

WOMEN'S LIFE CYCLES

Pre-Menopause

What is Pre-Menopause?

Many women (and most medical professionals) are unaware that hormone imbalances typically begin during a woman's early 30s. Often, symptoms of Pre-Menopause (meaning "before menopause") are misdiagnosed and mistreated. Progesterone, sometimes called "the feel-good hormone," is usually the first to decline. As progesterone begins to decline and estrogen becomes more dominant, symptoms such as PMS, breast swelling, irregular periods, fatigue, fluid retention, uterine fibroids, fibrocystic disease, reduced libido, and migraine headaches, can begin to occur. From their mid-thirties on, ALL women can be considered "**estrogen dominant.**"

What is "estrogen dominance"?

Estrogen dominance does not necessarily mean that the body produces too much estrogen (although that can happen too); it means that



your body's estrogen production is not in balance with your progesterone production. Estrogen dominance

occurs when your ovaries continue to produce the same amount (or sometimes higher amounts) of estrogen while producing less and less progesterone. All women in their thirties experience this change, at varying levels — it is a natural process of your aging ovaries.

To understand estrogen dominance, you have to understand the role of progesterone, as well. Estrogen and progesterone operate like sides of a

seesaw, shifting up and down during a woman's monthly cycle. When progesterone gets low, that "side" of the seesaw hits the ground, and this effect causes negative symptoms to arise: poor sleep, fatigue, anxiety, heavy periods, low libido (sex drive) weight gain, uterine fibroids, irritability, and even rage. When the progesterone side of the seesaw gets "stuck" on the ground, the estrogen side is "elevated," relative to progesterone. It's not (necessarily) that your estrogen is high — it's that your progesterone level drops so low that estrogen effectively "dominates."

Other factors that can cause hormone imbalance:

A shift in hormones produced by the adrenal glands also begins in Pre-Menopause. DHEA levels that peaked in your twenties begin to slowly and steadily decline, dropping approximately 10 percent every decade. Some medical studies correlate the decline in DHEA production with many of the degenerative changes seen in women and men, such as heart disease, cancer, and osteoporosis. Birth control pills can also create a "relative testosterone deficiency." Taking birth control pills causes your levels of the hormone-carrying protein "sex-hormone binding globulin" (SHGB) to rise. These higher levels of SHGB, in turn, bind up the levels of free testosterone circulating in your blood, resulting in a condition of "relative testosterone deficiency." Although your levels of testosterone may (or may not) appear within normal limits on a blood test, the amount that is available for use by your tissues is far lower than what is needed. The result for you: symptoms of low testosterone, which include: low libido, low energy, poor memory, fatigue, depression and apathy.

How can I restore hormone balance during Pre-Menopause?

Dr. Randolph has created specific guidelines to help you determine your individual supplementation needs, depending on your age,

menstrual history, symptoms, and hormone test results. Recommended supplements are based on specific criteria, including: age range, life cycle, and associated hormone level shifts, resulting type of imbalance/medical condition, and common symptoms. All hormonal supplements are bioidentical formulations that duplicate the natural physiology of hormones in the body. Ingredients as listed are derived from natural and/or plant-based substances.

What can I expect?

The answer is simple: relief from unwanted symptoms! You should expect improved libido (sex drive); improved moods, memory and sleep; renewed strength and energy; the ability to lose weight more easily; and a belly that goes from fat to flatter. When or if symptoms persist, adrenal support (to manage stress), additional bioidentical hormone supplementation, and/or a compounded formulation may also be required.



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