

Progesterone

“The main reason women discontinue HRT is due to side effects. Synthetic progestins (Provera®) cause many side effects: breast swelling and tenderness, uterine bleeding, depression and mood disturbance, weight gain, bloating and edema. Natural progesterone has no side effects.” *Female Patient 2001 Oct.; 19-23*

(Natural progesterone is preferential to synthetic progestins. Natural progesterone produces excellent blood levels without the unwanted side effects such as fluid retention, weight gain, breast tenderness and depression of the synthetic progestins.)

“Progesterone should be administered to all women, hysterectomy or not.” *Infertility and Reproductive Medicine Clinics of North America: 1995 Oct.; Vol. 6 (4): 653-673*

(This is another landmark study demonstrating the benefits of progesterone and the harm of synthetic progestins.)

“Due to the side effects of synthetic progestins, natural progesterone is preferred. Progesterone has proven bio-availability and no side effects making it the preferred hormone for menopause.” *American Family Physicians 2000; 62: 1339-46*

(I am concerned that Provera® is still manufactured and that physicians still prescribe it and that patients still take it.)

“Synthetic progestins (medroxyprogesterone) cause depression, bloating, breast swelling, excessive bleeding, and are not tolerated by many women. Natural progesterone has none of these side effects. In fact an unexpected improvement in well-being was observed when progesterone was added to estrogen.” *American Journal Obstetric Gynecology; 1999 January; 180; 42-48*

(Still think there is no difference? Even the Ob-GYN journals mention this! Health benefits and feel-good benefits.)

“Estrogen and progesterone are neuro-protective against cerebral damage. These beneficial effects were blocked by MPA (medroxyprogesterone).” *National Academy Science USA; 2003 Sept. 2; 100 (8): 10506-11*

(Progesterone protects; Provera® causes damage.)

“Natural estrogen and natural progesterone offer substantial clinical benefit over the synthetic hormones and should be the agents of choice for menopause.” *Obstetrics Gynecology 1989; 73: 606*

(It has been almost 20 years since the first studies demonstrated a difference between hormones.)

“There was an unexpected feeling of well-being when progesterone was added to estrogen. Provera® decreased well-being.” *American J. Obstetrics Gynecology 1999 Jan; 180: 42-48*

(Yes, there is a difference.)

“Estrogen prevented cardiovascular disease. Adding medroxyprogesterone (Provera®) increased risk of cardiovascular disease and negated the beneficial effects of estrogen. Progesterone and estrogen decrease foam cell formation (plaque) whereas progestins (Provera®) increase foam cell formation (plaque).” *Circulation 1999 Dec; 100: 2319-25*

(Another study demonstrating that estradiol and progesterone together protect against heart disease).

“Natural progesterone reduces hot flashes, depression, abnormal bleeding. Quality of life improves when progesterone is used over Provera®. Medroxyprogesterone (Provera®) is poorly tolerated by most women to treat PMS symptoms, fluid retention, and mood swings.” *Cortland Forum, 2000 July: 170-174*

(The experts continue to say that there is no difference between natural and synthetic hormones. I wonder which drug company is paying them to say that?)

“MPA (Provera®) stimulates breast receptor sites thereby increasing breast density. Progesterone down regulates breast receptor sites thereby de-stimulating breast tissue. Natural progesterone causes no side effects.” *Infertility and Reproductive Clinics of North America; 1995 Oct.; 6 (4):653-67-70*

(This was the first major study demonstrating the superiority of the natural hormones over the synthetic hormones.)

“Progestin, (Provera®) dramatically increases risk of breast cancer 8 times.” *JAMA 2000; 203: 485-91*

(This is exactly how hormones get bad press. The Media reported that progesterone causes breast cancer. This is absolutely wrong! Medroxyprogesterone causes breast cancer, not progesterone. Doctors and the media chop off the prefix *medroxy*, thereby referring to medroxyprogesterone as progesterone. Medroxyprogesterone is completely opposite of progesterone.)

“The estrogen-only arm of the WHI Trial demonstrated no increased risk of breast cancer with estrogen. This study therefore demonstrates that the breast cancer increase was due to medroxyprogesterone (Provera®) and not due to estrogen.” *Family Practice News 2004 March 15; 1-3*

(Isn't it amazing that when we lose a hormone that protects against breast cancer (progesterone), we replace it with a hormone that significantly increases the risk of breast cancer [medroxyprogesterone].)

(Progesterone raises good HDL cholesterol, whereas medroxyprogesterone (Provera®) lowers good cholesterol. Progesterone increases estrogen's beneficial cardiac effects, whereas medroxyprogesterone reverses estrogen's benefits. Progesterone has no side effects, whereas medroxyprogesterone has many.)

“Medroxyprogesterone stimulates proliferation of breast cells. Progesterone reduces proliferation of breast cancer cells and induces cellular apoptosis (kills) breast cancer cells.” *Proturitor 2003 Dec.; 46 (1): 555-58*

(These studies should make national headlines and encourage women to demand natural progesterone.)

“The metabolic, vascular and psychiatric side effects of medroxyprogesterone can be eliminated through use of natural progesterone.” Clinical Therapy 1999 Jan.; 21 (1): 41-60

(How could any knowledgeable doctor/patient continue to use medroxyprogesterone?)

“Medroxyprogesterone has many side effects, whereas progesterone has none.” Journal of Women’s Health Gender Based Med 2000 May; 9 (4): 381-87

(There is a plethora of data and articles demonstrating the benefits of natural hormones over the synthetic hormones.)

“Progesterone reduces proliferation of breast cancer cells and induces cellular apoptosis (kills breast cancer cells) Maturitas 2003 Dec; 46 (1):555-58

(One would think that these studies should make national headlines and make all women scramble to take progesterone.)

“Due to the side effects of synthetic progestins, natural progesterone is preferred. Progesterone has proven bioavailability and no side effects making it the preferred hormone for menopause.” American Family Physician 2000; 62: 1939-46

“Progesterone raises good HDL cholesterol, whereas MPA (Provera®) lowers good cholesterol. Progesterone increases estrogen’s beneficial effects, whereas MPA reverses estrogen’s benefits. Progesterone has no side effects, whereas MPA has many.” Obstetrics Gynecology 1989; 73: 606-611

(Natural estrogen and natural progesterone offer substantial benefits over synthetic hormones and should be the agents of choice for menopause.)

“This study demonstrates that maximal reduction in breast stimulation occurs when progesterone is at its peak levels during pregnancy or late in the monthly cycle. Medroxyprogesterone increases mitotic (cancer-causing), whereas progesterone decreases mitotic activity.” Climacteric 2002 Sept; 5 (3): 229-35

(Progesterone inhibited growth of human breast cancer cells by production of certain cancer protective proteins.)

“Progesterone significantly improved quality of life over progestin (MPA). Medroxyprogesterone had many side effects, whereas progesterone has none.”

J Women’s Health Gender Based Med. 2000 May; 9 (4):381-87

(There is a plethora of data and articles demonstrating the benefits of natural hormones over the synthetic hormones.)

“Natural progesterone, but not MPA, decreases myocardial ischemia and causes vasodilation of coronary vessels.” Journal American College of Cardiology; 2000 Dec; 36 (9): 2154-2159

(By now one should perhaps get the impression that progesterone and medroxyprogesterone (MPA or Provera®) are the opposite of each other, and indeed they are: Progesterone decreases heart disease, MPA increases heart disease. Progesterone lowers cholesterol, MPA raises cholesterol. Progesterone

prevents plaque formation; MPA increases plaque formation. Progesterone is synergistic with estrogen; MPA negates estrogen's benefits. Progesterone administration raises serum progesterone levels, while MPA has a different chemical structure that does not raise progesterone levels. Progesterone makes women feel better, whereas MPA causes depression, bloating, bleeding. Progesterone is progestational, meaning the hormone that maintains pregnancy. MPA is a teratogen that causes birth defects and is absolutely contraindicated in pregnancy. I hope I have proven my point that synthetic hormones are not the same as natural HRT.)

“Natural estradiol and progesterone are safe and show no increase in breast cancer or heart disease; however, the synthetic hormones do increase risk of heart disease and cancer.” *Breast Cancer Res Treat 2007 Feb. 27; 160-175*

(Although many people have an appropriate fear of HRT, this comes from media hype and the medical studies demonstrating the harm of the synthetic hormones. Do not extrapolate this to include natural hormones. This study provides credence that it is the synthetic hormones that cause the harmful effects and not the natural hormones.)

“Oral natural progesterone possesses good bioavailability without the side effects of the progestins. Progestins reverse the benefits of estrogen, progesterone is synergistic with estrogen. Progestins (Provera®) increase cholesterol and lower the good HDL.” *American Family Physician 2000 62: 1839-46*

“Progesterone decreases breast stimulation 400% and down regulates breast receptor sites, thereby protecting against breast stimulation.” *Fertility Sterility 1998; 69: 963-69*

“Mammary tumor stimulation was reduced both by progesterone and Tamoxifen, more so by progesterone than Tamoxifen, which is the drug of choice to treat cancer.” *Japan Journal of Cancer Research 1985 June; 76: 699-04*

“Hargrove demonstrated that abnormal metabolic footprints of synthetic hormones cause harm and side effects. Serum levels of progesterone can be measured and monitored. Serum levels of medroxyprogesterone (Provera®) can't be measured, as it is a completely different molecule. We and others have demonstrated that natural progesterone produces excellent blood levels without the risk of side effects of the synthetic hormones: breast swelling, fluid retention, weight gain, depression.”

“Medroxyprogesterone (Provera®) up regulates (stimulates) breast receptors, increasing breast density. Progesterone down regulates breast tissue thereby de-stimulating breast tissue. Natural progesterone causes no side effects.” *Infertility and Reproductive Medicine Clinics of North America. 1995 Oct; 6 (4): 653-670*

“Adding a progestin (Provera®) increased risk of breast cancer 29%.” *J National Cancer Institute 2000; 92 (4): 328-332*

“Medroxyprogesterone enhances proliferation of breast cancer cells and progesterone decreased proliferation. When estrogen was added to progesterone it further reduced proliferation.” *Climacteric 2003 Sept; 6: 221-27*

Testosterone

“Testosterone lowers fat, improves body composition, protects against diabetes and heart disease.” *International Journal of Obesity and Metabolic Disorders 1992 Dec; 16 (12): 991-7*

(There is no medicine or therapy that protects us as well as testosterone.)

“Loss of testosterone causes loss of libido, energy, strength, sexual function, memory, cognition, muscle and bone. Testosterone replacement, as far as quality of life is concerned, is tremendous.” *Medical Crossfire 2001 Jan; Vol. 3 No. 1: 17-18*

(Thanks to medical science, we now have the hormone that helps prevent these problems.)

“Symptoms of low testosterone may occur due to decreased serum levels or reduced receptor site sensitivity. In spite of normal blood levels patients will still feel and function better when testosterone is prescribed.” *Medical Crossfire 2001 Jan; Vol.3 No. 1: 17-18*

(This is a perfect example of what most physicians do not understand. Even if a patient's hormone levels are normal, they may suffer from deficiency symptoms. This is due to receptor site resistance resulting in poor stimulation of receptor sites. This results in symptoms that can be corrected only by hormone replacement. This last statement is of extreme importance as far as symptom improvement is concerned, and this applies to all hormones. Many physicians will refuse to prescribe hormones based on normal lab values. We physicians interpret normal lab values to mean you do not need hormones. Nothing could be further from the truth. From my years of experience, the feedback from hundreds of physicians that I've trained and feedback from thousands of patients, there is overwhelming evidence that proves that patients do feel and function better when taking hormones, particularly when taking thyroid or testosterone. Don't blame your physicians for not understanding this, as we are simply not trained in these concepts, even though documentation is provided throughout our medical literature.

Many physicians will require as to why I provide thyroid for patients when their thyroid levels are normal. They simply don't understand that optimal levels make patients feel better whereas “normal” levels do not. This improvement in quality of life and reduction in symptoms is all due to better receptor site stimulation. Raising hormone levels to optimal levels overcomes this hormone resistance thereby allowing patients to once again feel normal; this is not achieved unless their levels are optimal.)

“Testosterone replacement improves muscle mass and strength, libido, erectile function, bone density, memory, cognition, myocardial function. It is