

*Georgia Hormones P.C.*

*Robert P. Goldman, MD*

*3400-A Old Milton Pkwy, Suite 360, Alpharetta GA 30005 770-475-0077*

[www.GeorgiaHormones.com](http://www.GeorgiaHormones.com)

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# **PROGESTERONE USE FOR CYCLE REGULATION**

If you are reading this flyer, it is likely that you are having problems with irregular, heavy or abnormal periods and have been given a prescription for **Progesterone supplementation**. The most common cause of these problems is irregular or inadequate production of progesterone. This natural female hormone is normally produced in the second half of the menstrual cycle. Estrogen is produced throughout the cycle. Failure to make progesterone in the face of adequate or excess estrogen, results in **Estrogen Dominance**. This can lead to heavy periods, irregular cycles, weight gain, swelling, craving of carbohydrates, and difficulty sleeping and stimulation of Fibroids and Endometriosis.

## **Background Physiology**

Doctors call the first day of menstrual bleeding **Day 1** of the monthly menstrual cycle. On this day, hormone levels are at their monthly low. By Day 3, the ovaries begin to make estrogen and prepare for making a new egg. If all goes well, at around **Day 14**, **Ovulation** takes place, an egg is produced, and **Progesterone** is made in addition to the estrogen already there. At around day 26, progesterone and estrogen levels fall, bringing on a new bleeding cycle and a new **Day 1**.

Some women in their **teens and twenties** have problems producing eggs and don't make progesterone regularly. This can cause irregular bleeding. As women reach their **mid-thirties and beyond**, many of their eggs no longer work properly and they don't ovulate. During those cycles, no progesterone is made. By the time a woman is in her forties, only a few cycles a year result in the production of an egg. Most of the time, there is inadequate or no progesterone production at all. The constant production of estrogen without adequate progesterone causes the lining of the uterus to grow thick and abnormal. Pieces of lining come off in irregular chunks. Bleeding starts and stops and can become very heavy. Fibroids may be stimulated to grow, as is endometriosis. **Estrogen Dominance** can cause carbohydrate cravings, weight gain, fluid retention, PMS, fibroid growth, heavy and irregular menstrual bleeding, anemia, and poor sleep patterns. The treatment is to get back the missing **Progesterone**.

## **How to take your progesterone supplement.**

You have been given a prescription for **Progesterone**. It might be in the form of a pill, tablet, capsule, cream or troche. It is usually given at bedtime because progesterone is

somewhat of a sedative and it helps regulate normal sleep patterns. Depending on your individual situation, you might have been instructed to take it from Day 8, 10 or 12 of your cycle (**your personal start day**) to day 26. If you were not having any pattern to your cycle, you might have been instructed to take the progesterone **three weeks on and one week off**. You must get a personal calendar to keep track of your progesterone use and bleeding pattern. The first day of bleeding will usually follow the last day of progesterone by one to three days. The first day of bleeding is now labeled **Day 1**. You will count the days until **your personal start day**. You will then begin your progesterone and take it each night at bedtime until you reach day 26. Then you stop progesterone and begin your time off.

### **What if I don't get a period after I stop the Progesterone?**

Especially after a few months on the therapy, the lining of the uterus may have been cleaned of most of the excess tissue build up. In that case, there may not be anything in the uterus to come out. Even if you don't get a period, figure that your period should have come two days after you stopped the progesterone. Call that Day 1 and **restart on your personal start day**.

**Note: Progesterone is not a birth control. It is still possible to ovulate and get pregnant.** If you have nausea, breast tenderness or other symptoms, you could be pregnant. If in doubt, we can do a pregnancy test at the office. If you desire a pregnancy, natural bioidentical progesterone supports pregnancy and is not harmful to a growing baby.

### **What if I just began the therapy and I am bleeding again?**

It may take several cycles to get your bleeding under control. For the first cycle, take your progesterone at least 14 nights in a row, even if you are still bleeding. Then take your days off and restart on your personal start day. After a few cycles, bleeding should be reduced and your cycles should be under control.

### **What if I start bleeding at the wrong time, in the middle of my progesterone?**

This therapy is usually used in women who only ovulate occasionally. Your own, natural ovulation could come at any time. If it looks like a regular period, stop the progesterone, call this **Day 1** and start your counting over. Restart the progesterone on the **new** start day from your **new** Day 1.

### **What if I get breast tenderness, bloating or sleepiness?**

Progesterone stimulates growth of estrogen receptors. When you first begin, estrogen effects like breast tenderness and bloating may increase for a short time but will then fade after a few weeks. Progesterone is a sedative so it is taken at night. Daytime fatigue should subside in a week or so. If symptoms persist, we may need to adjust your doses.

**If you have questions you can always give the office a call.** 770-475-0077