In The Beginning…

A young girl is born. Maybe she is a difficult child. Fussy eater, poor sleep patterns, lots of colds. She loves eating chicken and craves chocolate. Maybe she’s overweight…. Just never seems to lose the “baby fat”. She has trouble with her periods from the onset of menstruation. They are irregular and painful and she suffers with lots of PMS. Her doctor puts her on an oral contraceptive in order to suppress ovulation and this seems to quiet things down a bit. Eventually she comes off the pill in an effort to start a family.

Her periods take up to 6 months to resume and they are worse than they were before taking the pill. She has trouble conceiving now because the pill has depleted her zinc and B6 levels. She is now low in progesterone and suffers miscarriages. Eventually she gets pregnant but her copper accumulates and she develops postpartum depression. (Her baby is also low on zinc and has excess copper.) She notices unusual weight gain and hair loss and fatigue (her thyroid is starting to not work well).

She tries for another baby but this time she can’t get pregnant and has developed endometriosis. Her doctor's answer to this is: more oral contraceptives! This time she gains more weight, starts to get more depressed, her skin changes and she has tons of health issues. She is told that she is suffering from an anxiety/panic disorder that is supposedly causing her depression and is put onto anti-depressants. But these don't help, actually makes matters worse and she's more tired than ever before. The doctor tells her that she's iron deficient but can't seem to raise her iron levels with supplementation. Then she's told she has an underactive thyroid and needs thyroid replacement. He starts her on synthetic thyroid hormones (Synthroid). Still… she has no real improvement in energy.
After a few years of living in purgatory with ill health, she goes off the pill again and develops very heavy lengthy periods. She finds out that she now has fibroids and agrees to a hysterectomy. She’s only 42 years old.

After that surgery the doctor’s tell her that her estrogen levels are low (no one checks her progesterone levels!)... Then the great punch line: “You don't have a uterus so you don't need progesterone!”

She agrees to the estrogen only therapy. Despite complaining of breast tenderness and weight gain and hot flashes, she is told to continue. Eventually the painful lumps are brought to the attention of a doctor who decides to check it out. He orders a mammogram, then a biopsy. The pathology shows breast cancer. She has a lumpectomy and finds that her tumor is Estrogen receptor positive. Now all of a sudden the doctors insist that she stop all the estrogen she was being given!

She then starts chemo then tamoxifen. Five years later she gets a terrible pain in the back. The cancer has spread to her spine. More chemo is called for. Then the liver is hit.

She’s told, "Sorry, not much more medicine can do, we’ve already done our best. We followed the book, every single standard approved medical health recommendation. Oh, and by the way, don't go near any natural therapist or holistic doctors. They have no idea how to help you."

End of story.

Ok... so what happened? Simply put she was suffering from ESTROGEN DOMINANCE the whole entire time!

What is ESTROGEN DOMINANCE? This refers to the imbalance of estrogen and progesterone.

Estrogens are the female hormones that stimulate growth. They make the breasts grow, increase body fat, thicken the endometrial layer in the uterus to prepare for pregnancy, support heart health, give energy to the cells, and so much more.

In a healthy state, your estrogens and progesterone hormones are in balance.

In a normal menstrual cycle estrogens are the dominant hormones up until ovulation (usually around day 14 of the cycle). Then progesterone is created by the process of ovulation and becomes the dominant hormone until the period (bleeding) around day 28. Progesterone rises to increase the store of magnesium, zinc and vitamin B6. It also brings down the copper, which has gradually risen to a mid-cycle peak. If there is a lack of Progesterone, then magnesium, zinc and B6 tend to be low and the copper levels rise.

An imbalance of progesterone to estrogen with the estrogen levels too high compared to progesterone levels = ESTROGEN DOMINANCE.

Many women today have estrogen dominance – a condition where estrogen is high in relation to progesterone. It doesn’t necessarily mean that estrogen is elevated (although most of the time it is) – it means that there is not enough progesterone production to oppose estrogen and keep it in check.

When estrogen is high (or even normal) but accompanied by low progesterone production, women can experience more hair-raising menopausal symptoms. There is a misconception that the symptoms of menopause are normal.

They may be common, but they’re not normal.
There are 4 main CAUSES of ESTROGEN DOMINANCE:
1. An-ovulatory cycles (no or improper ovulation)
2. Birth control pills or synthetic hormone replacement
3. Xeno-estrogens in the environment that congest the liver
4. Insulin Resistance – too many fats/animals foods in the diet

Many women have what is referred to as "an-ovulatory" cycles; cycles where they don’t ovulate properly or maybe not at all. This can happen anywhere from age 12 to 50. The resulting lack of progesterone sets the stage for estrogen dominance and lowered thyroid function.

Birth control pills also create estrogen dominance. The estrogens in these pills do have estrogenic effects, but the progesterone (being synthetic) does NOT have true progesterone effects in the body. This creates another version of estrogen dominance. And this explains why zinc and magnesium levels fall and why copper rises while on the pill.

Some doctors have claimed that their "special" synthetic progesterone (added to birth control pills) is the real thing. When in fact it is not and has been clinically proven to promote cancer.

Synthetic hormone replacement (before or after a hysterectomy) usually consists of estrogen only being prescribed. All women who have had an hysterectomy were ESTROGEN DOMINANT to begin with. This is what caused their symptoms to accelerate to the point of "needing a hysterectomy". Afterwards, by giving estrogen only replacement therapy, doctors are perpetuating the hormone imbalance!

Acceleration of aging
Agitation or anxiety
Allergies (asthma, hives, rashes, sinus congestion)
Autoimmune disorders (lupus, thyroiditis)
Breast cancer (men and women)
Breast tenderness with period
Cervical dysplasia (abnormal pap smear)
Cold hands and feet
Copper excess
Decreased sex drive
Depression
Dry Eyes
Endometriosis
Fat gain around abdomen hips and thighs
Fatigue
Adrenal burnout
Lumpy breasts (fibrocystic)
Fibroids
Foggy thinking
Gallbladder problems  
Hair loss  
Headaches  
Hypoglycemia  
Increased blood clotting  
Infertility  
Insomnia  
Magnesium deficiency  
Memory loss  
Mood swings  
Osteoporosis  
Ovarian cancer  
Ovarian cysts  
PMS  
Polycystic ovaries  
PMS bone loss  
Prostate cancer in men  
Swollen breasts  
Sluggish metabolism  
Thyroid dysfunction  
Uterine cancer  
Uterine fibroids  
Water retention; bloating  
Zinc deficiency  

It has also become clear that many chemicals behave as Estrogens in the body. What is also clear is that we are exposed to these all our lives. This group of compounds has been called the XENO-ESTROGENS. XENO (pronounced: zeeno) is the Greek word for "STRANGER", (something not natural to your body; a substance that is a literal strange to your body). These chemicals are cumulative in some instances and increase in quantity in the body as we get older. One of the effects of xeno-estrogens is to reduce the normal excretion of copper from the body - creating a build-up of copper. All estrogens cause copper accumulation, and xeno-estrogens do the same! All xeno-estrogens also are classified as carcinogenic (cancer causing). They also disable important nutrients needed by the body: iron, zinc, vitamin C and E.

**List of XENO-ESTROGENS:**

1. **Pesticides** (DDT, DDE, Dioxin, Kepone, Toxaphene, chloropicrin, etc.)
2. **Petroleum products** (car fumes, methylbenzene, toluene, benzene, styrene, pyrene)
3. **Plastics** (PVC, PCB's, lunch wraps, plastic bottles, etc.)
4. **Synthetic hormones**: a. from poultry industry and in animal feed; b. from pharmaceutical companies

**Estrogen & Your Thyroid**

Estrogen directly affects the thyroid by interrupting its ability to produce thyroid hormones.

Statistics show that one in eight women between the ages of 35 and 65 and one in five women over the age of 65 have some form of thyroid disease.

Hyperthyroidism results from the body producing too much thyroid hormone, but far more common is hypothyroidism, the result of not making enough thyroid hormone. About 26 percent of women in or near peri-menopause are diagnosed with this condition.

According to the late clinician John R Lee, M.D., estrogen dominance is behind many cases of midlife hypothyroidism, in which there are inadequate levels of thyroid hormone. When estrogen
is not properly counterbalanced with progesterone, Dr. Lee surmised, it can block the action of thyroid hormone, so that even when the thyroid is producing normal levels of the hormone, the hormone is rendered ineffective and the symptoms of hypothyroidism appear.

In this case, laboratory tests may show normal thyroid hormone levels in a woman's system, because the thyroid gland itself is not malfunctioning. This problem is compounded when a woman is prescribed supplemental estrogen, which then leads to an even greater imbalance. Prescribing supplemental thyroid hormone in that case will fail to correct the underlying problem: ESTROGEN DOMINANCE.

(NOTE: Common drugs can also block thyroid function, including steroids, barbiturates such as Seconal, cholesterol–lowering drugs, the antiepileptic drug Dilantin, and beta blockers such as propranolol.)

HOW DO YOU SOLVE ESTROGEN DOMINANCE?

The first step is to get tested to see exactly what your levels of estrogen are compared to progesterone. The next vitally important thing to do is to stop any and all synthetic hormones you might be taking now (or that you are exposed to in your diet!). And of course increase your levels of progesterone naturally.

Because of the depletion of key minerals and vitamins due to the estrogen dominance syndrome it is also vital to get a HAIR TISSUE MINERAL analysis done to determine the level of damage now done to your body. This allows us to help you supplement properly based on YOUR body's needs. At some point you might need both estrogens and progesterone. That is where testing is key.

Proper nutrition is also important. Getting a food allergy test done to ensure that your immune system is not being activated every single time you eat is important to ensure you are getting proper nutrients and keeping your immune system in good shape.

Removing any chronic viral overload is also key. We usually check for Epstein Barr Virus, Mycoplasma and Cytomegalovirus to determine any possible overload.

Supporting your liver is also important. A strong liver helps maintain hormonal balance by removing extra estrogens from your body's storage. In a healthy pre-menopausal woman, the amount of estrogen being removed by the liver is almost the same as the amount being produced by the body. This simultaneous production and removal ensures a balanced system. You need a strong and healthy liver for this to occur.

Let's take a few moments and discuss PROGESTERONE use.

Many times I have clients come in and tell me that after their hysterectomy their doctor told them they no longer needed progesterone hormone! Hmmmm.... This is a bit “telling” about the doctor who makes such a statement... he’s obviously needing a refresher in biology. Although it is considered primarily a "reproductive hormone" associated with menstrual cycles and pregnancy, progesterone provides benefits to every cell in the body, including those in the brain, heart, nerves, skin and bones.

Research indicates that "maternal progesterone" is at least partially responsible for gender differences in the human brain. Male and female brains have significant structural and neurobiological differences, including the number of progesterone receptors, which affects sensitivity to progesterone. These differences may be related to why progesterone has been a successful treatment for reducing seizures in some women, and why women's brains tend to heal more easily after an injury.
Progesterone protects the brain against excitotoxins (substances that excite the brain cells to the point of death), including estrogen-induced "brain fog" and research is underway to understand progesterone’s potential for protection against Alzheimer’s disease. Together, estrogen and progesterone also directly affect the neurotransmitters that regulate mood, appetite, sleep, and pain perception.

Progesterone helps form the protective layer around the nerve endings known as the myelin sheath. The nervous system depends on the myelin sheath for insulation and for neurotransmission speed. Progesterone promotes myelin repair in both the central and peripheral nervous systems.

Progesterone provides significant protection against cardiovascular disease by lowering high blood pressure, reducing arterial spasms, and inhibiting cholesterol buildup. These protective benefits are unique to bio identical progesterone, not synthetic progestins. In fact, progestins actually increase the risk of coronary spasms and are now associated with an increased risk for cardiovascular disease.

Progesterone also offers protection against osteoporosis. Current research indicates that progesterone has (at least) a dual role in bone health: it stimulates osteoblast production, which results in new bone growth, and it interferes with glucocorticoids, which cause bone loss. Dr. Lee’s research demonstrates that progesterone not only prevents osteoporosis but, more importantly, can reverse it so that bones regain their normal bone mineral density.

Another significant benefit of progesterone is that it is anti-proliferative, meaning it may offer protection against some forms of cancer, such as breast cancer. Breast tissue is highly sensitive to hormones, especially estrogen, which encourages breast cells to proliferate. Progesterone provides a counterbalance to that proliferation. Dr. Lee reports that the protective benefits of progesterone are clearly indicated by the results of a study in which "premenopausal women with low progesterone levels were found to have 5.4 times the risk of developing breast cancer, when compared to premenopausal women with normal progesterone levels."

When we reintroduce progesterone back into our body thereby sensitizing and stimulating the estrogen receptor sites, there are immediate, intermediate and long term benefits. This can include a period of discomfort, which we term ‘estrogen dominance wake-up crisis’.

What is estrogen dominance wake-up crisis? Well, it tends to be the ‘opposite’ reaction to that which you would have expected when you first start applying progesterone cream.

Instead of getting relief from symptoms like breast tenderness, heavy bleeding, lethargy, panic attacks, headaches, agitation or depression, fluid retention, insomnia, increased joint and muscle pain, weight gain, etc., you instead find that your situation is going from bad to worse! And you might get worried you’re “getting worse”... let me explain... you’re NOT getting worse... your body is “waking up”.

When a woman is estrogen dominant her estrogen receptor sites will, in time, down-regulate in the absence of progesterone. Introducing progesterone will heighten these receptors (temporarily), thus estrogen dominance symptoms can appear to worsen before you notice a turn-around.

As your body settles down and progesterone begins to “oppose” estrogen’s action in the body, you start to feel better, particularly if you’re considerably progesterone deficient.

It’s this "discomfort" experienced by some women that gets tagged as ‘side-effects’. Technically, your body is adjusting to the reintroduction of the hormone progesterone as distinct from responding adversely.
In the case of severe wake-up in the body where the symptoms of estrogen dominance are exaggerated and debilitating, we MIGHT recommended for her to double her dose for the first 6-8 weeks in conjunction with a premium phytoestrogen formulation to help ride out this phase.

The best way to reduce your body’s ESTROGEN burden:

1. Exercise daily
2. Remove stress (do yoga, meditate, walk, remove negative people from your life, etc.)
3. Avoid simple sugars & refined processed foods
4. Lower fat intake (eat a whole food plant based diet) which further supports the gallbladder and liver
5. Increase fiber in your diet
6. Add natural bio-identical progesterone into your regimen (dosage based on correct saliva hormone testing)
7. Include DIM or Indole-3-Carbinole in your supplement regimen (we carry this in our office)

I have worked for over 17 years helping women to balance their hormones and have developed an incredible natural progesterone cream that is free of all toxins, herbs, etc. that matches identical to your body’s natural needs for progesterone (bio-identical). We also have a wonderful natural Bi-Estrogen cream for those that need it. Give me a call... I'm here to help you.

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