Menopause Hot Flashes and Night Sweats, Vaginal Dryness and Atrophy

83% of Women Helped by Natural Progesterone, Some Need Estriol too.

Progesterone – helps with vaginal dryness, hot flashes and night sweats with most, but not everyone.
Helene Leonetti M.D. performed a double blind study presented in Obstetrics and Gynecology 1999 that menopausal symptoms such as hot flashes were reduced by progesterone cream in 83% of women as compared to 19% of women using a placebo. [1] A Norwegian study in the Journal Maturitas found that low testosterone, and DHEA levels were associated with hot flashes, but high levels of these hormones protected against hot flashes. Progesterone was not measured in the Maturitas study.

Estriol – helps with vaginal atrophy, bleeding on intercourse, and urinary incontinence, hot flashes and night sweats. Estriol is used to counter vaginal atrophy and bleeding on intercourse in menopause. Estriol is also used for urinary stress incontinence of menopause.[2,3]

Estriol used with Progesterone is preferred, but this is NOT required. Call our Medical Doctor in Austin, TX (512) 275-6963 for a more refined explanation.

In the third trimester of pregnancy, the placenta produces 35-45 mg/day of Estriol.[1] **Thus, there is a large therapeutic range for Estriol. If more Estriol is needed to stop hot flashes, a woman can increase the Estriol dose safely. Some Patients increase the dose to 2 mg/every other day (1 dropperful/every other day).** In some cases where the woman has high fear, stress, anxiety, Estriol may stop the Menopause Symptoms when Progesterone canNOT. This is because Estriol is not broken down to make cortisol to deal with stress. However, progesterone may be broken down to make more cortisol to deal with stress. The woman needs to find the minimum dose of Estriol that works for her.

Estriol or “E3” is used in Europe [4] for vaginal atrophy after menopause.[5,6] A woman produces 3 different types of estrogen: estradiol, estrone and estriol. Estradiol creates the breasts and buttocks. Estrone is weak. In postmenopausal women, increased circulating concentrations of estradiol, estrone, estrone-sulfate, and androstendione have been associated with higher breast cancer risk. [7] In contrast, Estriol is weak, and topical Estriol is NOT associated with breast cancer. Estriol goes high during pregnancy especially during the second and third trimester. Estriol thickens up the skin of the birth canal so that when baby travels through the birth canal, the baby does not rip the skin.

Losif reported that in 80 postmenopausal women, 48 were treated with estriol suppositories. 75% of estriol treated women reported improvement in urinary stress incontinence.[8] Vassilios, MD administered estriol to 52 symptomatic postmenopausal women for 6 months and found that estriol helped with hot flashes and night sweats. Increasing the dose of estriol made the estriol more effective. The estriol did NOT increase the endometrial lining nor did it increase FSH or LH. He concluded that estriol was effective for hot flashes and night sweats without any adverse side effects.[9]

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Women that deliver many children have high levels of progesterone and estriol during pregnancy and have lower incidences of breast cancer and endometrial cancer.

Major, large, peer reviewed trials have repeatedly shown that topical vaginal estriol does NOT increase the risk of breast cancer: • Million Women's Trial RR 0.67 [10] • Fournier RR 0.7[11] • Fournier[12,13] • Rosenberg [14] • Weiderpass [15]

Rosenburg found that locally administered topical estriol also has systemic effects, but was not found to be associated with any of the subtypes of breast cancer in his study.[16] Weiderpass found that oral estriol, but NOT topically applied vaginal estriol was associated with an increased risk endometrial cancer. She suggested that a progesterone be given with the oral estriol to decrease the risk of endometrial cancer.[14]

Dr. Robert Greenblatt a prominent hormone therapy researcher in the 1980s stated that Estriol relieves hot flashes and prevents vaginal dryness without side effects. Dr. Wulf Utian, the editor of the North American Menopause Society's journal, "Menopause", stated, "Estriol has the potential of reduced risk, but similar benefits to alternative estrogen or estrogen-progestin formulations. The potential to minimize risks yet maximize most benefits places Estriol in a unique category among estrogens." In 1987, Dr. Lauritzen showed that Estriol relieved menopausal symptoms in a 5 year clinical trial of 2 mg of oral estriol succinate in 940 post menopausal women. Estriol was shown to protect against cancers of the breast and uterus. In the 5 years, 2 breast cancers developed (3 expected), and no endometrial cancer developed (3 expected).

Dr. Lemon ran a clinical trial of 28 breast cancer patients of 2.5-5 mg/day of oral Estriol therapy. Estriol induced remission or arrest of the metastatic tumors in 6 women (37%). In a 1975 article in "Cancer Research", Dr. Lemon stated that 2.5 to 5 mg/day orally might be a suitable minimum dose to prevent breast cancer. Pregnant women excrete 30 to 50 mg/day of estriol. The topical dose of Estriol is 10 times lower at 0.5 mg/day because the estriol goes straight into the body. Taken orally estriol is 90% 1st pass inactivated by the liver.[17,18]

Xenoestrogens are "Franken Estrogens" that Cause Problems

The National Institute of Health reported that 3 young boys developed "man boobs" or gynecomastia by taking topical lavender and tea tree oil. Both lavender and tea tree oil were found to stimulate breast cancer cells sensitive to estrogen to grow in the test tube. Hundreds of herbs and thousands of chemicals are known to mimic estrogen in an abnormal way. These chemicals and herbs known as xenoestrogens can have negative effects on the body. Xenoestrogens have a different chemical structure than estradiol or estriol and will NOT appear on the blood or saliva hormone test.

Some menopausal patients will use lavender as a natural estradiol replacement. However, in my opinion, with lavender there may be an increased breast tumor risk. Lavender put into a test tube with breast cancer cells sensitive to estrogen stimulated them to grow.

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I recommend to remove all xenoestrogens from the patient's environment by only using the exact recommended products on the purple sheet. Patients usually feel better. However, if a "cortisol steal" is going on, then, they may feel worse.

"Cortisol Steal" Caused by Fear, Stress and Anxiety

Your body naturally produces more cortisol in response to physical or mental stress, fear, or anxiety. If there is chronic severe stress, more cortisol is produced for as long as the person feels stressed. The raw materials used to make cortisol are the same raw materials used to produce estradiol and progesterone. Progesterone can be used by the body to make estradiol and cortisol. If I give progesterone to a stressed person, the person will take the progesterone and make cortisol. Hot flashes will not be affected by the progesterone since progesterone is being used to make cortisol. This is a "Cortisol Steal".

A normal post menopausal woman's estradiol drops to 40-60% of normal according to Dr. Graham Colditz professor at Harvard medical school at a talk in San Francisco in February 1994 for the American Association[17]. A "normal" blood test for estradiol may be between 30-350 pg/ml. The fat cells produce estrogen. According to John Lee, MD a heavy set post menopausal woman will produce more estradiol than a thin woman before menopause. So for a typical case, a thin woman with a blood estradiol level of 100 pg/ml before menopause will have a 40 – 60 pg/ml level of estradiol after menopause.

Women with high stress, typically have estradiol levels of BELOW 5 pg/ml or 10 pg/ml. If progesterone is given to these women, progesterone seems to have little or no effect on their hot flashes because the woman takes the progesterone to make cortisol. This is the "Cortisol Steal." Some patients that have stress induced fatigue will feel better because they can make more cortisol from the progesterone that you are giving them. But if the stress is too high, the supplemented progesterone will not help. They are simply eating up the progesterone trying to make cortisol to deal with the stress. Sometimes estriol will help. Taking Estriol and increasing the dose may be helpful for these patients to 2 mg/every other day (2 dropperfuls/every other day). The Cortisol Steal does not affect the levels of Estriol.

For some stressed women, ashweganda seems to help. However, if the stress is extreme, even ashweganda will not help. A week long seminar "For My Life" at www.beinhealth.com that goes through forgiveness, getting rid of anger, rage resentment and finally fear has helped these extreme stress patients. The extreme stress patients are typically but not always chemically sensitive with multiple allergies. The stress needs to be addressed before progesterone and estriol can be used for the symptoms of menopause. Stress will convert all the progesterone that is given to the patient into cortisol to deal with the stress. Stress will decrease the progesterone levels and estradiol levels. This is known as a "Cortisol Steal". The decreased progesterone levels will then be ineffective to deal with the symptoms of menopause.

High Histamine Foods

Some women have found that histamine intolerance is brought on by menopause. Foods high in histamine make their symptoms of menopause worse. [19,20] Avoiding these high histamine foods helps lower their unpleasant menopause symptoms. These women found that they were NOT allergic to the food. They were merely very sensitive to the histamine in

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the food. An exhaustive list of high histamine foods is beyond the scope of this paper. Here is a short list of examples: alcohol, fermented beverages, fermented foods, yogurt, sauerkraut, dried fruits, avocados, eggplant, spinach, processed or smoked meat, shellfish, and aged cheese.[19,20]

Parasites

About half of my 40,000 patients have parasites that cause low hormones from malnutrition. Parasite testing by stool exam, blood test, or DNA testing is unreliable. A full discussion of parasites is beyond the scope of this paper. Please see https://clearwoman.com/other-diseases-i-can-help/parasites-with-bone-spurs-macular-degeneration-cataracts-tendonitis/ for more information. Lodi, MD has a better protocol for parasites.

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