudel and Kincl (International Encyclopedia of Pharmacology and Therapeutics: The toxicity of progesterone, 405-409), in their review of the international literature, noted that *"Nowhere ... is the oral toxicity of progesterone reported."* Though we don't recommend women take progesterone orally (transdermal delivery circumvents the digestive system, avoids first pass liver metabolism) it's worth noting here that research has shown natural progesterone is safer than all over-the-counter pain medications currently available, and there has never been a single case of anyone being admitted to hospital due to a poisoning from this human-identical hormone.

Natural progesterone is referred to as 'natural' because it represents the same human-identical molecule naturally occurring in the body. It can, therefore, be introduced with relative safety and minimal, apparently benign side effects because the body recognizes it.

'Side effects' may include breast tenderness and swelling, fluid retention or slight vaginal bleeding that corresponds with estrogen dominance 'wake up'. Dizziness, nausea, fatigue, headaches and light headedness have been reported occasionally and usually disappear with adjustment of dose.

These effects, though not altogether pleasant, are in fact a good indication that hormonal changes are taking place, and the body is absorbing the progesterone. Generally, side effects last only a few days before they pass. If this isn't the case for you, try reducing your dose.

If using less progesterone does not provide symptomatic relief, you might need to increase your dose. Low doses of progesterone are sometimes less likely to be effective in women who have estrogen levels that are fluctuating erratically from high to low (common as women approach menopause, i.e. peri-menopause).

Feedback provided to our Network suggests overdosing (progesterone dominance) can occur when women apply cream a little too liberally without monitoring progesterone uptake. They fail to reduce their dose to the least amount of progesterone they can manage while achieving sustained symptom relief. When a woman's bio-available progesterone levels exceed the corresponding reference range captured on her saliva assay, she simply needs to go off cream until she's back within a healthy progesterone to estrogen ratio.

In most cases, at least where reliable information is available to them, women use progesterone cream sensibly and effectively. And although the jury is still out, the growing body of evidence suggests women run a very small risk of actually endangering themselves self-medicating with progesterone. However, for those women who struggle to come to terms with the whole concept of hormone balancing using bio-identical hormones, we strongly recommend they work closely with a collaborative GP who understands and is competent prescribing bio-identical HRT treatment protocol.

If a woman is using estrogen replacement therapy it's recommended, when adding progesterone, she reduce her estrogen dose by approximately one-half. This, of course, should not be attempted without first consulting with your treating physician.

Dr. Helene Leonetti's study effectively proved that progesterone cream protects the uterine lining (the endometrium) as well as synthetic progestins do. Her study comparing PremPro with Premarin and progesterone cream was published in a major peer-reviewed medical journal (JAMA 2002; 287:216-220. Anasti JN, Leonetti HB, Wilson KJ. Topical progesterone cream has antiproliferative effect on estrogen-stimulated endometrium. Obstet Gynecol 2001; 97 (Suppl 4): S10).

Women with an intact uterus who are using estradiol supplementation in conjunction with progesterone cream must have an ultrasound to examine endometrial thickness or an endometrial biopsy done at 12 monthly intervals.



Getting a prescription from your doctor



Natural-to-the-body or 'bioidentical' progesterone cannot be purchased over the counter in some countries. These include but are not limited to Australia, New Zealand, UK and Canada (British Commonwealth). Paradoxically, in such countries where progesterone is classified a 'prescription medication', General Practitioners (GPs) more often than not are unable to find this 'drug' listed in their pharmaceutical prescribing manual, the result of which will see women being offered only artificial estrogens or progestins.

Unless you are fortunate to have a doctor who believes 'artificial' drugs are not always the best or only option, or you specifically request it, you are unlikely to ever be offered bioidentical progesterone replacement therapy.

It's a fact, albeit a sad one, that the vast majority of doctors are 'drug fixated' and adhere rigidly to their profession's traditional prescribing habits. Our doctors have not been brought up to speed on human-identical HRT and, therefore, haven't the faintest idea what we're talking about when we come to see them requesting a safer alternative to artificial-to-the-body HRT (given its consistent bad press in recent times).

Doctors are encouraged to prescribe potentially harmful HRT drugs that have been clinically proven to be carcinogenic, but see absolutely no reason why they ought to remain open-minded (at least!) to emerging studies validating the safety and efficacy of human-identical hormones like progesterone which may actually prevent cancer!

Some GPs don't know what they don't know!

If you fail to get a progesterone script from your doctor, and walk out with yet another hefty bill wondering what went wrong, we suggest you re-evaluate why you allowed yourself to be intimidated and disempowered. Vote with your feet! Find another doctor who'll support your choice. Most [compounding pharmacists](#) have a list of doctors in the local area who are progesterone savvy. Alternatively, contact a Saliva Hormone Testing facility near you. They generally maintain a database of medical professionals using their services and are happy to refer.



Be active in your choices

Most importantly, understand your choices. Know the difference between Bioidentical Hormone Replacement Therapy (BHRT) as opposed to conventional 'artificial' Hormone Replacement Therapy (HRT). Give consideration to BHRT over artificial HRT to regulate hormone imbalance.

Learn how to maximize your body's ability to uptake progesterone cream effectively. We endorse a holistic approach, ever mindful that hormone imbalance is multi-factorial. Do not under-estimate the value of good nutrition, herbal formulations, stress management, exercise, and vitamin and mineral supplements in adjunct to natural progesterone.

Learn what diagnostic tests are invaluable in the monitoring of hormone balance and assessing effectiveness of treatment. We suggest employing saliva assay profiles AND blood spot hormone testing to more accurately capture changes in your hormone levels.

Any intolerance or ineffectiveness of progesterone supplementation needs to be addressed. Examples would be dysfunctional liver, hypothyroidism or thyroid hormone resistance, exhausted adrenals, presence of other diseases and certain medications. Check out all possibilities with your doctor.

Develop strategies & techniques for reducing and keeping on top of estrogen dominance.

Learn how to eat correctly to maximize metabolism and hormonal constitution.

Incorporate diet and formula high in plant sterols to induce estrogenic benefits and maximize progesterone performance in the body without increasing estrogen dominance.

Empower yourself through information. Become more responsible for your hormonal health ... so that when you next visit your healthcare professional you can make an 'informed' choice.





Our formula for hormone harmony

- Use saliva & blood spot hormone testing for a complete and individualized hormone profile
- Supplement hormones only when you have confirmed you are truly deficient in them
- Use only human-identical hormone replacement therapy rather than synthetic hormones
- Apply hormone replacement transdermally (through the skin)
- Supplement hormones according to your unique reproductive cycle
- Use only in dosages that provide normal physiologic tissue levels
- Take cyclic breaks (from cream) to rest receptor sites, and sustain balance
- If symptoms of hormone imbalance persist, consult your physician. Your individualized prescription of human-identical hormone therapies may need to be adjusted
- Use a premium herbal formula that encourages the ovaries and other glands to produce the needed hormones
- Reduce your exposure to toxins (foods & environment)
- Chart cycle regularly to monitor fluctuations and to detect patterns / triggers
- Regularly 'spring clean' your liver to enhance immunity, hormone health and metabolism
- Maintain gastrointestinal integrity and efficient bowel elimination
- Identify & control stress levels
- Maintain a healthy weight-to-height ratio
- Avoid refined sugars and processed foods
- Increase essential fatty acid intake and monounsaturated fats, eliminate hydrogenated fats (makes trans-fats), reduce saturated (found in meats and dairy products) and polyunsaturated fats (found in nuts, seeds and vegetable oils)
- Include premium nutritional supplements, particularly if you're over 40
- Drink at least 2 litres filtered water a day
- Avoid fizzy drinks and caffeine where possible
- Get into the habit of exercising regularly and moderately
- Learn how to relax through recreation and/or meditation
- Acknowledge changes in your life and address them
- Have annual check-ups and appropriate tests
- Regularly check that hormones are in balance with your stage of life
- Trust yourself - your intuition & your instincts



Clinical Studies / References

Where can you get the latest medical research?

[Click HERE](#) to visit our website and view the currently available science behind the use of bioidentical hormones as a treatment and health option for women.

Alternatively, copy & paste the link below into your browser.

<http://natural-progesterone-advisory-network.com/wp/category/progesterone-resources/medical-research-studies/>





Taking the next step ...

'A Woman's Guide to Using Natural Progesterone'

Progesterone is often referred to by the women in our network as the 'happy hormone' because their lives have been transformed, for some almost overnight, upon unlocking the secrets of natural progesterone.

If you are fed up feeling miserable and unwell, suspect hormone imbalance, and want to **know more** about how natural progesterone cream might help, doesn't it make sense to trust THE WOMEN who've actually used natural progesterone for over a decade ... and reported remarkable results?

'[A Woman's Guide to Using Natural Progesterone](#)' contains 210 pages of invaluable information written by women FOR women. It's a no-nonsense, non-medical exploration of women's 'coal-face' experiences using natural progesterone successfully over several years.

You'll find articles by respected medical professionals, by research professionals and by lay people. By including this broad spectrum you are able to **educate yourself** to the point of totally informed action.

Let Catherine **de-mystify** human-identical hormone replacement therapy for you. This publication asks and answers all of your questions about hormone replacement therapy and explains how a **safer approach** using natural hormone replacement therapy may suit you. It's a one-stop shop for all your natural hormonal replacement needs, assisting you to use your progesterone cream **with confidence!**

Catherine has proven, over and over again, as [testimonials](#) bear out, that if you follow the natural progesterone usage guidelines and **proven** common-sense health solutions contained in '[A Woman's Guide to Using Natural Progesterone](#)', she guarantees to help you get the most out of your natural progesterone cream.

Don't miss out on your copy of this highly acclaimed self-help ebook that **EXPANDS ON** the information contained in Catherine's '[60 Day Guide](#)' **ebook series**.

[Click HERE](#) to purchase your copy TODAY!

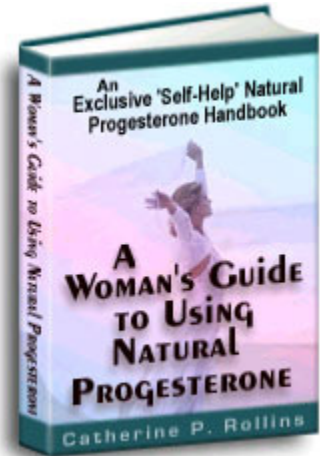
Praise from the Medical Community

"As I have said time and time again ... GREAT ebook & website. Quite informative. I give all my patients who desire to know more about BHRT, Dr Lee's tapes, Dr Zava's site info and your web address. This provides an unbelievable combination and foundational materials on which we can later build." Dr Robert W Patterson, MD, Sanford, NC

"I love the new 'Guide' website. It is so user friendly and informative. You have done a fabulous job with this, and are providing such a wonderful service for women. From my point of view it is one of the essential resources for all the women I treat." Dr. Doris Brownlee, Katoomba, NSW, Australia

"I am a RN and have found your site to be absolutely magnificent. I have shared so much of the information with several physicians, colleagues, and friends." Jane M, RN

[Click HERE](#) to purchase your copy TODAY!





'Hormone Harmony' coaching

Consultation:

Unless women get access to ongoing SUPPORT while using bio-identical progesterone and other forms of BHRT, they may abandon therapy before they derived the full benefits.

For over a decade Catherine Rollins has been a fierce international advocate for women's right to a more natural approach to Hormone Replacement Therapy (HRT).

Her highly acclaimed [self-help ebooks](#) and top ranking [Natural-Progesterone-Advisory-Network.com](#) website - a one-of-a-kind "coal-face" information portal - have helped bridge the gap in education between female healthcare consumers and their treating physicians, and connected women with collaborative medical professionals skilled in bio-identical HRT and integrative medicine.



For a confidential obligation-free 'Hormone Harmony' coaching consultation - just click on the link below:

<http://www.natural-progesterone-advisory-network.com/coaching.php>

"Catherine Rollins has made educating women (and men) on the safe and effective use of natural progesterone her passionate cause. She shares her knowledge in a delightful, down-to-earth manner." Dr. David Zava, Ph.D., Hormone expert and Co-Author, "What Your Doctor May Not Tell You About Breast Cancer".

"Catherine Rollins deserves a major award for all the hard work she has done to educate women all over the planet as to how they can manage their hormone imbalances." Marilyn Lake, USA

Teleclasses:

Want to join our online group discussions? From the comfort of your home you can participant in one of Catherine's [teleclasses](#) and learn first-hand her suggested dosage & usage solutions, specifically how to use your progesterone cream in the treatment of specific health concerns.

<http://www.natural-progesterone-advisory-network.com/teleclass.php>

Website:

Natural-Progesterone-Advisory-Network.com

Email:

catherine@natural-progesterone-advisory-network.com

Phone:

(+61)	(03) 9018 5165	Australia
(+44)	(020) 7193 6714	United Kingdom
(+1)	(205) 383 4821	USA



Copyright © 2007 Making Plans Pty Ltd. All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by means - electronic, mechanical, photocopied, recorded or otherwise - without the prior permission of Catherine P. Rollins, Director of Making Plans Pty Ltd.

Disclaimer: The information provided in this document is not intended, nor should it be construed, as a substitute for professional medical advice. It is intended as a sharing of knowledge and information from the research and experience of Catherine Rollins, experts in the natural progesterone community, and our network of hundreds of women who have been using natural progesterone over the past ten years. We encourage you to do your own research and make your health care decisions in partnership with a qualified health care professional

The Natural-Progesterone-Advisory-Network.com website is staffed by lay people who have made women's health issues their passionate cause. We are not medical professionals nor do we claim to be. The information we present here comes from a multitude of reliable sources and represents years of extensive research. The sole purpose of the Natural-Progesterone-Advisory-Network.com is to disseminate the information we find. What you choose to do with this information is strictly a personal matter between you and your health care provider.

