

Hormone Case Presentations

Progesterone Deficiency/ Estrogen Dominance:

Mrs. J.T., a 45 year old woman with regular menstrual cycles complained of tender breasts, headaches and bloating (fluid retention) for two years just before her menses. Her fibrocystic uterine fibroids and fibrocystic breasts have also worsened. Her saliva tests showed a low progesterone level in the second half of her cycle (luteal phase) relative to estrogen, which was high-normal. Supplementation with topical progesterone cream during the luteal phase of her cycle resulted in major improvement in her symptoms.

Testosterone Deficiency:

Mr. M. C., a 62-year-old man complained of progressive fatigue, loss of interest in sex, and dulling of cognition. His saliva testosterone level was found to be low, and use of testosterone resulted in a marked improvement.

Inappropriate Hormone Replacement:

Mrs. D. L., a 55-year-old woman stopped menstruating at age 49, and was prescribed oral estrogen and medroxyprogesterone acetate (a synthetic form of progesterone, called a “progestin”) for relief of hot flashes. She developed weight gain, bloating (fluid retention), migraine headaches, and worsening of hot flashes. Her salivary progesterone to estrogen ratio was very low, indicating a relative lack of progesterone compared to estrogen. Use of topically applied progesterone cream in place of the “progestin” allowed her to reduce her estrogen dosage. All of her symptoms stopped and she reported that she felt normal again.

Cortisol/DHEA Imbalance:

A 48 year old vegetarian woman complained of fatigue. Her naturopathic physician diagnosed hypoglycemia. Salivary testing showed that her AM Cortisol was low and her DHEA was high. This is a good example

of potentially using inappropriate supplementation with DHEA. Supplementation with DHEA would have caused harm to this patient. DHEA supplementation would worsen her adrenal gland function by lowering her cortisol level further. She needed physician guided adrenal gland support.

Progesterone/Estrogen Insufficiency:

This 67 year old woman complained of vaginal dryness with painful intercourse, burning on urination and extreme mood swings. She went into menopause at age 51 and was never directed to take any sex hormone supplementation. Her salivary estrogen and progesterone levels were low. She was directed to supplement with natural progesterone skin cream, which improved the majority of her symptoms. However, complete resolution of her complaints was obtained only after the addition of biestrogen (estradiol + estriol) to her skin cream.

DHEA Deficiency:

A highly stressed, 55-year-old businesswoman complained of poor recovery from workouts, low libido, vaginal dryness, loss of muscle tone, and lethargy. Additionally, her bone scan showed osteoporosis. Saliva levels of DHEA and testosterone were extremely low. Oral DHEA supplementation resulted in weight loss in the waist, increased libido and energy, more muscle tone, and an overall improved sense of wellbeing. Her osteoporosis completely resolved after 12 months of replacement therapy. Note: In women, DHEA is readily converted to testosterone; therefore, supplementation with DHEA will raise the testosterone level.

Adrenal Insufficiency:

A 41-year-old woman complained of excessive AM fatigue, sugar cravings, sleep disturbance, depression, anxiety, allergies and multiple chemical sensitivities. Saliva testing revealed low levels of DHEA and cortisol (throughout the day) indicating adrenal gland fatigue (hypoadrenia). After

Health Disclaimer: All information given about health conditions, treatments, products and dosages are not intended to be a substitute for professional medical advice, diagnosis or treatment. This is provided only as a suggested guideline.

619 Madison Street, Suite 100 Oregon City, Oregon 97045 | labrix.com | P:1-877-656-9596 | F: 503-656-9756



Environmental Stewardship | Doing our part.™

9 months of following rigorous physician directed adrenal gland support, her cortisol levels returned to normal and all of her symptoms resolved.

Testosterone Deficiency:

A 44-year-old had her uterus and both ovaries removed two years ago because of fibroids and endometriosis. She now complains of low sex drive, osteoporosis, vaginal dryness, memory lapses and weight gain, despite supplementation with oral triple estrogen and progesterone skin cream. Her saliva DHEA and testosterone levels were below normal. Her physician directed supplementation program with DHEA and testosterone resulted in an improved sex drive and a modest weight loss.

Infertility:

A 32 year old had tried to conceive unsuccessfully for over 10 years. Saliva estrogen and progesterone levels on day 21 of her menstrual showed normal estradiol but subnormal progesterone output. Sufficient progesterone is required for successful conception and gestation. Her physician supplemented her with a progesterone cream during the latter phase of her menstrual cycle and she is now a proud mother.

Polycystic Ovaries:

Since puberty, a 27 year old woman experienced irregular periods, facial/body hair growth, acne, and weight gain about the waist. Several attempts on several of the popular low fat/high carbohydrate diets were unsuccessful, though they helped temporarily. Following each attempt at dieting, there was a rebound with even more weight gain. Saliva testing during the second half of the menstrual cycle (luteal phase) indicated high-normal estradiol, low progesterone, and high DHEA and testosterone (androgens). Examination by her doctor revealed cystic ovaries. Extensive dietary modifications, regular exercise and use of natural progesterone helped restore normal menstrual cycles and resolve the majority of symptoms.