

Natural Progesterone – The Answer to PMS, Menopause, and Osteoporosis

An interview with Jonathan Wright, M.D.
By John Morgenthaler of *Smart Publications Update* - June 2000

Jonathan V. Wright, M.D., is the co-author (with John Morgenthaler) of the best-selling book "Natural Hormone Replacement for Women Over 45" and "Maximize Your Vitality and Potency For Men Over 40" (with Lane Lenard, Ph.D.). He is also the author of the best-selling "Dr. Wright's Guide to Healing With Nutrition" (600,000 copies sold). He is medical director of the Tahoma Clinic in Kent, Washington, and has treated over 2,000 women with natural hormone replacement since 1982. Dr. Wright has also been a monthly medical columnist in Prevention (1976-1986) and Let's Live (1986-1996) magazines. Along with Dr. Alan Gaby, Dr. Wright has taught "Nutritional Therapy in Medical Practice," a four-day, intensive seminar for health care practitioners, annually since 1982. This course is based on the Wright/Gaby research library, a compilation of over 35,000 medical journal articles dating from 1920 to the present.

SPU: What is your clinical and research background in the area of hormones?

Wright: The same education in medical school as everyone else. Unfortunately, except perhaps for the part on insulin, most of it turned out to be fairly useless. We were educated in how to use partial-thyroid replacement rather than whole-thyroid replacement. We were told about using horse hormones for human females. We were advised to use molecules that have never before been found in men's bodies called methyl-testosterone. So, that part of the background was fairly useless. After I had my own practice, working in natural medicine in the 1970s, I started looking more and more at what actually was natural or has been "endogenous" to the human body.

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SPU: As opposed to xenobiotic?

Wright: As opposed to stuff that has never been found in the human body and in many cases never before found in the planet until someone made it in a test tube, hung a patent on it and sold it for a very large price.

SPU: Now for guys like you and me, perhaps it goes without saying that natural is better, but I don't think it really does go without saying. Perhaps you can describe why you have such a strong philosophical orientation toward what is natural.

Wright: It's not just philosophical. As you know, John, it's practical. Let's use a non-natural example to illustrate why natural is better. If you have an old Ford Mustang car, and it breaks down. You want to fix that old classic so you go to great lengths to look for old Mustang parts. If it's a valuable antique you go through catalogs for people who sell parts for antiques of your model. You do that because you know that if you start using Mustang parts from a car 40 years newer or start using parts from a Plymouth or a Pontiac or Buick there's a very strong likelihood they won't work at all. If they do work they probably won't fit quite right and even if they work for a little while, it'll break down in your old Mustang very rapidly. It not only will break down but do more damage by using those non-original replacement parts or non-fitting replacement parts.

SPU: Yeah, but maybe the pharmaceutical companies will make higher profits.

Wright: Well, maybe the people who are trying to talk you into putting Pontiac parts in your Mustang will make greater profits, too.

SPU: I like the metaphor a lot, so to put it more succinctly: Your definition — and mine too, by the way — of natural is that if a substance might, under normal conditions, be found inside the human body, then it is natural.

Wright: That's half of the definition. The other half of the definition is: If it might be found somewhere in nature where both human bodies and the natural environment evolved or have been created at the same time. That's because all the things fit together. Some say humans evolved eating certain foods. The very recent introduction into the diet of molecules such as additives and preservatives that folks have never ever eaten in history are bound to cause disruption in the system if we did them long enough or in enough quantity.

SPU: But let's take for instance an herb that only grows in one small region in the planet. Can you really say that humans and that herb co-evolved?

Wright: Yeah, you can because they co-evolved on the same planet over the same time period. You can't ever say that some herb is bound to be perfectly safe. But we can say with a great deal of assurance that any dozen such herbs are invariably

we can say with a great deal of assurance that any dozen such herbs are invariably going to be safer than any dozen patentable pharmaceutical molecules. Lets move onto hormones for a moment.

SPU: Yes, we might as well do that.

What Makes a Hormone "Natural"?

Wright: Well I'm going to do that because actually talking about hormones fits your first definition of natural better than, lets say, nutrients or botanicals or whatever. That is because hormones are molecules that are entirely synthesized within the body of the person or animal making those hormones. So, a natural hormone indeed is found within the human system, and the only trouble is we have to make the definition fit. We have to stretch it slightly to say that if we have a molecule that is in every way, size, shape, length — in every way is identical to the human hormone — then we are going to call that natural, even if it wasn't found in the human body. There are very practical reasons why we are going to do that.

The biggest practical reason is that we're not going to be Dr. Josef Mengele and go out and murder people for their hormones. We have to manufacture them from somewhere. (Dr. Mengele is the Nazi scientist who did research on living people.)

So to find the natural hormones we stretch it a tiny bit to say that a hormone arose within a human body or is exactly identical in every molecular size, shape, weight, length, the whole number.

SPU: How about the exact tertiary (three-dimensional) structure of natural progesterone? Is it the same as what's in the human body?

Wright: Yes.

SPU: O.K.

Wright: It has to always be that way and it's natural. Now, back to our automobile example for a moment: A natural hormone is very similar to that carburetor found in that original engine; it simply can't be duplicated anywhere else.

SPU: So far we've talked about the distinctions between natural and xenobiotic and we've talked about hormones in a general way. I want to start focusing on two types of hormones in particular, specifically natural progesterone as well as the natural triple estrogen as formulated by you. Now, about natural progesterone: Earlier you talked about how your philosophy about the use of natural progesterone differs a bit from John Lee's and some others. Can you define that a little bit? What are the differences and why?

Putting Your Hormones on a Monthly Cycle

Wright: Well, the differences I have is not in the molecular compound of progesterone or even in the dosage. I agree with Dr. Lee and most other authorities on the type of progesterone and its dosage. While we agree on those subjects, there are some differences and I want to make sure these differences are clear. A major disagreement is in the timing of the administration of these hormones. Now, many authorities will say that progesterone cream, especially after menopause, should be used every day, around the calendar. What is true is that there is a small amount of progesterone in everyone's body, both men and women. Every day our bodies make that small amount and there's no question that it's there. It is also true that there's a great fluctuation in the natural production of progesterone, especially in women's bodies.

Let's go over why there's a small amount of natural progesterone at all times. Progesterone, in addition to being a molecule that works on its own, is also what's called a precursor molecule which means it turns into other things. For example, we've all heard of the hormone cortisol and cortisone; progesterone is a precursor to those two and a little bit of progesterone is turned into a little bit of cortisol and cortisone everyday. We would literally drop dead in about 48 hours from a lack of cortisol and cortisone and since they come from progesterone and beyond that from pregnenolone, our bodies must turn out those precursor molecules every day.

However, any woman will tell you that the amount of progesterone her body makes during the second half of her menstrual cycle is considerably larger than the amount made in the first half. Of course, if that's not the case sometimes symptoms such as PMS can ensue. Prior to menopause one of the uses for progesterone is for handling PMS symptoms. A little bit more progesterone helps many women. I won't say all here, just many women. So there definitely is a cycling of progesterone once women's menstrual cycle starts until they stop and for many women that's 35 to 40 years.

Well, it must be that there is a design of not only the hormone output but what are called hormone receptors to operate on a cycle. It occurs to me that if something operates on a cycle for 35 to 40 years and after that we start overriding that cycle by taking the hormone in the same quantity every day with no regard to that cycle and with no break (that break being the functional equivalent of the menstrual period) when there's very little progesterone around, and if we start overriding that cycle that's been going on for several years, there's a very strong likelihood this will cause problems.

More Research Is Needed

We have to admit that there is no research on this point. We're so busy (we being the scientific community) handing out these hormones and non-progesterone

the scientific community) handing out these hormones and non-progesterone (which is also called progestogen) instead of natural hormones that after 40 years we haven't gotten around to researching this point. But we do have some clues and the clues come from animal research. For example, it turns out that one of the estrogen hormones called estriol is generally conceded to be either anticarcinogenic, or at the worst neutral, but not procarcinogenic. And all animal research studies have shown it to be so with the exception of when the estriol is given continuously. The longer the estriol is given continuously the more likely it is to be a carcinogen to that animal.

SPU: Okay, so your idea of cycling your supplementation of these natural hormones is, in a sense, an extension of your definition of natural. Not only do you like to use the same molecule with the same dosages, but you also like to do it on the same cycle that nature has done it.

Wright: Right. My motto here, John, is we don't have to be very smart to do natural medicine. All we have to do is be incredibly good copycats. So we have to observe what happens in nature and copy it as well as we can. Not to be perfect, but as best as we can. So not only do we want a molecule with the same size, same structure, the same weight, the same wave length, the same everything. We also we want the molecule on the same schedule as is found in nature.

If rigorous research shows that it's incorrect, I'll be real happy to accept the results. Until we have such rigorous research, however, we best just be very good copycats if we're going to keep the administration of natural hormones as safe as possible.

Natural Progesterone May Reverse Bone Loss

SPU: It makes a lot of sense. O.K., let's talk about particular uses of natural progesterone and natural triple estrogen. Can we run through some of the benefits of using them?

Wright: Let's discuss progesterone first and then go over to estrogen. Natural progesterone among other things helps to maintain our bone mass. Now, other scientists and Dr. Lee have written about this in the book that you and I wrote. Research scientists using some very delicate techniques show that even in women who have not gone through menopause there's a subtle gain and loss of bone during every menstrual cycle. These scientists were able to show that there is actually slightly more bone being built during the high-progesterone part of the monthly cycle and a slight loss during the lower-progesterone part of the cycle.

But the net effect of the progesterone was to maintain bone mass. They were able to show that even though it was a very small change, progesterone actually did help to rebuild bone at the time of the month when it was the strongest. Well, if you can do that during the woman's cycling years, then the overwhelming

you can do that during the woman's cycling years, then the overwhelming likelihood is that progesterone is a bone builder after menopause, too. So, that's really one of the biggies.

Then there's the issue of whether progesterone might protect the heart and the claims that estrogen protects the brain. I would say it probably does, but there hasn't been a lot of good research on it. Women who use progesterone do report that their skin seems somewhat better and perhaps they're not as depressed as when they weren't using it. All in all their feeling of well-being is better, but we still have to put that among thousands of clinical anecdotes rather than in the category of proven by research. In summary, the evidence about the maintenance of bone mass in particular and about general all-around well-being supports the belief that if the woman chooses to use hormone replacement after menopause, very obviously progesterone should be one of those hormones.

SPU: You were also talking about before menopause.

May Help Relieve PMS Symptoms

Wright: Yes. Before menopause, progesterone is useful for some women for PMS, i.e., the use of a little bit more progesterone from ovulation to the time of menstrual bleeding alleviates PMS symptoms for some women.

SPU: At the time the bleeding starts?

Wright: Just before it would be anticipated to start because one does have to stop one's progesterone to get that menstrual period to happen as it should.

Paradoxically, there is also some research showing that desensitization of progesterone allergy can relieve PMS symptoms. I certainly believe that because our clinic has employed that technique over and over again to help women relieve PMS. We do just as much progesterone desensitization to relieve PMS as we have people use progesterone supplementation to relieve PMS.

I have no clue why with some women it appears to be a sensitivity issue and some women it appears to be a deficiency issue. But there's nothing to make you a believer in progesterone desensitization like the circumstance we very occasionally have at the clinic: A husband shows up at closing time demanding his wife's desensitization drops and refuses to leave until he gets them. He won't live with her unless she takes her desensitization to progesterone. It's fairly convincing.

SPU: How would a woman know which route to pursue and if it's desensitization. How would she pursue that?

Wright: Unfortunately, women wouldn't know and neither would the man. That's strictly a matter of trial and error. Since progesterone creams are available over

strictly a matter of trial and error. Since progesterone creams are available over the counter, the most logical method is trial and error; get some and try it. If it doesn't help, maybe you're one of the people who requires desensitization and not supplementation.

Heart Disease Protection

Moving on to estrogens. We've been told in the past that estrogen supplementation will protect our hearts and our cardiovascular systems. It's been pointed out that by the time women get to be 63 or so they're having as many heart attacks as men. So it must be that the menopausal loss of estrogen and possibly progesterone — but mostly estrogen — is what allows that heart attack rate to decline. I am convinced it does, but we've all seen the recent research that shows that women who took Premarin (which is, of course, horse estrogen, not human estrogen) and Provera (a rough analog of progesterone) were found to have absolutely no heart attack prevention. In fact, they might even have more heart attacks.

So the headlines said "Estrogen does not protect against heart attack." What a lot of phony bologna. If the science writers were really doing their jobs, they should have written a headline that said "Horse estrogen does not protect human females against heart attacks." I would have put a subhead: "Does it work for horses?" I don't know. Now, how can I remain convinced that estrogen supplementation will help to protect against heart attacks? It comes from a couple of lines of research: One piece of evidence is formal research and the other is my own observation. But it is a bit of research anyway, even if it's anecdotal research.

One line of observation is of women who have their ovaries removed at a young age, let's say their late 20s and early 30s, because of endometriosis. Some women have such bad cases of endometriosis that they have to have the uterus and ovaries removed. Another reason turns out to be uterine fibroids, and those sometimes get so huge that everything has to come out including the ovaries. Another reason turns out to be cancer, and we all know that women get cancers at young ages as well as at older ages.

So, those categories of women get their ovaries removed. If they are not given any form of horse hormone replacement or human hormone replacement their risk of heart attack rises very rapidly. By the time these women get to be 40, they're having just as many heart attacks as men. That is only in the case when women have their ovaries taken out. So, pretty obviously the hormones that come from the ovaries, which are estrogen and progesterone (and here I think it's principally the estrogen), would have protected them if they had kept their ovaries. So, I think we can extrapolate from that and say estrogen and perhaps a little bit of that progesterone is probably protective against heart attack in general at whatever age. So that's one area.

So that's one area.

The other area comes from anecdotal observation. We've had women who've arrived at the clinic with angina and gone to see the doctor or the cardiologist and been told, "Sure enough, you've got angina, and you need this nitroglycerin over here until it gets worse and then we'll do surgery." However, up at the clinic we feel like saying, "Gee, isn't there some alternative?" What do we do? Well, we put these ladies onto replacement (natural) estrogen and progesterone, and sometimes that alone makes the angina fade away.

Finding Your Own Supplementation Schedule

SPU: Right. Now you described the cycling you recommend when using progesterone to treat PMS. What is the cycling you recommend for progesterone and estrogen for a woman who's starting to use them during menopause?

Wright: Point No. 1: As you know, in the book ("Natural Hormone Replacement for Women Over 45") is what you might call an average cycling time formula, a cookie-cutter formula. I'm glad to criticize it as average and cookie cutter because if that's the best we can do that's still better than not cycling it. However, the reason I'm happy to criticize it is what I tell every woman I work with is, "If you can, try to duplicate what your cycle was." The woman will say, "Well, how do I know that?" "Well, first, when you're having your menstrual period, if they were regular (a large majority of the women were), how many days apart were they? If they were 28 days apart, then that's fine; we want to make that cycle 28 days. But on the other hand if they were 25 days apart make it 25 and if your cycle was 31 make it 31. Make it whatever your own natural cycle length was."

O.K., Point No. 2: How many days was your menstrual bleeding period during the years when you had the same length of menstrual bleeding each cycle? That sort of excludes the teen years when a lot of women are rarely regular and the perimenopausal years when the irregularity returns. But during that long period between, "when you were having pretty regular cycles and bleeding for the same length of time, how many days did you have menstrual bleeding? Oh, it was five days — then I want you to try to leave off your hormone replacement for five days. Give your body the same break. Oh, it was only three days? Well, fine then leave your hormone replacement off for three days. Duplicate exactly what happens in you, because not only are we trying to mimic nature, we're trying to mimic individual nature."

Then the last part is, "Do you know when your ovulation happened?" Some women will say, "sure, I got this little pain on one side or the other on a certain day each month and my doctor told me that was ovulation" or "my grandmother described ovulation or something I have learned to recognize as ovulation." A few women will say, "You know, I was taking my temperature all the time because I was trying to get pregnant and I did notice that my temperature would go shooting

was trying to get pregnant and I did notice that my temperature would go shooting up at a certain time and I was told that was the time of ovulation and that was usually a certain day."

Well, for women who know that for one reason or another, I will say, "Well, that's the day you should start your supplemental progesterone and the estrogen should be started after the last day of whatever your normal bleeding time was. If you had bleeding for four days then start that estrogen on the fifth day and then if you know your ovulation was on day No. 12, then start the progesterone on the 12th day and count that out to how many days your usual cycle went. Let's say it was 28 days, and you count that out to day No. 27 and then quit and then 28 should become day No. 1 again. If it doesn't happen then you may want to quit a day or so earlier."

The whole point is trying to duplicate whatever a woman's own body did. Now, if a woman doesn't know what her own body did and unfortunately we're so busy in sex education classes learning how to put a condom on a banana that we're not advised at all in self-observation so we can figure out what our hormones do. If we're not at all familiar with what our own bodies did, O.K., fine, go to the book and assign the cookie-cutter formula. It does fit for most women; it's just not an exact fit for all women.

Protection From Alzheimer's Disease and Early Senility

Among other things that estrogen appears to help us with is whether estrogen can help protect against early senility and Alzheimer's disease. We know from listening to the families of women (and from men, too) who go on hormone replacement that estrogen definitely helps with mental capabilities. This is especially true in people who are just starting to lose them or getting a little forgetful. That's anecdotal, though.

There's recent research from Rockefeller University in New York City about the effect of estrogen and progesterone on the processing of what are called beta amyloid proteins in the brain. Remember, if our brain cells make too much of this beta amyloid stuff that's the hallmark of Alzheimer's and it clogs up our brain cells, the result is we get Alzheimer's. What these researchers have found is that estrogen for women and, of course, testosterone for men, helps the brain cells or the cells to change more of the proteins that would have turned beta amyloid protein into a fairly harmless protein.

But if there is no estrogen or testosterone around, those same cells do make more beta amyloid. So, right down to that basic science level, it appears there is a high degree of probability that the use of estrogen replacement (and, of course, I never recommend estrogen replacement without progesterone), will help to guard our brains against Alzheimer's disease. We can't say that this is conclusive, but I can

brains against Alzheimer's disease. We can't say that this is conclusive, but I can say there is a high degree of probability.

SPU: So we've got protection from heart disease and Alzheimer's disease, and reversal of osteoporosis, not to mention the alleviation of the symptoms of menopause and as well as the earlier alleviation of the symptoms of PMS.

Wright: That's right. But PMS goes back to the progesterone. The symptoms of menopause which many women run into — hot flashes, depression, irritability, nervousness, mood swings and so on — are definitely relieved by estrogen and progesterone replacement.

Does Progesterone Enhance Libido?

SPU: O.K., now there's some other odds and ends that I've heard about. I think some of this is from John Lee's book and some other sources. I've been told that progesterone for many women enhances libido. Have you noticed that at all?

Wright: A few women have told me that it does. But more women have told me that raising their levels of testosterone enhances their libido, which makes sense. Remember, progesterone is the principal hormone for pregnancy and there's not a whole lot of women who tell us that during pregnancy, when there's just loads of progesterone around, that they become terribly horny. On the other hand, I've had many more women tell me that when their testosterone levels go up, the libido definitely improves.

Now there are two ways of getting the testosterone levels to go up for women. One of them, of course, is to use testosterone. But oddly enough, a minority of women, when using DHEA will not only find that it is valuable for replacing the DHEA itself, which has it's own wonderful set of functions, which include boosting the immune system and helping to prevent cancers. For some women a sufficient amount of DHEA is metabolized so the testosterone level is raised and the libido goes up.

That's a minority of women, at least, from what's reported back to me and those I work with. The majority will take the DHEA and it will do the DHEA things for them but it won't sufficiently metabolize into testosterone. So for those women, a very strong consideration has to be replacement testosterone. Since there are normal levels of testosterone in women's bodies, as well as in men's, what we shoot for is the replacement quantity that belongs in a woman's body. We're certainly not trying to grow anyone beards and mustaches and turn them into NFL linebackers. We're just trying to duplicate a normal amount of testosterone.

SPU: How about androstenedione?

Wright: That could work. Androstenedione does metabolize over to testosterone, but there's a problem. Androstenedione can also metabolize perfectly well into

but there's a problem. Androstenedione can also metabolize perfectly well into estradiol

SPU: O.K., how about androstenediol?

Wright: I'm going to examine that question; that's relatively new.

Migraine Headaches

SPU: Okay, so back to progesterone; how about for migraine headaches?

Wright: We don't use progesterone for migraine headaches, basically because lack of progesterone is not the cause of migraine headaches. I have no hesitation in saying the cause of migraine headaches turns out to be an allergy trigger. There's always an allergy trigger and in many cases a relative lack of magnesium. If we did nothing else but search out and eliminate all allergies and make the body replete in magnesium, we would get rid of the large majority of migraines.

Recently, some scientists reported a double-blind study with the use of the B vitamin riboflavin or B2 showing that, in over 60 percent of cases, people taking large quantities of riboflavin got rid of migraine headaches. It also was found that they took more than what was needed to correct the deficiency. But even so, that gets closer to a cause. Their reason for giving the riboflavin was to repair what they felt was faulty mitochondrial metabolism. So, there are tools other than progesterone. Now if someone finds that they're using progesterone for other reasons and there goes their migraine headache, more power to them. But that's where it starts.

Period Cramps

SPU: Now, period cramps. I've known several women, and my wife is one of them, who have gotten remarkable results of alleviation from period cramps. When they get the cramps, they rub some progesterone cream right above the pubic bone and get alleviation within a few minutes.

Wright: Well, if that works I'd certainly, uh...

SPU: You haven't seen that then?

Wright: Well, I've heard of it, but I'd say it's not a per se use. Remember, when women are having their periods there's normally very little progesterone around. If there's some, it's very little. So if supplementing extra quantities of a hormone every month when there's not supposed to be much, in the long run it may turn out to be counterproductive. There's a much better way, but I certainly won't tell anyone not to do it because for the short term you've got to have relief. Sometimes we've got to go take an aspirin, too, when we whack ourselves on the head.

head.

But I will say to that person, "Well, if you didn't whack yourself in the head you wouldn't have to take aspirin." I'll talk to the women and say, "Well, if you just adjusted your ratio of fatty acid intake, you'd probably not have to take that progesterone either." How does that work? Well, it turns out that the most common thing that women do for menstrual cramps is to take anti-inflammatory drugs; Motrin, ibuprofen, that sort of thing. What Motrin and ibuprofen do is block rapidly the production of what are called proinflammatory prostaglandins. They are almost made up entirely from Omega-6 fatty acids and what menstrual cramps seem to reflect is an excess of Omega-6 fatty acids which are proinflammatory and a shortage of Omega-3 fatty acids, which are very firmly anti-inflammatory in nearly all cases.

I'll say, "Fine, use that progesterone if you've got to, but what I want you to do is take a couple of tablespoons of cod liver oil," which happens to be pure Omega-3 fatty acid and inexpensive. If we can get oil from fish that are from the seas that are least contaminated and if we take a couple of tablespoons of Omega-3 fatty acids a day ... well, the first cycle we're not much better, the next cycle a little bit better and the third cycle we're noticeably better and by the end of several months women who were having heavy menstrual cramps are not having them anymore. Unfortunately, diets in most of the United States are overbalanced with too many Omega-6 fatty acids, not enough Omega-3 fatty acids. So we're perpetually prone to the inflammatory side. To make this situation even worse, some of us add transfatty acids, which of course don't belong in the human body at all.

SPU: Such as margarine.

Wright: Yep.

Progesterone for Men ... for Snoring?

SPU: Finally, you mentioned earlier that both men and women have progesterone naturally in the body. Women's progesterone, at least in premenopause, goes up and down during their cycle. Men's progesterone level is more steady and at lower levels, but is there a therapeutic usage for men?

Wright: Not any that is well researched or even anecdotally used a lot. There's the occasional use. We do comprehensive steroid tests for both men and women at a lot of ages and when we find a man who is low in progesterone, we'll say, "Try it and see what happens." We suggest lower doses because it's a male.

One of the things that was reported back one time is that one gentleman's sleep disorder (it wasn't diagnosed as sleep apnea, but it was similar) got better. Let me clarify something. One of the places where there was a small organized movement to use progesterone in men was in sleep apnea. They thought for awhile that it

to use progesterone in men was in sleep apnea. They thought for awhile that it helped. I haven't seen much on that lately, but some of these sleep centers were doing that. I also was told by one woman that her husband quit snoring when he got that little amount of progesterone supplementation. I don't think that men should march on down to the natural food store and buy natural progesterone cream if they're heavy snorers. I think they might want to get their progesterone levels checked first.

SPU: You don't recommend progesterone for men unless they're tested and shown to have low levels.

Wright: Right.

SPU: I'm reminded of my personal story. When my wife was pregnant my progesterone levels were tested and turned out to be five times that of a normal man. I was tested before and after that and was normal for a male. So I was possibly responding to a pheromonal link between me and my wife — somehow I was responding by having elevated female hormone levels.

Wright: I certainly believe that. We all know the stories of the dormitories of college women who after a couple or three months all start menstruating at the same time. Something happens to start synchronizing all the women's cycles, and I can't see the reason why there wouldn't be a synchronicity between men and women, particularly among guys who are perhaps more sensitive to the environment than others.

SPU: I wish I could cite the study that showed that some men responded more hormonally than others when their wives were pregnant, and it was the ones that responded the most who also had the tendency to get sympathetic symptoms, such as morning sickness, a little bit of belly fat and so forth. I got those things very strongly. I also became very domestic. I didn't want to go out as much. I was a strong hormonal responder in that situation.

Wright: Who's to say that wouldn't be better for the human race in general if men responded that way and perhaps would be more protective of their wives during pregnancy. And perhaps be slightly better fathers.

Where to Get Natural Estrogen

SPU: What are some sources for the natural triple estrogen product?

Wright: As yet triple estrogen is rarely available over the counter. There maybe were one or two companies that were trying to sell it awhile back. I suspect that if triple estrogen were sold over the counter it would attract a regulatory response, if we can politely call it that. If triple estrogen was generally available we would have a lot of people go through a lot of grief with a lot of irregular bleeding until they figured out what they were doing.

they figured out what they were doing.

SPU: So you can't get it over the counter, you need a prescription and you go to a compounding pharmacist. [International Antiaging Systems \(IAS\)](#) has a triple estrogen product. Is it O.K.?

Wright: It's a good one. In fact, what they've done is modeled it on the research reported in the back of our book.

SPU: That covers it. Thank you very much for your time, Dr. Wright.

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