

The Epidemic Deficiency of Progesterone (an excerpt from The Life Extension Foundation)

Throughout adult life, women will experience a gradual loss of critical hormones (besides estrogen), namely, progesterone. This decline becomes significant as women get closer to menopause. Symptoms of progesterone deficiency include premenstrual discomfort, night sweats, hot flashes, and a loss of well-being, including depressed feelings. During and after menopause, natural progesterone synthesis often ceases, causing menopausal miseries and degenerative diseases.

Research by Dr. Ray Peat, the late Dr. John Lee, and others has shown that progesterone has many other beneficial uses, including improvement in bone density that prevents osteoporosis, and prevention of other menopausal symptoms.

There are two types of bone-regulating cells: osteoclasts function to dissolve older bone, leaving tiny unfilled spaces behind, and osteoblasts move into these spaces and produce new bone. This process of dissolving older bone mass by osteoclasts and forming new bone by osteoblasts is the mechanism for the repair and continuing remodeling and strengthening of bone. Osteoblasts respond to progesterone and testosterone, while osteoclasts react to estrogen-like hormones, including the active phytoestrogens in soy. Without these hormones, osteoblasts and osteoclasts cease to function properly and deterioration of bone occurs.

“The goal of progesterone supplementation is to restore normal physiologic levels of bioavailable progesterone.” (Lee et al. 1996)

Besides making women feel better, progesterone may prevent the mental decline that can occur with aging. Progesterone increases neuronal energy production and protects brain cells.

The late John Lee, one of the world’s foremost experts on progesterone therapy showed that 20 times more progesterone is concentrated in brain cells than in blood serum (Lee et al. 1996). He postulated that progesterone may prevent mental decline in the elderly, and that recovery after brain trauma is promoted if progesterone levels are higher.

Progesterone can be protective against, and a potential treatment for, breast cancer (Cowan et al. 1981). Cowan et al. showed the incidence of breast cancer was 5.4 times greater in women with low progesterone than in women who had favorable progesterone levels.

To avoid confusion, use of the term progestin will refer mainly to the “unnatural” forms of progesterone, not progesterone itself. The side effects of Premarin® and Provera® may be the main reason that women stop taking their replacement hormones.

An alternative to progestins is the option of using “natural” progesterone products. Natural progesterone is safer than synthetic drugs. A common form of natural progesterone is dispensed in a cream that is rubbed into appropriate areas of the body. This route of administration bypasses immediate metabolism by the liver and allows more hormone delivery to where it is needed most and less side effects in the liver.

During transdermal replacement hormone therapy, the avoidance of the “first pass effect” (of metabolism by the liver) is ensured by the transdermal application of hormones and explains the superiority of this route of hormone administration (Foidart et al. 1998a). Transdermal progesterone cream has now been well-researched and shows an effect on the uterine lining (Anasti et al. 2001). It is excellent for the resolution of vasomotor symptoms of hot flashes (Leonetti et al. 1999).

Natural progesterone should not be confused with the synthetic FDA-approved progestins that cause many side effects. Progestins do not provide the broad spectrum of benefits that have been shown for natural progesterone.

At Axxess Medical Solutions we only use “bio-identical” “natural” hormone replacement and balancing therapies!

Visit us at: www.AxxessMed.com and let us “change your life”.