Report:

50+

Incredible PROGESTERONE Benefits for Women

Brought to you by Dan Purser MD

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50+ INCREDIBLE Benefits (And Warnings) for Women When They Take Natural Progesterone (P4)

by Dan Purser MD® (of http://www.drpursernaturaloptions.com)

Natural progesterone (P4), when levels are optimized (>10 ng/ml), effectively, gives the following AMAZING benefits (this is why I've written a #1 Amazon bestseller (in Health)). *(FYI: RDT = Rapid Dissolve Triturate)*:

1. Natural progesterone lowers cholesterol *[at 200 mgm of micronized progesterone a day in one PEPI study arm]* 1*(Especially when given in conjunction with E2)* 2.
2. Natural progesterone (P4) elevates HDL levels *(hard to do)* 3.
3. Decreases foam cell formation 4, endothelial inflammation, plaque formation, and thus strokes and risk of heart attacks 5.
4. Decreases breast density and thus breast cancer 6.
5. Decreases breast cancer risk by 5.4X (540%) when levels are “normal” (>10 ng/ml) 7.
6. Decreases risk of death from ALL cancers 10X when levels are normal (>10 ng/ml) 8.
7. Natural progesterone cause apoptosis (“pops”) almost all breast cancer cells 9 PLUS reduces breast cancer causing genes by 75% – that’s why it’s allowed to be sold OTC (in tiny amounts) by the FDA.
8. Increases bone density preventing osteoporosis and related fractures 10.
9. Prevents and treats endometrial hyperplasia (use triple or quadruple the usual dose) 11.
10. If you give enough, progesterone almost always halts uterine bleeding *(cyclical bleeding)* 12. A HUGE benefit if you have benign menorrhagia or metrorrhagia.
11. Can act as a hypersomniac (sleep aid) if you give 100-200 mg at night orally for sleep problems. Orally administered progesterone may have advantages over other routes of administration in the treatment of premenstrual syndrome (PMS) because of substantially higher levels of the anxiolytic metabolites 5 alpha and 5 beta pregnenolone 15 which also cause drowsiness.
12. Oral P4 also treats peri-menopausal symptoms (also called PMS) in the same manner *(give double or triple the usual dose for about a week)* 17.
13. Oral (and some topical) P4 will also get rid of 98% of hot flushes *(flashes)* and night sweats in pre and post-menopausal women 18.
14. A study at UCLA showed natural progesterone reduces endothelial inflammation and reduces the risk of stroke and heart attack (MI) 19.
15. Remember – natural oral micronized progesterone *(given sublingually as a troche and/or RDT)* has improved bioavailability and much fewer reported side effects compared with synthetic progestins 20.
16. P4, when given with estradiol, improves the quality of life according to a Mayo Clinic report 21. *(NONE of my patients would EVER argue with this statement.)*
17. Improves libido *(along with testosterone)* 22.
18. WARNING: Synthetic progestins *(i.e. medroxyprogesterone acetate, norgesterol, etc)*, on the other hand, often cause androgenic side effects *(acne, body and facial hair, depression, and weight gain)*. Natural micronized progesterone is devoid of the androgenic effects on the lipid profile seen with MPA and other synthetic progestational agents; for that reason, it may be preferable in HRT protocols for peri-menopausal and postmenopausal women 23.
19. When given the choice, women in Australia much preferred more natural compounded *(though difficult to find)* progesterone than synthetics 24. *(This same is true around the world for ALL women.)*
20. Progesterone causes a direct increase in BMD *(bone mineral density)* in women with osteoporosis or osteopenia 25.
21. Progesterone can increase libido in women and helps with HSDD *(Hypoactive Sexual Desire Disorder)* 26.
22. Progesterone causes an improvement in insulin receptor function *(prevents diabetes)* 27.
23. Progesterone causes weight loss or normalization in most studies (NOT gain)\textsuperscript{26}.
24. Men should not take progesterone unless they are a sex offender in jail\textsuperscript{29} (it decreases libido).
25. Normal premenopausal progesterone levels (in women) are 4-25 ng/ml. Optimal levels are a little tighter at 10-20 ng/ml.
26. Using this info please get serum progesterone levels not salivary or urinary levels\textsuperscript{30} (because studies were all based on the serum levels). This salivary approach, though highly touted on the internet, is not supported in the literature.
27. Usually biologically identical human progesterone is given (and preferred by patients\textsuperscript{31}) as a flavored triturate or troche under the tongue until it dissolves (no chewing or swallowing if they can help it and do not drink or eat ten minutes before or after taking) -- topically expect poor absorption (except through mucosal membrane)\textsuperscript{32 33}.
28. Expect dizziness with a high dose\textsuperscript{34} so take right before bed.
29. Expect nipple tenderness (but it’s rare) – back off the dose if that’s the case.
30. Natural progesterone acts like a natural anxiolytic/sedative/hypnotic – good, but if a patient has this effect with their progesterone then do not take in the AM\textsuperscript{35}.
31. Oral (swallowed as in a capsule) progesterone undergoes first pass effects in liver – sublingual triturate (RDT) does not\textsuperscript{36} so it’s not wasted in the liver.
32. Again men should not use – progesterone severely inflames vascular endothelium\textsuperscript{37} and causes impotence!
33. Female postmenopausal patient with insomnia? Change her progesterone to a capsule form and give the 100-400 mg as Prometrium\textsuperscript{38} or compounded progesterone capsules (neither my first preference) orally at night. (Helps stop the addicting sleep medications.)
34. Natural progesterone helps with stress and acts as a natural anxiolytic AND protects the nerves from damage\textsuperscript{36}.
35. Natural progesterone is very mood\textsuperscript{39} elevating especially the next morning after you take it.
36. That numbness and tingling in your fingertips? That gut/digestive problem? (You thought it was IBS.) Those weird heart palpitations that come and go? (HAH! I got you now because NO DOCTOR has ever asked you about those, right? Bet you’ve kept those a secret…). Those could all be from demyelination of either the Vagal Nerve or the peripheral nerves. Lack of adequate progesterone production can cause failure of the myelin and glia\textsuperscript{40} – the protective covering around the nerves. Adequate progesterone levels helps myelin recover\textsuperscript{41} and return (yes, even somewhat in MS\textsuperscript{42})(and in diabetic neuropathy\textsuperscript{43}).
37. Along with #36, according to the prestigious journal NEUROTRAUMA -- natural progesterone is VERY neuroprotecting and can help women (not men) recover from traumatic brain injury and heal their brain\textsuperscript{44}.
38. Remember Hargrove, JT et al from Infertility and Reproductive Clinics of North America\textsuperscript{45} (he was the chair of the Menopause Clinic at Vanderbilt University Medical Center):
   1. Titrate progesterone to pre-menopausal levels. Give 1, 2, 3, or 4 x 100 mg progesterone a day to achieve this if you need to – don’t be shy. Progesterone is protective!
   2. Treat menopause as deficiency state.
   3. Correct all hormone levels that are deficient (remember: it’s the hormonal milieu!).
   4. Use human micronized bio-identical hormones\textsuperscript{48}.
   5. Metabolized by normal metabolic pathways.
   6. This approach avoids problem causing metabolites.
   7. There is absolutely NO reason to not give progesterone to ALL postmenopausal women – hysterectomy or not.
   8. There is no good reason NOT to give these bio-identical estrogens and progesterone every day\textsuperscript{45}. Do not cycle – give them all every day.
39. WARNING: PREGNANCY PROBLEM: You have a patient on HRT and her level of progesterone comes back >100 ng/ml, why? She’s pregnant until proven otherwise.
40. Some women, with bad endometriosis (usually terrible endometriosis) desire to take a LOT of progesterone – and this is alright – let them because they probably have
“progesterone resistance” (progesterone endometrial receptor dysfunction or absence) and feel better (for probably the first time in their lives) when taking lots of sublingual progesterone RDTs. This occurs in about 1 out of 100 (1-2%) of women with endometriosis. They will have NO side effects (drowsiness etc) from taking the 14-17 progesterone RDTs at night (!?!) and running really high serum progesterone levels but it will save their lives, marriages, careers and brains.

41. PMS PROBLEM: You have a pre-menopausal patient with bad PMS symptoms, what can you do? Use P4 in a 100 mg compounded vaginal suppository for 7-14 days (prior and up to menstruation).

42. POST-PARTUM BLUES PROBLEM: You have a patient with bad post-partum depression, what can you do? Start on 100 mg TID sublingual P4 for 7 days, then twice per day sublingual P4 for 7 days, then daily (sublingually) P4 for 7 days.

43. HOT FLASH PROBLEM: You have a perimenopausal patient with bad hot flashes (Inhibin A in decline from the ovary is now felt to cause hot flashes), night sweats, and vaginal dryness -- what can you do? Start on 100 mg TID sublingual (RDT) P4 for 7 days (or until symptoms resolve) realizing they won’t cycle (but who cares? Right?).

44. MIGRAINE PROBLEM: You have a perimenopausal or menopausal patient with bad migraine headaches -- what can you do? Start on 100 mg 3X/DAY to 5X/DAY sublingual P4 until symptoms resolve. (I’ve just about NEVER seen this fail).

45. WARNING: Average age at menopause in USA? 51 years of age and has an average duration of 4 years (range of 0 to 10 years). And progesterone is the first thing to fall or decline. Usually need progesterone BEFORE this fully gets to you.

46. Progesterone balances estradiol. What? “UNOPPOSED ESTRADIOL (VERY BENEFICIAL WHEN OPPOSED) CAUSES CANCER PROBLEM” The presence of unopposed estrogen - which, for example, may result from exogenous estrogen therapy, anovulatory cycles, polycystic ovary syndrome (PCOS), or obesity -- has been shown to increase the likelihood of developing endometrial hyperplasia and cancer. So make sure you take progesterone at healthy optimized levels to prevent this from happening.

47. WARNING: OTC Natural Progesterone Creams (yam or otherwise) usually do NOT work very well, even if patients bathe in the stuff! Why? You cannot come close to getting blood levels up high enough for protection (>10 ng/ml). (Though some of the tiny dose serums are AMAZING!)

48. Hair loss in women (especially older women) can sometimes improve IF you improve their progesterone levels.

49. Women with PolyCystic Ovarian Syndrome (PCOS -- a common genetic condition affecting 1 out of 11 women in this country) are all deficient in progesterone and it can competitively lower their supernaturally high testosterone levels (plus improve their insulin sensitivity).

50. Natural progesterone can cause heir regrowth and recovery in women with Androgenetic Alopecia (mainly PCOS women). WARNING: The synthetic MPA in Depo-Provera™ can and does cause hair loss in women while natural progesterone will not or regrows the lost hair.

51. Last CRAZY UNEXPECTED BENEFIT: Elevating your progesterone levels assists in the healing and decrease in inflammation of you TMJ pain (Temporomandibular Joint – your jaw joint).

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