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Progesterone Use for Cycle Regulation

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The most common cause of irregular, heavy or abnormal periods is due to unbalanced 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, difficulty sleeping and stimulation of fibroids and endometriosis.

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Background physiology

Doctors assign the first day of menstrual bleeding as 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 present). 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 do not make progesterone regularly. This can cause irregular bleeding. As women reach their mid-thirties and beyond, many eggs do not work properly and ovulation will not take place. During those cycles, no progesterone is made either. By the time a woman is in her forties, only a few cycles a year will 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 well as 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 replenish the missing progesterone.

Instructions for taking a progesterone supplement

Progesterone is available as a tablet, capsule, cream or troche. It is usually given at bedtime (it is a mild sedative) and helps regulate normal sleep patterns. Depending on individual circumstances, women may be instructed to take progesterone starting on Day 8, 10 or 12 of the cycle (**personal start day**) to day 26. If a woman does not experience specific cycle patterns, progesterone recommendations may include using for **three weeks and taking a week off**. It is important to maintain a calendar to keep track of 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 labeled Day 1. Days are to be counted until reaching the personal start day. Progesterone is to be taken each night at bedtime until Day 26. Progesterone will be stopped for one week before repeating the cycle again.

What if I don't get a period after stopping progesterone?

After a few months of progesterone therapy, the lining of the uterus may have eliminated most of the excess tissue build-up — indicating there may not be anything left in the uterus to shed. If a period does not appear, assume it should have arrived about two days after stopping the progesterone. Consider that as Day 1 — then restart on the personal start day.

Note: Progesterone is not a birth control — it is still possible to ovulate and get pregnant. If there are signs of nausea, breast tenderness or other symptoms, pregnancy could be the reason. If in doubt, Georgia Hormones can run a pregnancy test. If pregnancy is desired, natural bioidentical progesterone supports a pregnancy and is not harmful to a growing baby.

What if I just began therapy and I am bleeding again?

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

What if I start bleeding in the middle of taking progesterone?

This therapy is typically used for women who only ovulate occasionally. A woman's own, natural ovulation could come at any time. If it looks like a regular period, stop the progesterone, call this Day 1 and start the counting process over again. The progesterone should be restarted on the new start day from the newly designated Day 1.

What if I get breast tenderness, bloating or sleepiness?

Progesterone stimulates growth of estrogen receptors. When first beginning progesterone supplementation, estrogen-like effects such as breast tenderness and bloating may increase for a short time but will diminish after a few weeks. Progesterone is a sedative and is to be taken in the evening. Daytime fatigue should subside in a week or so. If symptoms persist, dosage amounts may need to be adjusted.