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## **FEMALE HORMONE EVALUATION**

Taken From a Health Talk Given by Dr. Hillis

I am a chiropractic physician and have been practicing functional health care, nutrition and supplementation, for over twenty-five years and I just want to have a very brief introduction to the topic of female health hormone evaluation.

There are many health problems requiring evaluation of female hormones. These are stress related problems, premenstrual problems, menopausal problems, fatigue and energy problems. They come in a wide variety of possibilities of why we might be looking at female hormones and the purpose of this talk is to just a very brief evaluation of one of the ways of going about it that is most efficient for most people based on my experience. The usual way that we like to measure a woman's hormones, if she is still menstruating, is to measure them on day 21 of her cycle. Assuming the cycle is reasonably regular, it is approximately day 21 that she will have a greatest rise of progesterone and estrogen simultaneously. The rise in estrogen is actually greater at the mid cycle but at day 21 there is also a significant rise and it gives us a window of opportunity to catch the hormone levels on one day and see if they are actually peaking in a manner that is expected. If we see really flat levels of one or the other or both, we know that it is something that we might want to correlate more carefully with other clinical information that is available, her history and her symptoms and the rest of her life issues that she presents. It is with this method correlated with a good female hormone history of development and ongoing events during her life, that we gain insight into the characteristics of the development and outcome of adequate or inadequate levels of the hormones that can then be correlated with laboratory work, and then put together in a way that brings about a plan for helping support this individual.

The most common problems that we see might be premenstrual issues where there is often estrogen excesses or progesterone deficiencies and these may be accompanied by excessive bleeding and heavy cramping where the administration of natural progesterone may bring about a very rewarding change in symptoms and help the woman out greatly.

I do urge women who are having these types of problems to go to two web sites. One, they can go to is mine, where they can find articles on this topic – [naplesnaturalhealth.com](http://naplesnaturalhealth.com) and also to Dr. Lee's web site. If you google Dr. Lee and Progesterone, you will find that there is a family practice physician, Dr. Lee from California, who spent his life dedicated to making woman more aware of the problems that they can get in to if their progesterone levels are low and not taking care by utilizing natural progesterone.

The other area where we are able to help with greatly is with measurement of the hormones in the post-menopausal women, especially those who are on hormone replacement and who are not doing well. This approach would not be a day 21 study, but taking a look at her hormone levels may be useful when we see that they are quite flat even though they are supplementing with some type of replacement. The antidote for these women is often a natural replacement and a certain percentage of women are highly successful with that. We can control symptoms like hot flashes, night sweats and vaginal dryness. These are three key signs of estrogen depletion in post-menopausal women. If the post-menopausal woman were subject, while they were menstruating, to excessive bleeding and excessive cramping, this may be a historical sign that they were running low progesterone all along. Often, even if they are on hormone replacement, some of these women are only being given estrogen replacement and not progesterone, and they therefore may need to support this area. Even when they are being supported with progesterone, very often it is actually not progesterone but progestin, the synthetic form, and this may be considered less desirable than the natural progesterone for most women. Just to clarify, these protocols are for the otherwise relatively healthy individual who is not in the midst of a particular medical crisis where high dose pharmacologics may be necessary in an emergent situation. But for the woman who wants to improve her life and is having difficulties with some of the symptoms that I just mentioned, sometimes mood issues, energy/fatigue issues, getting these hormones measured and rebalanced may make the difference.

That having been said, I will say that probably all women who are post-menopausal can be helped without even going into the blood testing and simply using their historical information along with metabolic questionnaires, along with in my case, the use of Applied Kinesiological analysis, and what we call “viscerosomatic feedback information” where we can monitor the responsiveness to supplements via the nervous system. This is an important aspect of care in our office that offers an important benefit for women by giving the practitioner more feedback for greater confidence that what is being done for the woman is indeed on correct course for them individually.

In general, it should be borne in mind that the hormones we call the female hormones are actually derived from the fat stores, or the fat that is available in the body for hormone production. The first fat that is used to be transformed into hormones is cholesterol! We want to take a look at the availability of healthy fats for that individual and their diet. Are they getting adequate healthy fat to convert into female and male hormone? And above and beyond that, it should be understood that the estrogens and testosterone are hormones that are made down-stream from the adrenal stress hormones. Adrenal stress hormones, such as natural cortisol, help us handle the stress of the environment that we are in. If we are under undue stress and the body’s alarm mechanisms are going off, our adrenal gland is working extra hard to deal with the overwhelming stress that we are under. The raw material that is necessary for hormone production is cholesterol, and therefore we need adequate healthy levels of cholesterol and can be hurt by radical low fat diets.

Another consideration regarding hormone production is that if there is an excessive demand on the stress handling hormone cortisol, it can rob the material needed for adequate sex hormone production. Also, if there is a greater demand for the sex hormone, it may “siphon-off” or compromise our levels of stress handling hormone cortisol. Therefore when evaluating female hormone balance, adrenal hormone status as well as healthy blood fat supplies need to be evaluated and correlated!

So all this needs to be taken into account in evaluating the woman and it is not necessarily going to be sufficient to simply measure and replace female hormones without taking these other issues into account. A comprehensive view of the hormonal system should be taken into account when getting in to the area of hormone support, whether it be natural or synthetic in order to help keep the woman healthy and safe.

This is Dr. Dan Hillis in Naples, Florida, chiropractic physician practicing nutritional strategies for over twenty-five years. I would love to help you further with your problems. If there is something that you may need more information about, feel to contact me at 239-597-3929 or on the web at [naplesnaturalhealth.com](http://naplesnaturalhealth.com)