Progesterone Dosing and Uterine Protection

Now, they're going to have bleed when Now, they're going to have bleed when they're doing rhythmic dosing. Make sure they're doing rhythmic dosing. Make sure that you're using a good enough dose to that you're using a good enough dose to keep that lining thin just to make sure keep that lining thin just to make sure there is no thickening of that line.

there is no thickening of that line.

Introducing Vaginal Progesterone

[music] Can you use oral progesterone vaginally? Can you use oral progesterone vaginally? Hi, I'm Dr. Valarie Davidson from the Hi, I'm Dr. Valarie Davidson from the Progressive Health podcast.

Progressive Health podcast. >> And I'm Dr. Mackey from the Progressive >> And I'm Dr. Mackey from the Progressive Health podcast. Uh so, this is a little Health podcast. Uh so, this is a little bit more of a bit more of a of a you know, newer popular topic um of a you know, newer popular topic um using progesterone vaginally.

using progesterone vaginally. >> Yeah, we've used progesterone vaginally >> Yeah, we've used progesterone vaginally um for years, you know, vaginal um for years, you know, vaginal capsules. Um you can even use cream, capsules. Um you can even use cream, which we'll do that a different episode which we'll do that a different episode on using progesterone cream vaginally.

on using progesterone cream vaginally. But, doing it vaginally, inserting like But, doing it vaginally, inserting like a vaginal capsule of progesterone, can a vaginal capsule of progesterone, can actually be really healthy for the actually be really healthy for the microbiome of the uterus, or sorry, the microbiome of the uterus, or sorry, the microbiome of the vaginal vault, and microbiome of the vaginal vault, and then it can also protect the uterine then it can also protect the uterine lining from getting too thick if you're lining from getting too thick if you're doing an HRT that involves estradiol.

doing an HRT that involves estradiol.

Oral vs Vaginal Progesterone Tolerance

>> Yeah, and really that's what we're >> Yeah, and really that's what we're talking about is a woman on estrogen, talking about is a woman on estrogen, um how can you still you have to protect um how can you still you have to protect the uterus if she still has one? So, the uterus if she still has one? So, what's the best option if a woman does what's the best option if a woman does not tolerate oral progesterone?

not tolerate oral progesterone? >> Cuz you're right, there are you know, >> Cuz you're right, there are you know, there is a percentage of women that do there is a percentage of women that do not tolerate oral progesterone. So, not tolerate oral progesterone. So, usually when I have a patient and we're usually when I have a patient and we're using maybe a sustained release, they using maybe a sustained release, they might feel Some women love their might feel Some women love their sustained release oral progesterone.

sustained release oral progesterone. They sleep like a baby, wake up the next They sleep like a baby, wake up the next morning, feel great. Then there's other morning, feel great. Then there's other women that'll say, "I feel kind of women that'll say, "I feel kind of groggy the next morning." And then I'll groggy the next morning." And then I'll switch it to an instant release switch it to an instant release progesterone. And then if they're still progesterone. And then if they're still having trouble tolerating that, then having trouble tolerating that, then we'll do a vaginal capsule of we'll do a vaginal capsule of progesterone.

progesterone. progesterone. >> Yeah. Now, um >> Yeah. Now, um the oral progesterone converts to what's the oral progesterone converts to what's allopregnanolone.

allopregnanolone. allopregnanolone. There is a subset of women, very small There is a subset of women, very small subset relatively, um that just does not subset relatively, um that just does not tolerate oral progesterone. Now, the tolerate oral progesterone. Now, the grogginess though, I do think the grogginess though, I do think the grogginess part, which is why you would grogginess part, which is why you would use oral progesterone, I think the use oral progesterone, I think the grogginess grogginess grogginess uh is uh sometimes when they have a uh is uh sometimes when they have a little bit of a, you know, sleep debt, little bit of a, you know, sleep debt, um they experience a bit more grogginess um they experience a bit more grogginess in order to in order to kind of recuperate or sort of get kind of recuperate or sort of get themselves out of that sleep debt. Uh themselves out of that sleep debt.

Rhythmic Dosing and Bleeding

Uh and then from there, like I said, if and then from there, like I said, if they're still groggy after, you know, a they're still groggy after, you know, a week, 10 days, you know, give or take, week, 10 days, you know, give or take, you know, then it just might not be they you know, then it just might not be they just can't tolerate.

just can't tolerate. >> Yeah, absolutely. So, you can kind of >> Yeah, absolutely. So, you can kind of work with it, work with the patient. work with it, work with the patient.

Fact, I have a patient where I do a, you Fact, I have a patient where I do a, you know, I do a lot of rhythmic dosing know, I do a lot of rhythmic dosing where you're changing the estradiol where you're changing the estradiol levels throughout the 28-day cycle to levels throughout the 28-day cycle to mimic like an ovarian cycle, and then mimic like an ovarian cycle, and then you put the progesterone in. I have a you put the progesterone in. I have a few of them that they just can't few of them that they just can't tolerate that progesterone orally.

tolerate that progesterone orally. I might use a cream, which I'll, like I I might use a cream, which I'll, like I said, we'll do another podcast said, we'll do another podcast >> Yeah, that's that's another another >> Yeah, that's that's another another topic.

topic. topic. >> That's a good one. But, um >> That's a good one. But, um I Now, I do actually with the rhythmic I Now, I do actually with the rhythmic dosing, if I will do more of the dosing, if I will do more of the progesterone capsules vaginally for a progesterone capsules vaginally for a lot of women. Now, they're going to have lot of women. Now, they're going to have a bleed when they're doing rhythmic a bleed when they're doing rhythmic dosing, which is great. We want We want dosing, which is great. We want We want to have that monthly cycle when you're to have that monthly cycle when you're doing rhythmic dosing HRT. Now, someone doing rhythmic dosing HRT. Now, someone that's on static dosing and you're using that's on static dosing and you're using a vaginal capsule of progesterone, you a vaginal capsule of progesterone, you do want to make sure that you're using a do want to make sure that you're using a good enough dose to keep that lining good enough dose to keep that lining thin, and then, you know, thin, and then, you know, some women I might even send them in for some women I might even send them in for a transvaginal ultrasound every so often a transvaginal ultrasound every so often just to make sure there is no thickening just to make sure there is no thickening of that lining.

of that lining. >> Right. Yeah, cuz you don't want uh No, >> Right. Yeah, cuz you don't want uh No, we use those terms back and forth, we use those terms back and forth, static dosing, rhythmic dosing. Rhythmic static dosing, rhythmic dosing. Rhythmic dosing encourages a period, static dosing encourages a period, static dosing bleeding.

dosing bleeding. Um bleeding is not really an option. You Um bleeding is not really an option. You can't continue to keep bleeding when can't continue to keep bleeding when you're on static dosing. That's the you're on static dosing. That's the whole point of using the progesterone.

whole point of using the progesterone.

Vaginal pH, Microbiome, and Irritation

Um the number one rule, granted I'm Um the number one rule, granted I'm getting a little off topic here, but the getting a little off topic here, but the number one rule for HRT is you never number one rule for HRT is you never give a woman unopposed estrogen. Okay?

give a woman unopposed estrogen. Okay? That's the whole point of us talking That's the whole point of us talking about progesterone. about progesterone.

Uh and just trying to find the right Uh and just trying to find the right option for them as far as the option for them as far as the progesterone um uh, dose and form, oral, progesterone um uh, dose and form, oral, vaginal, uh um, you know, whatever or vaginal, uh um, you know, whatever or cream, whatever it might be.

cream, whatever it might be. >> Yeah, and so, of course, this is for >> Yeah, and so, of course, this is for education, la la la, not for medical education, la la la, not for medical advice, but you can get progesterone advice, but you can get progesterone capsules. If you use a compounding capsules. If you use a compounding pharmacy, you can pretty much get any pharmacy, you can pretty much get any dose that you want. Um, now, if you're dose that you want. Um, now, if you're using more of a big box pharmacy, using more of a big box pharmacy, there's only a couple of doses, that's there's only a couple of doses, that's the 100, the 200, and some of those big the 100, the 200, and some of those big box, you know, the big box pharmacy for box, you know, the big box pharmacy for the progesterone might have peanut oil the progesterone might have peanut oil in there. So, if someone's allergic to in there. So, if someone's allergic to peanuts, you would not want to put that peanuts, you would not want to put that inside your vagina.

inside your vagina. It would not be good. It would not be good. >> But, you can always And then sometimes >> But, you can always And then sometimes they, you know, women, I always say put they, you know, women, I always say put it in at night, you know, if you're it in at night, you know, if you're going to insert that progesterone going to insert that progesterone capsule vaginally, put it in at night, capsule vaginally, put it in at night, maybe wear a little panty liner, cuz maybe wear a little panty liner, cuz there can be a little bit of discharge there can be a little bit of discharge or oily or white discharge depending on or oily or white discharge depending on what um, type of progesterone you're what um, type of progesterone you're using. If you're using the big box using. If you're using the big box pharmacy ones, there's going to be a pharmacy ones, there's going to be a little bit of like a milky oily little bit of like a milky oily discharge. If you're using one where discharge. If you're using one where you're getting it compounded from a you're getting it compounded from a compounding pharmacy, you can usually compounding pharmacy, you can usually kind of change up the excipients and kind of change up the excipients and make it a little bit more vaginal make it a little bit more vaginal eco-friendly. So, it kind of depends on eco-friendly. So, it kind of depends on the person cuz I've had some women say the person cuz I've had some women say it made them feel a little uncomfortable it made them feel a little uncomfortable or itchy, and then I will switch it over or itchy, and then I will switch it over to a compounded and make sure that it's, to a compounded and make sure that it's, you know, the excipients in there are you know, the excipients in there are really clean. So, that's one one thing really clean. So, that's one one thing to think about when you're, you know, to think about when you're, you know, having to use this. If you're doing it having to use this. If you're doing it static, you're going to have to put that static, you're going to have to put that progesterone in every night.

progesterone in every night. >> Yeah. Yeah, yeah. Cuz at that point, if >> Yeah. Yeah, yeah. Cuz at that point, if you're, like I said, if you're using you're, like I said, if you're using some form of estrogen, estradiol or some form of estrogen, estradiol or biest or something, the goal there is to biest or something, the goal there is to protect the uterus.

protect the uterus. >> Yeah. And then you're also thinking >> Yeah. And then you're also thinking about the vaginal microbiome. Now, about the vaginal microbiome. Now, estro- estrogen is beautiful for the estro- estrogen is beautiful for the vaginal mic- microbiome and for the vaginal mic- microbiome and for the lactobacillus and whatnot, but so is lactobacillus and whatnot, but so is progesterone, cuz progesterone doesn't progesterone, cuz progesterone doesn't alter the lactobacillus species that are alter the lactobacillus species that are in that's in our vaginal vault, in that's in our vaginal vault, but sometimes some of them can change but sometimes some of them

can change the pH. Everybody is different, but you the pH. Everybody is different, but you can't really test a capsule for pH, you can't really test a capsule for pH, you know, you can't open it up test the pH.

know, you can't open it up test the pH. So, one thing that I'll tell women if So, one thing that I'll tell women if they're feeling like oh, I'm a little they're feeling like oh, I'm a little itchy or there's, you know, cuz maybe itchy or there's, you know, cuz maybe I'm getting a yeast infection or I'm getting a yeast infection or something or I'm getting bacterial something or I'm getting bacterial vaginosis or something, is I'll have vaginosis or something, is I'll have them actually buy you can buy vaginal them actually buy you can buy vaginal test strips where you can test the pH of test strips where you can test the pH of your vaginal vault.

your vaginal vault.

Compounding, Dosage, and Practical Use

The vaginal vault really does want to be The vaginal vault really does want to be more acidic, so it's usually around more acidic, so it's usually around like, you know, 3 and 1/2 it's less than like, you know, 3 and 1/2 it's less than 4. So, you want to So, you could always 4. So, you want to So, you could always test your own vaginal vault with those test your own vaginal vault with those strips and if it's uh closer to 5, you strips and if it's uh closer to 5, you know, if know, if over 4 and 1/2 5, then you know that over 4 and 1/2 5, then you know that that pH is starting to change. And when that pH is starting to change. And when that pH changes, so either vaginal vault that pH changes, so either vaginal vault becomes more um alkaline, the pH goes becomes more um alkaline, the pH goes up, then that causes the beneficial up, then that causes the beneficial bacteria like the lactobacillus species bacteria like the lactobacillus species to go down. So, that's one thing that we to go down. So, that's one thing that we I kind of keep an eye on with women when I kind of keep an eye on with women when they're using it vaginally.

they're using it vaginally. >> Uh does that same pH change happen just >> Uh does that same pH change happen just from menopause in general? from menopause in general?

>> It can, yeah. So, if somebody, let's >> It can, yeah. So, if somebody, let's say, aside from progesterone, HRT, all say, aside from progesterone, HRT, all that, they're going into menopause, that that, they're going into menopause, that estrogen is declining, it does change estrogen is declining, it does change the uh the species cuz it cuz that the uh the species cuz it cuz that estrogen really does feed the estrogen really does feed the lactobacillus. It helps the the mucosa lactobacillus. It helps the the mucosa of the vaginal vault, you know, stay of the vaginal vault, you know, stay really nice and hydrated. It helps with really nice and hydrated. It helps with that lubrication. It helps with the that lubrication. It helps with the tissue resiliency. It's when that tissue resiliency. It's when that estrogen goes down, it's like, you know, estrogen goes down, it's like, you know, that lactobacillus doesn't have the most that lactobacillus doesn't have the most beautiful environment to live in. So, beautiful environment to live in. So, you will see that change. Same with you will see that change. Same with women in perimenopause when their women in perimenopause when their progesterone starts to go cuz that's one progesterone starts to go cuz that's one hallmark of perimenopause is that hallmark of perimenopause is that progesterone start starts to drop, progesterone start starts to drop, you know, pretty pretty good and then you know, pretty pretty good and then you'll see the estrogen bouncing around.

you'll see the estrogen bouncing around. Then they might have, you know, some Then they might have, you know, some issues with that vaginal vault and issues with that vaginal vault and that's where sometimes we'll do the that's where sometimes we'll do the progesterone vaginally with um progesterone vaginally with um perimenopausal women, too.

perimenopausal women, too. >> Yeah, right. Now, we're going to do a >> Yeah, right. Now, we're going to do a separate one on this, but this is also separate one on this, but this is also why you hear a lot of talk about using why you hear a lot of talk about using estrogen to control UTIs.

estrogen to control UTIs. Uh Uh Uh now, uh what about progesterone? Does now, uh what about progesterone? Does progesterone have progesterone have uh sort of a beneficial impact that way, uh sort of a beneficial impact that way, or are we just using progesterone or are we just using progesterone basically to offset the estrogen for

the basically to offset the estrogen for the most part?

most part? >> Usually, well, when you're using the >> Usually, well, when you're using the progesterone vaginally and someone has a progesterone vaginally and someone has a uterus, you're using it to protect the uterus, you're using it to protect the uterus because they can't tolerate the uterus because they can't tolerate the oral progesterone.

oral progesterone. >> And and they don't have a choice. They >> And and they don't have a choice. They have to use some form of progesterone, have to use some form of progesterone, which we're trying to get across.

which we're trying to get across. >> Yeah, so you're bypassing that >> Yeah, so you're bypassing that first-pass liver. I think they call this first-pass liver. I think they call this more of a first-pass uterine. So, you're more of a first-pass uterine. So, you're using it more uterus rather than having using it more uterus rather than having that progesterone have to go through the that progesterone have to go through the liver if you're taking it orally. So, liver if you're taking it orally. So, you're really trying to protect that you're really trying to protect that uterus, but women will also tell me that uterus, but women will also tell me that they feel good on that progesterone they feel good on that progesterone vaginally. I'm not sure how much um you vaginally. I'm not sure how much um you know know know you know, clinical science or research you know, clinical science or research or studies are out there about how you or studies are out there about how you know, vaginal progesterone can help the know, vaginal progesterone can help the mood, but someone will say, "Oh, I feel mood, but someone will say, "Oh, I feel so much better on it this way. I'm not so much better on it this way. I'm not groggy anymore." I have some women that groggy anymore." I have some women that take oral progesterone and they get take oral progesterone and they get anxious. They get very anxious. So, then anxious. They get very anxious. So, then you definitely want to, you know, switch you definitely want to, you know, switch from that oral to something else, and from that oral to something else, and that's where I feel like the vaginal that's where I feel like the vaginal application using it an oral vaginal application using it an oral vaginal capsule is really nice to get that dose capsule is really nice to get that dose in there.

in there. >> Yeah. Uh so >> Yeah. Uh so uh uh uh uh right from the pharmacy, a woman if uh right from the pharmacy, a woman if need be, a woman could just use it right need be, a woman could just use it right from the pharmacy. It doesn't have to be from the pharmacy. It doesn't have to be an actual suppository or anything like an actual suppository or anything like that. It could just be, you know that. It could just be, you know >> Yeah.

>> Yeah. >> Yeah. >> intended to be oral, but she can use it >> intended to be oral, but she can use it vaginally. vaginally. vaginally.

Absorption, Timing, and Partner Concerns

>> Yeah, like I had a patient the other >> Yeah, like I had a patient the other day, she she really just couldn't day, she she really just couldn't tolerate that she was just too tired the tolerate that she was just too tired the next morning, even a little depressed.

next morning, even a little depressed. And this is not a depressed person. And this is not a depressed person. She's so lively, so beautiful, but she's She's so lively, so beautiful, but she's not She's like, "I felt depressed. I'm not She's like, "I felt depressed. I'm starting to feel depressed." I said, starting to feel depressed." I said, "Well, take those capsules I have "Well, take those capsules I have prescribed for you and use them prescribed for you and use them vaginally, you know, and then we can vaginally, you know, and then we can always um change up the dosage cuz always um change up the dosage cuz there's not as much clinical research on there's not as much clinical research on progesterone vaginally, using an oral progesterone vaginally, using an oral progesterone vaginally like for progesterone vaginally like for protecting the uterine lining as there protecting the uterine lining as there is, you know, as oral progesterone. You is, you know, as oral progesterone. You know, that's been around forever. People know, that's been around forever. People have been using oral progesterone to have been using oral progesterone to protect the lining of the uterus for protect the lining of the uterus for many years. So, of course, there's going many years. So, of course, there's going to be more studies on that. But there to be more studies on that. But there are a few out there. There's There's a are a few out there. There's There's a good amount of

research saying that that good amount of research saying that that using an oral progesterone into the using an oral progesterone into the vagina can be uterine protective. I vagina can be uterine protective. I mean, so there is some information out mean, so there is some information out there. I do feel like use for me I there. I do feel like use for me I and someone's using estrogen, I never go and someone's using estrogen, I never go lower, like I said, this is not medical lower, like I said, this is not medical advice, this is education, but I never advice, this is education, but I never go lower than 100 mg per vaginal capsule go lower than 100 mg per vaginal capsule or progesterone or progesterone oral they're using it vaginally. Some oral they're using it vaginally. Some women I'll go up to 200. We can do 125, women I'll go up to 200. We can do 125, 150 if you're using a compounding 150 if you're using a compounding pharmacy, so you can change it up a pharmacy, so you can change it up a little bit, but I usually don't go lower little bit, but I usually don't go lower than that unless somebody's in than that unless somebody's in perimenopause, they're not taking any perimenopause, they're not taking any estrogen, and we're really using it for estrogen, and we're really using it for other, you know, other issues.

other, you know, other issues. >> Yeah, the good thing is >> Yeah, the good thing is especially when you bring in the especially when you bring in the compounding pharmacy side is that you compounding pharmacy side is that you have lots of options, lots of dosing have lots of options, lots of dosing options, and finding one that actually, options, and finding one that actually, you know, that matches the patient and you know, that matches the patient and their tolerance level.

their tolerance level. >> But the big box pharmacies are good, >> But the big box pharmacies are good, too. It's just you want to know, you too. It's just you want to know, you know, you only have two dosings, the 100 know, you only have two dosings, the 100 and the 200, and they're all and the 200, and they're all instant-release if you're going to use instant-release if you're going to use oral vaginal oral vaginal progesterone as a you want to you want progesterone as a you want to you want to use an instant-release. You There's to use an instant-release. You There's not not any reason to use a not not any reason to use a sustained-release vaginally cuz that's sustained-release vaginally cuz that's meant for the for the digestive for meant for the for the digestive for going into the digestion. But if you do going into the digestion. But if you do use a big box pharmacy, some people use a big box pharmacy, some people don't have access to compounding or don't have access to compounding or there's financial cost issues there, is there's financial cost issues there, is just making sure that some of the just making sure that some of the excipients in there aren't bothering excipients in there aren't bothering your vaginal microbio, and that you're your vaginal microbio, and that you're not allergic to peanuts, so that, you not allergic to peanuts, so that, you know, that would be something. That's know, that would be something. That's why I'll tell women, you know, just test why I'll tell women, you know, just test your you know, test your vaginal pH.

your you know, test your vaginal pH. It's really easy and then you'll know if It's really easy and then you'll know if that vaginal, you know, oral that vaginal, you know, oral progesterone that you're putting in progesterone that you're putting in vaginally is is disrupting it. You'll vaginally is is disrupting it. You'll know right right away. Cuz sometimes know right right away. Cuz sometimes cuz I do feel like progesterone is cuz I do feel like progesterone is really nice for the vaginal vault just really nice for the vaginal vault just like just like estrogen is.

like just like estrogen is. >> Yeah, of course. So, it just gives more >> Yeah, of course. So, it just gives more options, right? Because unfortunately, options, right? Because unfortunately, when it comes to medicine of any sort, when it comes to medicine of any sort, there's not one there's not one option there's not one there's not one option that solves everything for everyone.

that solves everything for everyone. Now, granted, I will say that there are Now, granted, I will say that there are usually oral progesterone is usually usually oral progesterone is usually pretty well tolerated, but this is you pretty well tolerated, but this is you know, this gives women another option know, this gives women another option that that that if they're using estrogen therapy at the if they're using estrogen therapy at the same time, which that's what we're same time, which that's what we're talking about, they have to do have to talking about, they have to do have to do one of those options.

do one of those options. >> Yeah, no, it's nice to have so many >> Yeah, no, it's nice to have so many different variabilities for women. Like different variabilities for women. Like we can do there's creams, there's we can do there's creams, there's trokies, there's vaginal capsules, trokies, there's vaginal capsules, there's oral, there's so

many different there's oral, there's so many different ways to do HRT. It's really tailoring it ways to do HRT. It's really tailoring it for that specific individual. And one for that specific individual. And one thing I will say is you know, you have thing I will say is you know, you have to do a lot at night. You know, I got to to do a lot at night. You know, I got to take off my makeup, wash my face, do all take off my makeup, wash my face, do all you know, brush my teeth and floss. It's you know, brush my teeth and floss. It's like, oh, I have to do this vaginal like, oh, I have to do this vaginal vaginal oral progesterone.

vaginal oral progesterone. If you if you like it that way and you If you if you like it that way and you put it as part of your routine, it works put it as part of your routine, it works perfectly. But then I have some women perfectly.

Wrap-Up on Vaginal Progesterone Options

But then I have some women I'm like, okay, we're using this I'm like, okay, we're using this vaginally. vaginally. vaginally. Did you forget? Yes, I did. Then I'm Did you forget? Yes, I did. Then I'm like, then we you know, we we got to we like, then we you know, we we got to we got to you know, hit the get back to the got to you know, hit the get back to the drawing board on this cuz you if you're drawing board on this cuz you if you're on static dosing, you want to use that on static dosing, you want to use that every day. And I will say every day. And I will say I do I do in theory it sounds great. It just is in theory it sounds great. It just is how we're going to put that into our how we're going to put that into our life. Now, one question that I get asked life. Now, one question that I get asked often is well, let's say I'm going to often is well, let's say I'm going to bed. I insert that oral vaginal capsule bed. I insert that oral vaginal capsule and you know, or insert that oral and you know, or insert that oral capsule into into my vagina and this capsule into into my vagina and this spontaneously me and my partner want to spontaneously me and my partner want to have intercourse. So, you know, have intercourse. So, you know, and as a man you know, with a male and as a man you know, with a male partner partner partner is something going to happen to him? Is is something going to happen to him? Is he going to touch the progesterone? Is he going to touch the progesterone? Is something going to happen to me? Am I something going to happen to me? Am I not going to absorb it? I usually say, not going to absorb it? I usually say, "Don't worry about it. Nothing's going "Don't worry about it. Nothing's going to happen to your male partner." to happen to your male partner." But, you know, you can always do another But, you know, you can always do another capsule afterwards just in case, you capsule afterwards just in case, you know, some of that progesterone that was know, some of that progesterone that was supposed to go supposed to go into the lining hadn't been absorbed into the lining hadn't been absorbed quite quickly enough or just wait till quite quickly enough or just wait till the next day. One day is not going to the next day. One day is not going to mess not going to mess it up. But, that mess not going to mess it up. But, that is kind of one of those logistical is kind of one of those logistical questions that people ask a lot.

questions that people ask a lot. >> Men are big babies when it comes to >> Men are big babies when it comes to estrogen and progesterone. They um estrogen and progesterone. They um Now, uh we have to be much more Now, uh we have to be much more concerned as a whole another topic. We concerned as a whole another topic. We have to be much more concerned about have to be much more concerned about men's testosterone getting on the women men's testosterone getting on the women if they're using a transdermal cream.

if they're using a transdermal cream. That's a much bigger deal. Women, kids, That's a much bigger deal. Women, kids, and pets are the ones you have to be and pets are the ones you have to be careful with. Um but, it going the other careful with. Um but, it going the other way, the hormones for men way, the hormones for men uh uh from women getting on men is not uh uh from women getting on men is not that big of a deal.

that big of a deal. >> No, it it'll be it'll be okay. >> No, it it'll be it'll be okay. >> Yeah, yeah, yeah. >> Yeah, yeah, yeah. >> Like I said. >> Like I said.

>> It's funny. >> It's funny. >> This is for education. >> This is for education. >> Sure, sure. Uh all right. So, we'll wrap >> Sure, sure. Uh all right. So, we'll wrap this one up.

this one up. Oral progesterone, uh using it using it Oral progesterone, uh using it using it vaginally is a perfectly good uh vaginally is a perfectly good uh perfectly good option for some. Uh so, perfectly good option for some. Uh so, if you have any comments, you can just if you have any comments, you can just write them down below if you

feel write them down below if you feel comfortable. Uh comfortable. Uh otherwise, uh you and I will uh you otherwise, uh you and I will uh you know, know, know, >> See you next time.

>> See you next time. >> Yeah, we'll see you next time on the >> Yeah, we'll see you next time on the next episode. So, uh till next time I'm next episode. So, uh till next time I'm Dr. Mack.

Dr. Mack. >> I'm Dr. Valerie. Take care. >> I'm Dr. Valerie. Take care. >> Bye-bye.