



# Natural Woman



and helps to regulate the menstrual cycle. Women are more likely to have cycles in which they do not ovulate (anovulation). This disrupts the menstrual cycle and subsequently disrupts women physically and emotionally. The symptoms of abnormal menstrual cycles can be very frustrating. Between the ages of 18-35 the menstrual cycle is usually very predictable and manageable. A woman in her peak reproductive years ovulates regularly and without interruption.

As a woman ages so do her ovaries. The body does not produce new eggs after birth. These aged eggs have more difficulty maturing to a developmental stage where they can ovulate properly. This causes a wide range of effects. Pregnancy is more difficult, birth defects are more frequent, menstrual cycles are irregular, fibroids appear and grow, risk of breast cancer increases, bone loss begins, weight increases and it becomes increasingly difficult to cope with the normal demands of life.

This newsletter is devoted to explaining perimenopause because it is often misdiagnosed and improperly treated, causing women to suffer unnecessarily. Incorrect treatment can actually make the symptoms worse leading to surgery that could have been avoided.

## Perimenopause: A Time of Transition

Perimenopause is a time in a woman's life which usually occurs between age 35, and menopause which begins around 48-52. Many changes occur in a woman's body during perimenopause. The menstrual cycle affects all aspects of a woman's physical, mental and emotional wellbeing. The perimenopausal period can create instability in a woman's body and can impact her on a personal and professional basis.

During perimenopause, the menstrual cycle is erratic because ovulation, (egg release) is erratic. Ovulation is the timekeeper



## Estrogen & Progesterone: Knowledge is Power

A woman's life is greatly influenced by the fluctuations of two hormones, estrogen and progesterone. When these hormones are in their normal balance a woman's life is wonderful. When they are out of balance, problems follow. In order to understand the consequences of estrogen and progesterone imbalance, we must first discuss the normal functions of estrogen and progesterone. Estrogen is a hormone. Hormones carry messages to different organs. These messages are different for each organ. The estrogen message to the uterus is to grow. The uterine lining is instructed to grow and replace the lining that was shed during the previous menses.

Estrogen's message to the breast is grow. Breast cells (normal and abnormal) increase in number and rate of multiplication under the influence of estrogen.

Bone resorption is decreased by estrogen. Bone is constantly being broken down and replaced. Estrogen is needed to maintain a proper rate of bone breakdown.

The vagina and female bladder's proper function are maintained under the influence of estrogen. Estrogen keeps the vagina moist and prevents the bladder from leaking urine.



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In adolescence estrogen is responsible for developing female sex characteristics. Estrogen causes breast to grow and the development of female sexual organs.

Estrogen decreases the function of thyroid hormone which decreases metabolism which can lead to weight gain.

Estrogen also effects the brain. Estrogen's effect on the brain is very tenuous. If estrogen is too high or low, depression, anxiety, insomnia, decreased sex drive and decreased concentration can result.

## Progesterone

Progesterone is a hormone produced by the ovary. It also carries messages to other organs. The messages are directed to the same organs as estrogen but the messages are different. Progesterone instructs the uterine lining to stop growing and start developing and maturing to prepare for a possible pregnancy. Progesterone is produced for fourteen days after ovulation. If there is no pregnancy, progesterone decreases, which signals the beginning of menses.

Progesterone decreases breast cell growth. Progesterone is involved in the maturation of breast cells and *decreases* the rate of multiplication. This is important in the prevention of breast cancer.

While estrogen decreases the rate of bone breakdown, progesterone stimulates cells responsible for making new bone to replace old bone.

Progesterone increases the activity of thyroid hormone. Thyroid hormone increases metabolism, and utilizes the fat stored under estrogen influence for energy.

Progesterone stimulates normal sex drive, and it is a natural diuretic. It decreases water retention and swelling prior to menses.

Progesterone decreases uterine muscle contractions which cause menstrual cramps by promoting uterine muscle relaxation.

In the brain progesterone binds to GABA receptors. These receptors decrease anxiety and depression. Anti-depressants and barbituates bind to these same receptors. Progesterone is a natural antidepressant and prevents anxiety.



## Perimenopause: A Time of Estrogen Excess and Progesterone Deficiency

The balance of estrogen and progesterone is crucial to normal female body function. The amount of each hormone individually is not as important as their ratio to each other. A disturbance in the ratio of estrogen to progesterone results in many of the symptoms of perimenopause. An imbalance may involve either too much estrogen or too little progesterone.

Estrogen levels are increased by failure to ovulate, external estrogen found in animal fat, pesticides, and pollutants. Obesity leads to elevated estrogen levels because body fat produces estrogen. A low fiber, high fat, high sugar and carbohydrate diet increase estrogen levels.

Progesterone is decreased by the lack of ovulation which occurs more frequently during perimenopause and permanently after menopause.

Recently several articles in conventional medical publications have shown that progesterone deficiency and estrogen excess define perimenopause. Urine measurements and salivary measurements show low progesterone levels accompanied by high estrogen levels.

## The Misdiagnosis and Mistreatment of Perimenopause

Estrogen and progesterone effects many systems in the body. The symptoms of progesterone/estrogen imbalance are often misdiagnosed if a physician focuses on only a few symptoms in isolation. (The irregular bleeding of perimenopause is often treated with birth control pills. Synthetic progesterone (progestins) controls the bleeding but usually other symptoms become worse because the synthetic progesterone binds to progesterone receptors and blocks the progesterone your body makes. Some doctors prescribe estrogen which can make the symptoms worse. This can lead to a D&C or hysterectomy.

The increased breast tissue growth of perimenopause can lead to multiple biopsies and constant fear of breast cancer in women. This fear is not totally unfounded because women are more likely to die from breast cancer when it develops during perimenopause. Suggestions of lifestyle changes, which include exercising, dietary changes and the use of bio-identical progesterone should be considered to decrease the risk of breast cancer.

. Progesterone is responsible for new bone formation and estrogen helps prevent bone loss. The bone loss seen in perimenopausal women is due to a decline in new bone formation because of decreased levels of progesterone.

Progesterone/estrogen imbalance has a profound affect on the

### The symptoms of excess estrogen and decreased progesterone are exactly the same.

- Breast tenderness
- Depression, fatigue, poor concentration
- PMS
- Fibrocystic breast
- Decreased sex drive
- Fibroid growth
- Endometriosis
- Thinning hair
- Water retention and bloating
- Fat gain in hips and thighs
- Breast and uterine cancer

GABA receptors in the brain. Women are often misdiagnosed as depressed anxious, bipolar or other mood disorders. Millions of women have been placed on antidepressants unnecessarily. Many women have become addicted to anti-anxiety medications in an attempt to treat the symptoms of excess estrogen and decreased progesterone.



Perimenopausal women often complain of symptoms of low thyroid function such as decreased energy, fatigue and sudden weight gain. However, in many cases, thyroid levels are found to be normal. Estrogen blocks the action of thyroid hormone while progesterone allows thyroid hormone to work more effectively. If progesterone levels are restored to normal, symptoms of hypothyroidism resolve.

Women in perimenopause who experience bloating and weight gain prior to menses are often given diuretics to decrease water retention. Progesterone is a natural diuretic and when low progesterone levels are corrected weight gain and swelling resolve. The symptoms mentioned in this section are but a few of the perimenopausal which afflict women and greatly decrease her quality of life. Treating symptoms without an understanding of the cause can lead to more problems than solutions.

## Testing Hormones and Replacing Hormones



Estrogen and progesterone are hormones that are fat soluble. Because fat or oil soluble hormones are not dissolvable in water they are attached to a protein when in the blood stream so they can be transported to the appropriate organ. More than 99% of the hormone is attached to this protein and is inactive or has no effect on the body. The free or active portion of the hormone is not found in the blood but in fat tissue, the uterus, the brain and saliva. Measuring blood levels do not reflect the amount of free hormone effecting your body. The saliva gland is able to absorb fat soluble hormones. Saliva reflects how much estrogen, progesterone, testosterone, DHEA and other fat soluble hormones are actually available to carry messages to other organs. Saliva testing is not new, it has been used for years by the World Health Organization and NASA because it is much easier to collect than blood. It is beginning to be accepted by conventional medicine and a number of insurance companies pay for the test.

Women experiencing perimenopausal symptoms will almost always have salivary hormone levels that reflect a progesterone deficiency, estrogen excess or both.

The amount of information that can be gained from salivary tests is enormous. Salivary testing can also more accurately

diagnose abnormal thyroid and adrenal function. Another advantage is that it allows your physician to monitor your treatment with bio-identical hormones and to make adjustments to achieve the best results.

The symptoms of perimenopause can be effectively treated with bio-identical hormones. Bio-identical hormones differ from synthetic hormones such as Premarin and Provera in that they are identical to the hormones made by our bodies. They are safe and do not produce the adverse side effects associated with synthetic hormones.



## STAY H-E-A-L-T-H-Y

We have compiled a few suggestions that can restore and maintain balance to perimenopausal women which is spelled out in the acronym HEALTHY.

**H**- Hormone Balance- hormonal balance is essential for a woman to feel healthy and whole. This can be achieved by testing for the imbalance and replacing with bio-identical hormones from a compounding pharmacy.

**E**- Eat organic, whole grain, unprocessed food which allows you to avoid pesticides that influence hormone function. Unprocessed food contain important nutrients and vitamins like vitamin C, E, B complex, magnesium, selenium, calcium, zinc, copper and manganese. Whole grain food is high in fiber and helps eliminate excess estrogen and toxins through the bowel.

**E**- Is for exercise. Exercise positively effects all aspects of women's health and increases your lifespan.

**A**- Avoid sugar, caffeine, alcohol and stress. They all increase estrogen levels and increase its influence on the body.

**L**- Less animal protein more plant protein. Animal protein contains animal fat. Animal fat stores estrogen and pesticides that are consumed by the animal.

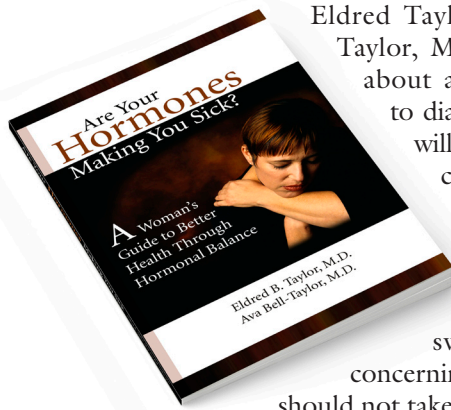
**T**- Take Time for yourself. Stress exacerbates hormone imbalances. Make sure that you participate in activities that decrease stress and relax your body.

**H**- Herbal and vitamin supplementation. There are a variety of vitamin, mineral and herbal supplements that enhance hormone functioning and aid the liver and bowel in the detoxification and elimination of excess hormones. Vitamin B complex, folate, omega 3 fatty acids, zinc, fiber, black cohosh, evening primrose oil, chaste berry, soy, and milk thistle are a few of the more common supplements which aid hormone metabolism.

**Y**- You are in control. Take control and start making a few easy changes and you will begin to see significant results.

To learn more about hormonal imbalances get your copy of *Are Your Hormones Making You Sick?*.

## A Must-Read Book (revised for 2010)



Eldred Taylor, M.D. and Ava Bell Taylor, M.D. have written a book about a revolutionary approach to diagnosing women's illnesses will forever change the health care of women all over the world.

Previous books about women and hormones have made sweeping generalizations concerning treatment (i.e. women should not take estrogen, all women need estrogen to prevent osteoporosis and heart disease, and all women need progesterone or herbs).

Unlike other books written on the subject, this book advocates the use of objective and accurate testing through salivary testing before prescribing treatment. This book provides much needed information that allows patients and doctors to understand the value of saliva testing. Salivary testing is a must for every woman concerned about breast cancer, osteoporosis, infertility, menopause, fibroids, and PMS. Through salivary testing, women can now take control of their health!

Get your copy of *Are Your Hormones Making You Sick?* TODAY at Amazon.com and Barnes and Noble.

## What is compounding and how does it benefit me?

Pharmacy compounding is the art and science of preparing customized medications for patients. Within the last two decades, compounding has experienced a resurgence as modern technology and innovative techniques and research have allowed more pharmacists to customize medications to meet specific patient needs. Bio-identical hormone replacement for men and women must be customized to the individual. The compounding pharmacist is an expert in customized prescriptions.

There are several reasons why pharmacists compound prescription medications. The most important one is what the medical community calls "patient non-compliance." Many patients are allergic to preservatives or dyes or are sensitive to standard drug strengths. With a physician's consent, a compounding pharmacist can change the strength of a medication, alter its form to make it easier for the patient to ingest, or add flavor to make it more palatable. The pharmacist also can prepare the medication using several unique delivery systems, such as a sublingual troche or lozenge, a lollipop, or a transdermal gel or cream that can be absorbed through the skin. For those patients who are having a hard time swallowing a capsule, a compounding pharmacist can make a liquid suspension instead.

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