Introduction to Hormones and the Guest

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You have to look at all the hormone systems. Hi, welcome back to the Healthy by Dr. Jenn podcast. Today, we're going to be talking all about hormones, so tune in.

Hi. I'm Dr Jenn, and today we have Carol Peterson with us. She's an accomplished compounding pharmacist with decades of experience helping patients improve their quality of life through bioidentical hormone replacement.

She graduated from the University of Wisconsin School of Pharmacy and is a certified nutritional practitioner. And her passion is to optimize health and it's committed to compounding.

This is with her involvement as a compound pharmacist. she is, with the International College of Integrative Medicine and the American College Of Apothecaries.

She co-hosts a radio program, Take Charge of Your Health in the Greater New York Area. So welcome. She has 27 years of experience, so welcome! More than that.

More like 32, 33 by this point.

How Compounding Pharmacy Led to Progesterone Work

I really have to update my site. Thank you. That's amazing. Well, I think the big question is that I ask pharmacists a lot is, How did you get into the compounding pharmacy world?

Because compound pharmacists, they're just different than regular pharmacist. They're like, I just love talking to them because they actually get health.

When did break out, of the traditional pharmaceutical world. probably was breaking out all along as a rebel with my career. One of the things I was working in retail pharmacy, I had Earl Mendel's Vitamin Bible dog-eared because of all the nutritional deficiencies that would be going on with various states of disease and drug interactions.

I used it a lot, but it seems like everything in my life coalesced when I started working at Women's Center National Pharmacy. So it's a compounding pharmacy that started to dedicate its activity to using progesterone in very severe PMS.

And this was already characterized by Dr. Katerina Dalton, and she was using first injectable and then she using Progesteron in suppositories, 400, 600 milligrams.

A couple of doctors, Hargrove and Maxson, published on this, and they sought to provide progesterone in oral capsules. So two things had happened. They identified that if you put oil inside the capsule, it's better absorbed, plus some micronization of the projesterones, the tiny, tiny particles.

would give you good oral delivery. So it was quite a breakthrough. And we started using those capsules, like 100 milligrams four times a day, minimum dosing.

Then many women needed quite lot more of progesterone. I'm trying to bring this message out because I feel proesterones is very, very underused. We have things like conventional medicine is saying, okay, 200 milligrams of progesterone at bedtime to not overgrow it.

I would submit for some women, that's not even going to be enough, but that is what is in the literature based on the drug approval for prometrium, which came after we were compounding first for proestrone and oil, prometrine came later.

Okay. So let's back up. What exactly is menopause and andropause?

Menopause, Perimenopause, and Progesterone Deficiency

We'll start with that and then we can get into like PCOS and stuff with progesterone. Oh, sure. Menopaus, actually, you have to go back to like your book, Hairy Menopus.

And one of the key things with them, I'm worried that in our conventional medicine and even training for alternatives, we tend to be estrogen-centric.

And missing the fact that progesterone really is the first hormone to fall. And we have an increased number of incidences where women, even though they bleed, they don't ovulate.

Right. When they do not ovulate they get that wonderful surge of progeterones and it's shocking because they really don' t realize it and all these symptoms start creeping in.

The hot flashes, night sweats, poor sleep, anxiety, really mood disturbances. And that should be taken care of right away. It's actually, progesterone does a whole lot more good for heart flashes than estrogen.

But again, that's also connected to insulin and glucose. You have to look at all the hormone systems as they start to fail. And for the first time in human history, we can supplement our own hormones with the actual hormone.

Yes. And it was never available to us before, and I think it's a gift. Because never before in history have we been having to deal with so much stress, so many poisoning.

Yeah. So I we're having more symptoms than ever before. So some people say, you know, whatever your mother went through, that's what you can expect. I don't think you could do that anymore.

Your mother did not live through such a toxic era. So it's really a blessing to be able to do this. And I do hormone coaching now and I'm really enjoying it.

The one-on-one work with everybody. People teach me every week. Teach me. Well, I think with progesterone too, conventional medicine, of course, just throws birth control on it from PMS to perimenopause.

And pro gesterones just a luteal phase pro-gesteron is so nice. Like I look forward to my pro testosterone, but especially with coaching, you know, and like what I talk about in the book, There's so much that we have to do from an environmental standpoint, from a diet standpoint.

From a stress standpoint to protect that progesterone is what I call it, right? Oh, I love that. Yeah. We have the protect it. Like, we had the covenant, like, protect your progeterones.

But we do, there is a breaking point where that Progesteron is just going down. And then, yes, some of them are estrogen dominant, in relation to the progenitor.

So I think it's just explaining this to patients. I explain it to conventional doctors if they will listen to me, I'll be like, until they go through it, right?

Yeah, but perimenopause, like women do not have to suffer through and progesterone is, it's easy. It's so easy to give during that luteal phase. And then yes, and then to protect the endometrium and menopausal.

Don't you think it is interesting though how conventional medicine doctors, even with prometrium out there, which is a prescription-covered bioidentical protesterone.

And crinone as well, vaginal. Oh, and then vaginally, yes. But isn't it interesting how I hope this is going to change over the next few years. Some of them still, if you had had a hysterectomy, they don't get progesterone.

And I'm like, that should be… Well, it's changing a little bit, but it should an indication of they needed even more because they got their hysterectomy because didn't have enough progeterones and they had symptoms.

Exactly right. Katerina Dalton wrote in the 1950s, she said exactly that. Women with hysterectomy are already low in progesterone before the surgery. I'd like to point out that the biggest causes for hysterectomy is heavy bleeding.

And we have to look at progeterones again in a follicular phase, not looking at the luteal, we've got that covered.

Heavy Bleeding, Hysterectomy, and Adrenal Support

But when you are building up thicker and thicker layers, that means your progesterone coming from your adrenal glands now along with the ovaries is not sufficient to keep that layer modified and reasonable.

So a huge portion, I think it's 80% of the hysterectomies are being done because of heavy bleeding. And this is such an easy fix. It is. Putting progesterone in the follicular phase for somebody who's suffering with heavy bleeding, usually in my experience, corrects them a cycle or two.

And then you can go back to luteal. Yeah, I've had to do that before for patients where I did a really lower dose projesterones during the fullicular, and then we bump it up during lutial.

But then the root cause of that deficiency they have is, like you brought up adrenal glands, is stress. Yes. So stress, sadly. The adrenal glands do produce quite a bit of progesterone.

And how do they do that? It starts out as? Oh, it comes from cholesterol to pregnenolone to progeteron. Yeah. Well, some people might not know that. So I think it's really important why the adrenal gland, like how it come from there in smaller doses.

It's not that small. When you look at the menstrual cycle chart, they have progesterone way down in the bottom and then leaping up in luteal phase. But the whole thing is in nanograms per deciliter, whereas the estrogen, looking pretty big, it's in picogram, 1,000 times less.

So if you've ever seen that chart you should in your mind's eye take that line a thousand times up. You can't even do that on the same piece of paper.

So therefore, so many people, as they look at the chart, they don't think progesterone in the follicular phase is very abundant. It's way down at bottom.

So without that realization how critical and how abundant progeterones should be, you kind of ignore it. And it's been horribly ignored. Yeah, that makes it difficult and confusing when we're looking at the heavy bleeding.

I also like to say save the uterus. Yes. Well, I try to and I've had many patients come to me because they were desperate because They were scheduled to get a hysterectomy.

That's was told that all they could do and i'm like no heavy bleeding is a symptom that Something the root cause is going on. So going back to the adrenals How have you seen in the past like 10 years?

stress, which stress can be exposures to toxins too, of course. How have you seen that affecting the women's menstrual cycle? Because fertility is plummeting and that's a vital sign, I think.

Oh, it certainly is. Yeah. I would like to say one thing inserted here because I think it's an opportunity because there are people that are claiming they are progesterone intolerant.

And I say no such thing that's rubbish. They are being severely underdosed to progeterones. It has this U-shaped curve. Like in the low doses, you experience all kinds of problems.

There's some big reasons for that. And these higher doses is where you get the strong anti-inflammatory, managing estrogen, adrenaline, and histamine.

It does a lot.

Dosing Progesterone and Balancing Other Hormones

So you need to be in the higher doses. If you're experiencing a bad reaction to progesterone, ever, you've been severely underdosed. And it's such a vital hormone, I would like people to reconsider and try it again at a higher dose.

It kind of goes against the pharmaceutical model, but it is our biochemical model really. So that's quite important. So bring me back to where we started.

I wanted to talk to you all about ZeoCharge, a supercharged zeolite powder. It's a smart binder to help calm the storm in your body by reducing toxicity in an overworked, overwhelmed system.

Zeolite is a naturally occurring mineral with a negative charge and cage-like structure that traps positively charged toxic elements in its cage. It can help detox heavy metals like mercury, lead, and cadmium, as well as mycotoxins, metabolic waste products and more.

So please check it out. Yeah, well, I'll bring us back. So I did have one interesting patient that came to me who was on 600 or 800 milligrams of progesterone.

She was in menopause and was not on any estrogen, and she was a mess. So we brought her down to a lower dose of progesterone. She might be on 200 or 250 and then gave her estradiol and did saliva testing and she is more balanced.

Okay. Yeah. So it was interesting because I think she was on too high and was getting negative side effects from it. So what are your thoughts on that case?

My thoughts are that with progesterone, especially in the higher doses, you have to have supplemental magnesium. Suzan magnesium? And I recommend a thousand milligrams of elemental magnesium, quite a lot.

And also has to be B6. She had those. She wasn't on that high of magnesium, but you put women on the high progesterone, like 600? Yes. And do you also, if they're menopausal, do also put them on estrogen?

I would. But I'd look at the whole thing and another neglected hormone is DHEA. Oh, yeah. That's shocking because this is The most abundant hormone nation, colostrum, we hardly ever look at it.

Everybody's looking at estrogen and testosterone and progesterone sometimes, and they're forgetting a cortisol and VHEA. So this is my order of importance, insulin, glucose, adrenal hormones, thyroid hormones.

And then finally the sex hormone. I think you're exactly right. You have to look at the big picture for that patient. And if you just pushing things in one direction without looking at whole picture, you are wrong too.

So I might have done something very similar as to what you were talking about. I see, I don't know if do pellets or not, but in the pellet world for estradiol and testosterone, Women get some very high doses of hormone in that pellet, and they always just prescribe the 200 milligrams of progesterone.

So there's an enzyme, 5-alpha reductase, converts progeteron to allopregnum alone for the calming effect, but it also turns testosterone into more potent dihydrotestosterone, in the absence of enough progesterone for balance for that enzyme, you can start getting more androgenic activity.

And on top of that, DHT will also encourage the production of more 5-alpha reductase. So you're stuck in this really androgensic thing, and you need to pull back and balance the progeterones with testosterone.

We talk about balance with estrogen a lot, but we're forgetting the testosterone piece, too. Don't get me started on pellets. That could be a whole, okay.

But that was sweet of you. You asked like, I don't know if she needs pellet. And then I was being gentle and I like well she might like them. Cause I gonna be like heck no.

I'm gonna like no I know but I just waiting so we're on the same page. Yeah interesting cause men do need some progesterone. Yes I put up a Facebook group.

Well interesting because I usually just put it in their testosterone cream if they need it. So I wondering your takes on cause I'll just do like. five milligrams in the cream.

And I will try to help with that five alpha reductase of the testosterone to DHT if they're going that way. So for listeners, DHP, more androgenic symptoms for female that are negative.

Then for males, like male pattern baldness, prostate enlargement. There are some natural herbs that can drive that down. But yeah, so progesterone, I would love your take.

Your progeterones does too, and maybe you want to go a little more generous with your progesterone deficiency.

Managing Side Effects and Detox Pathways

Prostate enlargement, pro testosterone deficiency, also poly iodine deficiency so many men have problems on their testosterone therapy with poor sleep patterns, anxiety, mood issues, and So, no calming effect, and it doesn't balance that excess.

Right. But isn't it a little concerning for you that, yes, we love that hormones are having a moment right now, but everyone is just trying to… business investors I've talked to, they all have hormone and peptide clinics now and none of them are working on the pillars, the basics, like you said, your triage, glucose, insulin.

So I am scared for this. Like, I don't like the fact that hormones are having a moment, because what needs to have a movement is practitioners like us to really help people.

Because what we're going to see is massive side effects from hormones. Yes, absolutely. It makes me sad. And makes you sad too. So they use what I like to call flow chart medicine.

Yeah. If this and that, you can eliminate doctors altogether with a computer, but they want to fit everybody into this piece. And it's impossible. Human beings are all individual and need individual care.

That's really what I look at. I'm looking at a lot of things. that are impacting that patient. I'd like to also, as I talked about allopregnenolone, the calming piece of frugistrin, there are some percentage of women get too drowsy and dizzy.

Okay. So I'm ashamed it took me 30 years to ask myself the question. If aloe is accumulating in these women,

what do you need to do to move it on? And it's actually sulfation and glucuronidation.

So you can get rid of that foggy dizziness within seconds if you supplement with. something that's sulfur with- Or glutathione. Glutathion, Nax, sulfurathine, calcium D-glucurate for the piece, or eat a bunch of eggs full of sulfur.

Yeah. It just goes. Interesting. Okay, so that with oral progesterone. Now you can get it from topical as well, lots of 5-alpha reductase receptors in your skin.

Yeah, because I see that women that are having the negative side effects from oral progesterone, cause there's kind of a higher amount of the conversion to allopregnanolone that when I switched them to topical, they do better.

Cause most of them, I still have women who are on calcium deglucurate, that on all the things to help with phase two detoxification that still don't feel as good on oral.

for testosterone as they do on topical. So what have you seen in your practice? It's very possible. Yeah. Over the years to deal with that was to switch to a different dosage form, topically, vaginal, trochies, or to use smaller doses at each dose to try to not get into the excessive aloe.

But since I found what converts it on to get it detoxified, that's also very helpful. You just push that a little harder maybe. I had one of my recent clients, she contacted me and complained about that.

And I think she was using topical, even getting it from topically. I said, you know, sulfur, and she had a sulfur containing supplement. And she said, oh my gosh, she says, I took this, it's gone in seconds.

Now what do I do? She said do, do carry this around with me all day? You're like just once a day. Yeah, just one today is probably fine. That's so cool.

Risks of Cookie-Cutter Hormone Clinics

And I think looking at you know, as we talked about hormones, how they're having a moment right now, but people prescribing these hormones are just doing the cookie cutter medicine, so they are not looking at their phase one, phase two detoxification, they aren't looking their gut health.

I know and it's scary and that's why it is great to have these discussions with other practitioners so we can inform people, be like back up, see someone that has been doing this for a little bit, not someone that is a doc in the box.

You don't want to, you know, I've seen terrifying things on the insurance covered hormone clinics that are online. It's so sketchy. I'm like, and then it comes a risk for us when we take these patients on after they've been on pellets or high dose therapies.

And I mean, had a patient that they put her on just lots of estradiol and she was in perimenopause and still menstruating. Dr. Jerry Lynn Prior from the University of British Columbia published, and she had a great deal of problems getting this published.

She determined that women in their perimenopausal years have the highest estrogen of their lifetime. And now we've got the warning taken off the FDA products about estrogen.

I already thought we were too estrogen-centric, I think it's going to be worse. So as you go into perimenopause, women are going to be given estrogen with no progesterone.

Don't say that. That's going give me nightmares tonight. So then their sleeping problems worsen, their high flushes can worse, and their mood certainly goes.

down the drain, and it's a horrible experience. Just as you said, that alone will cause people to feel like hormones are not the solution for me. Right.

And hormones probably are the solutions. They are misapplied. Yes. Again, not whole body taken into consideration. That's good. Well, I think that's a great way to end and we just need to keep talking about it, keep the conversation open.

And now I have some fun, little rapid fire questions for you. Okay, go. What is your favorite biohack that actually works? Well actually for just around.

Progesterone is a biohack. Hey, I would agree being in perimenopause. I'm like a moodial phase. Okay. And I get to take my progesteron. Let me give you one that happened instantaneously practically.

It was a man, he was lecturing and I talked to him later when we had a happy hour and he said, when I was lecture this morning I couldn't feel my feet and felt I might fall down.

So I gave him some progeteron to rub on his feet, and he comes back and goes, what have you done to me? And he's dancing. He said, I feel my feet. So progesterone and pregnenolone are made by the Schwann cells in repairing your nerves.

And it's that fast. Wow. That's cool. Yeah. Just carry some projesterones in your purse. I do.

Rapid Fire: Biohacks, Toxins, and Final Advice

Yes. If there was one toxin that you could just eliminate, just one toxic, eliminate from the world today, It might be glyphosate. Yeah, that's a popular one.

It's the popular on people don't realize it's estrogenic and causing birth control. More and more. That could be a thing to forget too, birth controls in general.

Well, no, but I read a study how glyphasate is like a birth-control because of the effects it has on hormones, which is terrifying. So much estrogen, you'll never get pregnant.

And then last one, what is one word you would like our listeners to carry on through the week with them? Okay, so pay attention to yourself. The person who cares the most about is you.

And too often people, I think we've even been taught to give away our power to somebody else to tell us what to do, and you should be the master of your own healthcare.

You go to people you want their advice. you see what seems right for you or you try and do it a trial period, but you're in charge of your own body and never forget it.

Yeah. Oh, that's beautiful way to end. Thank you so much, Carol. How can our listeners find you? I have a website, The Wellness by Design Project, and I also have YouTube channel.

Really, I do a lot of writing and they do podcasting too. I want to put the information out there, probably for the same reason you wrote your book. There are a lot of things that conventional medicine has skipped and they don't understand, and doctors are not being really trained on the whole breadth of knowledge that needs to be known for hormone therapy.

So I like people to go there and it's free, get cited, so you can see if it sits well with you and if that's a choice for you. Great. Thank you so much.

We appreciate you being here.