

Estrogen - Progesterone And Female Problems

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In this article we will discuss a variety of female problems, interrelated because they are influenced by hormonal balance, specifically estrogen and progesterone as well as prolactin and thyroid hormones. Current statistics: Breast cancer develops in 1 of 9 American women, up from 1 in 20 in 1961. Breast cancer causes 32% of all cancers in women, with 175,000 diagnoses and 44,500 deaths expected in 1991. Also, in 1991, 20,500 women will be diagnosed with ovarian cancer and 12,400 are expected to die. The number of predicted cases of breast cancer for 2000 is 1,120,000. (Sources: National Institutes of Health, Centers for Disease Control, American Medical Association and others).

The Estrogen Cancer Connection

Estrogen is a fat-soluble female hormone produced in the ovaries. The two common natural forms of estrogen, estradiol and estrone are both tumorogenic and carcinogenic. Of these, it is believed but not proven that estrone is even more carcinogenic than estradiol. This is not good news because orally administered estradiol is mainly converted to estrone in the small bowel, thus making all the usual orally administered estrogen in effect, estrone. Over 300 papers written before 1947 indicate that estrogen causes cancer in animals. DES, a synthetic estrogen, was used medically from 1947-1964 to prevent miscarriage. It is now known to cause pre-cancerous changes and abortion. DES female children have a higher risk of vaginal cancer.

The rate of estrogen production in women varies by a factor of nine. In other words, some women produce nine times more estrogen than other women. These women are in greater danger of producing breast and uterine tumors, both benign and cancerous. Rubbing estrogen cream on the chin and producing breast cysts within 48 hours can demonstrate the tumorogenic effect of estrogen!

There are sources of estrogen other than what women produce in their ovaries and other cells. This adds to the problem of excess estrogen levels in susceptible women. Among these sources are: birth control pills; commercial meat; milk, eggs and dairy foods containing synthetic estrogen; excessive consumption of estrogenic foods (wheat germ, yeast and yeast containing foods, beverages such as beer and wine); and certain herbs such as Don Quai, black cohosh, pennyroyal, sage and damiana. In addition, pesticides, soy products and unsaturated fatty acids are estrogenic, even though structurally, they don't look like the estrogen molecule.

Estrogen Replacement Therapy (ERT)

Doctors promote ERT (estrogen replacement therapy) for menopausal women, which implies that menopause is caused by a decrease in estrogen. Further, they prescribe a dosage of estrogen that is 20 times more potent than what was produced by the woman at the peak of her fertility. However, menopause is a progesterone deficiency condition, not an estrogen deficiency condition. As a woman ages, the ratio of estrogen to progesterone increases, so less progesterone is produced in comparison to estrogen. Women can secrete a substantial amount of estrogen regardless of menopause or hysterectomy including the removal of ovaries. How? It comes from the adrenal glands (androstenedione) and many

other tissues. In fact, years ago it was found that the conversion of androgen to estrogen increases with aging in both men and women. Several years ago, P.K. Siiteri found that this conversion is also facilitated by low thyroid function. The good news is that natural (not synthetic) progesterone reverses this effect and prevents the androgen from conversion to estrogen.

Is estrogen ever necessary? No way. Says Dr. Ray Peat, *“Estrogen can be produced in so many different tissues, there’s no deficiency condition that has ever been defined factually. Menopause is exhaustion of the nerves that regulate the pituitary, caused by overexposure to estrogen. Thus, menopause is the result of prolonged exposure to estrogen.* In addition to the estrogen produced by many different tissues, other estrogenic substances and xenoestrogens, which are not measured, exacerbate the estrogen dominance condition. These include soy products and other phyto (plant) estrogens (such as black cohosh, sage, pennyroyal, etc.), all unsaturated oils, synthetic estrogens in commercial meat and pesticides.

Estrogen and progesterone

The following information was taken mainly from the research of Drs. Katharina Dalton and Ray Peat, who probably know more about **natural** progesterone and estrogen than any other researchers. It is important to remember that I am talking about **natural** progesterone. **Synthetic** progesterone has severe side effects including birth defects, increased risk to cancer and the inhibition of the ovaries' normal production of progesterone. Natural progesterone, on the other hand, stimulates the in vivo production.

Progesterone and another hormone, dehydroepiandrosterone (called DHEA) are the precursors for other steroid hormones including cortisol, aldosterone, estrogen and testosterone. However, taking progesterone **will not** create an excess of any of these hormones. Natural progesterone will only **balance** or **neutralize** an excess of these other hormones or correct a deficiency. In the 1930's, it was clinically demonstrated that estrogen (even in small doses) produced abortions. Given early enough, a very small dose will prevent implantation of the fertilized embryo. Progesterone, on the other hand, was known to protect against the toxic effects of excess estrogen, including abortion.

Dr. Peat’s research established that estrogen excess kills the embryo by suffocation (hypoxia). Progesterone protects the embryo by preventing hypoxia and by aiding the delivery of both oxygen and glucose. During the ninth week of pregnancy, estrogen increases. Women who lose their babies around the ninth or tenth week of pregnancy are either high estrogen dominant (e.g., hypothyroid) and/or are consuming commercial meat, poultry and dairy products containing synthetic estrogen (DES). Their progesterone levels are low and the liver capacity is insufficient to detoxify the estrogen. Studies indicate that progesterone also helps prevent toxemia and increases the intelligence and the health of the baby. How? By opposing estrogen, progesterone enlarges the cortex whereas estrogen actually decreases the size of the cortex and other parts of the brain.

Natural progesterone has the anti-aging effect of thickening and smoothing aged and atrophied skin by increasing pigment cell size and branching. However, it does not cause healthy, young skin to thicken. Progesterone balances excess estrogen, which, like cortisone and related glucocorticoid hormones, causes skin to atrophy and become thinner. So much for estrogen-containing cosmetics.

Dr. Peat's animal studies show clearly that it is largely the prolonged exposure to estrogen, which causes reproductive aging. Whereas progesterone keeps the blood sugar level up, excess estrogen lowers blood sugar, causes constipation, migraine headaches, edema (puffiness, especially upon awakening), increased fat storage, and general malaise.

Natural progesterone causes regression of breast tumors. I will cite two examples from my experience. Breast tumors in two children, aged five and nine, were reversed by simply removing commercial milk, poultry and meat products (containing synthetic estrogens) from their diet. This took several months but upon reintroduction of the hormone containing foods, the tumors reappeared. In the second case, an ovarian cyst disappeared from the uterus of a young woman 24-hours after progesterone oil (containing 10% progesterone) was ultrasounded into the pubic area in proximity to the cyst.

Peat discusses the research with hundreds of references, which led him to conclude that PMS symptoms result from a relative estrogen surplus and a progesterone deficiency, the outcome of thyroid deficiency. These symptoms often continue during menopause. Progesterone and thyroid hormones work together to prevent most of the female complaints related to PMS such as edema, breast or ovarian pain, excessive bleeding, insomnia, headaches, anxiety, and irritability. I have found that natural progesterone cream (3%) will also relieve pain originating from athletic injury such as shin splints, arthritic pain and in fact, any kind of muscular aches and pains. Progesterone's diuretic effect has been attributed to its antagonism to aldosterone. (Peat, *Nutrition for Women*).

In a recent *Townsend Letter for Doctors* (January 1991), Dr. Peat says that an excess of cortisol can also produce insomnia, hot flashes and night sweats plus other symptoms of menopause. When progesterone is deficient, even normal amounts of cortisol have a stronger effect. In Peat's March 1989 Newsletter he listed several immunosuppressive effects of estrogen. These include a cortisol-like thymic atrophy, hypoactivity of "T" cells, reduced production of gamma-interferon and interleukin-2, and reduced natural killer cell activity. Subnormal body temperature promotes estrogen secretion. This occurs with a hypofunctioning thyroid, including subclinical hypothyroidism, which cannot be detected in a blood chemistry panel. In addition to progesterone, the related steroid, dehydroepiandrosterone, thyroid and vitamin A all oppose estrogen.

Women on ERT who are tired of periodic bleeding and the fear of increased risk of cancer can wean themselves from estrogen therapy while at the same time initiate natural progesterone and pregnenolone therapy. Since estrogen converts to a cocaine-like derivative, stopping it can cause withdrawal symptoms, but the commonest symptom reported in women who have stopped ERT is hot flashes, which gradually subside with thyroid, progesterone and pregnenolone therapy. Progesterone opposes estrogen and pregnenolone lowers cortisol, thus reducing hot flashes.

Prolactinemia (excess secretion of prolactin); prolactinoma (pituitary tumor which secretes prolactin)

Though rare a few years ago, prolactinoma is now the most common form of pituitary tumor. In the 1930's Korenchevsky showed that estrogen produced prolactinoma because it stimulates cell division in the prolactin-secreting part of the pituitary gland. He also demonstrated that progesterone causes regression of the tumor. I attribute the increasing incidence of prolactinemia and prolactinoma to the consumption of oral contraceptives, commercial meat, poultry and milk products containing synthetic estrogen. I also believe that the use of tinted glasses and contact lenses, which block the full spectrum of light to the pineal gland, may be involved in the etiology of this condition.

Hysterectomy - Surgical Menopause

When menopause is created surgically within a few minutes time, many problems arise. The sudden shock of the surgery causes the remaining organs to try frantically to take over some of the functions of the ones that were removed. I have observed: adrenal problems and pancreatic problems (such as diabetes), not to mention side effects of the surgery such as vaginal dryness and sudden hot flashes (for which estrogen is commonly prescribed). This seems such a dichotomy to me since estrogen excess and/or progesterone

depletion is one of the primary causes of problems leading to hysterectomy (excessive bleeding, fibroids, endometriosis and cancer). The more research I read, the less inclined I am to think that women need supplemental estrogen, even after menopause, especially since we eat so many estrogenic foods and because estrogen can be produced in the human body, often increasing with age. This is so, even in women with hysterectomies. But in the case of surgery, sudden severe side effects often lead to estrogen therapy because it is not a gradual process and the woman believes she has no choice. However, I have never seen a menopausal woman (whether natural or surgical) who did not successfully ameliorate hot flashes with thyroid, progesterone and pregnenolone therapy. The only difference is time. Women with surgical menopause and women who have been on ERT for some time take longer to balance their hormones sufficiently to end their hot flashes. But it does happen, sometimes in one month, and sometimes in six months.

This information on hysterectomy is from a 1985 article in *Health Freedom News* by Andrew and Cheryl Zupko. You can add your own percentages to accommodate inflation and population increase. The major operation performed in 1985 was, you guessed it, hysterectomy. At \$4,700 each, this adds up to \$4.7 billion dollars per year. Coincidentally, this surgery generated the most income in 1985. There were 750,000 hysterectomies in 1985 not including those in federal/armed services hospitals or in public health clinics. Nor does this include radical hysterectomies (which includes removal of the cervix, ovaries, fallopian tubes, lymph glands, segments of the vagina and the uterus). Some other statistics will give you pause. Two in 1000 die while on the table (oops!). Six hundred die from hysterectomies each year, not including those who die from other devastating effects later. Eight percent have life threatening complications before their release. Five percent require additional corrective surgery.

It takes twelve months to recover from a hysterectomy. Yet only 4.7 to 5 percent are actually necessary (mainly due to cancer). Twenty percent are due to sterilization. Seventy-five percent are due to other ailments such as bleeding, fibroids, pelvic inflammation, chronic back pain, bladder infection. Regarding fibroids, only three to seven percent per 1000 fibroids become cancerous. These can be removed by a simple operation called myomectomy.

During a congressional investigation in 1977, the American Medical Association (AMA) was forced to reveal all of the reasons for the high rate of hysterectomies. They stated that the operation was used for sterilization and as a preventative method to forestall cancer of the uterus in later years. For more information, read Naomi Miller Stokes' book, *The Castrated Woman*. Also, if you are being pressured into a hysterectomy, get in touch with the HERS foundation referenced below.

Progesterone Support for Osteoporosis Reversal

It has been claimed that estrogen prevents osteoporosis and the lack of estrogen causes it. Probably the strongest argument for the use of estrogen to prevent osteoporosis is that it causes decreased excretion of calcium in the urine. I think that Dr. Ray Peat is right when he says that estrogen's effect in decreasing urinary calcium is merely a toxic effect of estrogen, causing it to deposit into soft tissues instead of bone tissue. Why do we assume that it's going into bone tissue just because it's not coming out into the urine?

Dr. John R. Lee of Sebastapol, California has done some very interesting research over the past six years to substantiate the hypothesis that transdermal progesterone supplementation (with or without estrogen) resulted in progressive increase in bone mineral density and definite clinical improvement including fracture prevention. He found that the benefits achieved were independent of age and has concluded that osteoporosis reversal is a clinical reality using a natural form of progesterone derived from yams in a program that is safe, uncomplicated and inexpensive.

Sources of Natural Progesterone

The best source of progesterone is Dr. Ray Peat's oral formula, which contains 10% natural progesterone dissolved in vitamin E for oral use. Peat also has a 3% cream. You may order it directly from Peat. Since this is a food extract, it is available over the counter but only health practitioners familiar with its value have made it available. Progesterone in natural vitamin E is absorbed 100% orally. Progesterone in the 3% cream is absorbed transdermally by about 20%. Relief from pain and anxiety is often obtained within minutes of application. Relief of hot flashes often takes longer because a more complicated pathway needs to be balanced, using thyroid glandular and pregnenolone in addition to progesterone.

Summary of the Toxic Side Effects of Estrogen Dominance - Progesterone has the Opposite Effects

By estrogen, I mean not only what the female (and male) body produces, which includes estriol, estradiol and estrone, but also all estrogenic herbs including black cohosh (sold also as Remifemin), sage, pennyroyal, licorice and estrogenic foods such as soy products and unsaturated oils (all seed, nut, bean, fish and plant oils). In addition, there are xenoestrogens such as pesticides. It doesn't matter whether your estrogen is low, moderate or high. What matters is whether you have ten times more progesterone than estrogen.

Toxic Side Effects of Estrogen

- Early menses (age 13 or younger).
- Body shape: short legs, broad hips.
- Hypothyroidism: inhibits the secretion of thyroid hormone from the thyroid gland and the conversion of T4 to T3.
- Female problems (all of them): PMS; excessive, scanty or absence of menses; infertility or miscarriage at around the 10th week of pregnancy; birth defects, endometriosis; hair loss or abnormal facial hair and post partum depression.
- Breast, uterine, and ovarian pathology (tumors, fibroids, cystic ovaries). Can occur in children fed commercial dairy containing estrogenic hormones.
- Cancers of all kinds: female (breast, ovaries, uterine, cervical), testicular, prostate, lung, liver, colon, kidney, brain and others such as melanoma.
- Migraine headaches, worse in women during ovulation and menses.
- Seizures, worse in women during ovulation and menses.
- Increased fat storage.
- Hypoxia (tissue oxygen starvation).
- Fibromyalgia (tissue damage), which means edema, low blood sugar and inflammation.
- Bruising or pigmentation (dark spots) or discoloration of face and skin (proof of estrogen dominance).
- Increased rate of gallbladder disease (six time more women on ERT or who are estrogen dominant have gallbladder disease than men).
- Aging of skin: makes skin thinner (skin atrophy), decreases cell size, and eliminates dendritic branches. Also true of cortisone.
- Causes osteoporosis (progesterone prevents or cures osteoporosis).

- Cardiotoxic: promotes irregular heartbeat, erratic blood pressure, blood clots, stroke, heart disease, and blood vessel spasms.
- Promotes production of prolactin (like cortisol), luteinizing hormone (LH) and follicle stimulating hormone in abnormal amounts. Excess prolactin leads to prolactinoma (prolactin-secreting pituitary tumor) and prolactinemia (excess production of prolactin).
- Other diseases: lupus, rheumatoid arthritis, gallbladder disease, allergies, porphyria, optic neuritis, glaucoma, nerve cell damage, blood sugar disturbances, varicose veins, water retention (edema) and obesity.
- Mental and emotional problems: suicidal depression, lethargy, irritability, aggressiveness, anxiety, excessive worry or crying, fear of public places and memory loss.

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References

- Challem, Jack and Renate Lewin, "A Nutrition Guide For Women", *Let's Live*, June 1988.
- Dalton, Katharine, M.D., *The Premenstrual Syndrome and Progesterone Therapy*, Year Book Medical Publishers, Chicago, 1977.
- Follingstad, Alvin H., M.D. Lovelace-Baataan Medical Center, Albuquerque, NM, printed in *JAMA*, Jan. 8, 1978.
- Gayla, Stephen, B.S., "Estrogen Levels in Women in Relationship to Breast and Uterine Cancer", *Health Express*, Aug. 1981.
- HERS Foundation (Hysterectomy Educational Resources and Services Foundation), 422 Bryn Mawr Avenue, Bala Cynwyd, PA 19004. Phone: (610) 667-7756; Fax: (610) 667-8096; HERSFdn@aol.com; www.ccon.com/hers.

- Lee, John R., M.D., "Osteoporosis Reversal", *International Clinical Nutrition Review*, Sydney, Australia, Vol. 10, No. 3, July 1990. Dr. Lee's office: 9620 Bodega Highway, Sebastapol, CA 95472.
- Peat, Ray, Ph.D., *Nutrition for Women*, \$10 from P.O. Box 5764, Eugene, CA 97405. Phone: (541) 345-9855. Fx: (541) 485-8781
- Peat, Ray, "Progesterone in Orthomolecular Medicine". Ibid.
- Peat, Ray, *Ray Peat's Newsletter*, ibid.
- Peat, Ray, "Solving Some of the Problems of Aging", *Townsend Letter for Doctors*, January 1991.
- Peat, Ray, "The Progesterone Deception"; *Townsend Letter for Doctors*, Nov. 1987.
- Zupko, Andrew and Cheryl, "Hysterectomy", *Health Freedom News*, Aug. 1988.