



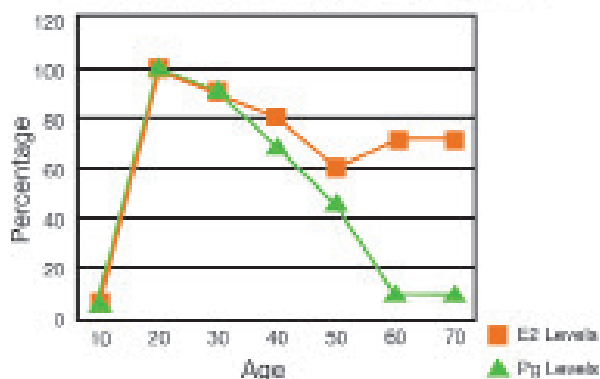
# ESTROGEN DOMINANCE IS REALLY PROGESTERONE DEFICIENCY

The term “**estrogen dominance**” can be misleading at times because it does not relate solely to the amount of circulating estrogen in the body, but rather to the relationship between estrogen and progesterone. Contrary to popular belief, many of the symptoms experienced during menopause or with PMS are not due to estrogen deficiency, but rather are due to estrogen dominance.

Although estrogen levels do decline with age (approximately 40 - 60% at menopause), more relevant is the fact that, at menopause, progesterone levels plummet by close to 90% from premenopausal levels. It is the relative loss of progesterone that causes the majority of symptoms termed “**estrogen dominance**.” This disproportionate loss of progesterone begins in the latter stages of a woman’s reproductive years, when impairments to the luteal phase of the menstrual cycle begin.

The reduction in progesterone production is initiated when the remnant tissue of the follicle post ovulation (called the corpus luteum) begins to lose its functional capacity. Outside of pregnancy, the corpus luteum is the primary source of progesterone in the female body. By the time a woman reaches her mid-thirties, luteal phase defects are common and result in decreased progesterone production by the corpus luteum. Also commonly beginning at this time are anovulatory cycles which result in a lack of corpus luteum formation and thus a virtual lack of progesterone production. It is during this time that a relative progesterone deficiency, commonly referred to as estrogen dominance, develops.

Evolution of Estrogen Dominance



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Updated 5/2020

## Typical symptoms of estrogen dominance are:

- Mood swings
- Irritability
- Depression
- Irregular periods
- Increased facial hair
- Hot flashes
- Vaginal dryness
- Water retention
- Uterine fibroids
- Decreased libido
- Headaches
- Fatigue
- Diffuse aches and pain
- Weight gain: hips, thighs and abdomen
- Sleep disturbances (insomnia less REM sleep)
- Breast tenderness/ Fibrocystic breasts
- Short-term memory loss
- Lack of Concentration
- Dry, thinning skin, wrinkles
- Thinning of scalp hair
- Heavy menstrual bleeding

Patients experiencing these symptoms will likely benefit from hormone balancing treatments including natural hormone replacement. The most effective way to assess hormone status is to test salivary hormone levels. Saliva is the best method for testing “functional” or “active” tissue levels of hormones.

Estrogen dominance, in both men and women, is evaluated by measuring salivary progesterone and estradiol levels and determining the progesterone to estradiol (Pg/E2) ratio. Note that in women who are still cycling, mid-luteal phase is the ideal time for this testing. The optimal Pg/E2 reference ranges were determined by the clinical work and research of John R. Lee, MD. While they are not physiologic ranges, they are optimal values for the protection of the breasts, heart and bones in women, and the prostate in men. Salivary values within these ranges have been shown by Dr. Lee to decrease both breast and prostate cellular proliferation, thereby providing protection to these vital tissues.

## References

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