

IS PROGESTERONE REPLACEMENT NEEDED AFTER HYSTERECTOMY? A Look at Progesterone's Protective Value in Women's Long – Term Health

Physicians routinely prescribe estrogen and progesterone (HRT) for nonhysterectomized women with menopausal complaints of hot flashes, anxiety, irritability, depression, muscle pain and headaches. But when a hysterectomized woman goes to her physician with menopausal complaints, it is common for them to only receive a prescription for estrogen replacement therapy (ERT). Why the difference?

Many physicians do not prescribe progesterone for women who have had their uterus removed, in the mistaken belief that progesterone's only role is in preventing endometrial cancer. (Endometrial cancer is caused by a build up of the uterine lining resulting from taking estrogen replacement that is unopposed by progesterone.)

While it is true that hysterectomized women do not need to worry about endometrial cancer, they do need to consider the effects of progesterone deficiency on their body. Current research recognizes progesterone's beneficial effect on the body and its organs. The critical balance between estrogen and progesterone in premenopausal and menopausal women has been shown to also provide protection against PMS, menopausal complaints, breast cancer, osteoporosis and cardiovascular disease. Estrogen and progesterone work in harmony throughout a woman's reproductive life to bring balance to both emotional and physical health. The hormones have also been shown to directly affect the neurotransmitters that regulate mood, appetite, sleep and pain perception.

RESULTS OF PROGESTERONE DEFICIENCY

When a woman is in her thirties, her production of progesterone begins to decrease. This deficiency often results in symptoms of PMS that result in many physical and emotional complaints. Treatment with natural progesterone will often alleviate these symptoms and restore the delicate balance between the estrogen and progesterone levels.

Breast Cancer

In the book *Natural Progesterone: The Multiple Roles of A Remarkable Hormone*, John R. Lee, M.D. states that breast cancer is more likely to occur in premenopausal women with normal or high estrogen levels and low progesterone levels. This situation is quite common after age 35 or so when anovulatory periods tend to occur. It also occurs after menopause when women are given estrogen supplements without progesterone. Dr. Lee also writes "The cancer protective benefit of progesterone is clearly indicated by the prospective study in which premenopausal women with low progesterone levels were found to have 5.4 times the risk of developing premenopausal breast cancer and a 10-fold increase in deaths from all malignant neoplasms compared to those with normal progesterone levels."

Cardiovascular Disease

The incidence of cardiovascular disease in women increases markedly after the menopause. Estrogen and progesterone protects women from heart attack, reducing their chances by 50 percent. Numerous studies now

show that, after menopause, older women face at least 15 times the risk of dying of heart disease than of estrogen-dependent cancers.

Natural progesterone is remarkably safe and effective in maintaining a woman's good health in her premenopausal and menopausal years. It is particularly critical that progesterone treatment is considered by women with a strong family history of osteoporosis and cardiovascular disease. However, women that desire an improved quality of emotional and physical health will also benefit from progesterone supplementation.

Osteoporosis

Estrogen and progesterone both have a role in maintaining bone mass and slowing the bone deteriorating process of osteoporosis. John R. Lee, M.D. writes in his article *Is Natural Progesterone The Missing Link in Osteoporosis Prevention and Treatment?*, "The hypothesis that progesterone and not estrogen is the missing factor was tested in a clinical setting and was found to be extraordinarily effective in reversing osteoporosis."

SAFE AND EFFECTIVE

It is beneficial to reproduce the balance between estrogen and progesterone when prescribing HRT for menopausal complaints (similar to a woman's premenopausal state) for optimal emotional and physical health following a natural or surgical menopause. When dosage levels of HRT are properly balanced and monitored, there is no increased risk for cancer. In fact, with the addition of progesterone to the treatment regimen, the risk is actually decreased.