

RESPONSE TO RECENT POP-MEDICINE ARTICLES ON PROGESTERONE THERAPY

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Since 1940, it has been clearly established that estrogen is carcinogenic in every species studied. Shortly thereafter, studies appeared suggesting its possible involvement in heart disease. In 1950, I heard physicians warning about the risk of cancer when estrogen is used medically. The increased use of estrogen in the face of such evidence is, I believe, a process unique in medical history and is nothing but shameful for all who are involved.

By 1950, many studies had demonstrated that progesterone can protect against the effects of estrogen, including cancer. By that year, progesterone was shown to prevent estrogen-like and testosterone-like actions. Often, they suppress the formation of progesterone in the body, and in such cases could be called "anti-progesterone progestational agents." There is no justification for confusing progesterone with any synthetic steroid. When someone with access to the data confuses them, we must suspect their motives or their qualifications.

Progesterone has a unique position in physiology, partly because of its intrinsic range of hormonal activity and partly because it serves as a precursor for all the other types of steroid hormones. The concentration of progesterone which occurs during pregnancy is uniquely high among all hormones and requires a balance of intrinsic properties such that the physiology of the organism is protected, rather than thrown out of balance, by such high concentrations.

In spite of the toxic effects of even natural estrogens, multiparous animals and humans have a lower cancer incidence than do nulliparous individuals and apparently a longer life expectancy. These effects have all been related to progesterone.

Opponents of progesterone therapy are searching for new strategies, in addition to the standard "it's all in her mind" approach to women's symptoms. The ideology that pregnancy is a disease is being brought into service in this new conflict — women are being threatened with the thought that progesterone will make them feel pregnant, as if healthy pregnancy should cause undesirable feelings. One of the oldest warnings, and probably the most interesting, is that progesterone can produce feelings of euphoria. Less amusing is the totally false new threat that women may become progesterone addicts.

Reading some of the anti-progesterone literature gives one the impression that many doctors are suddenly going to reject the use of any medication which requires the adjustment of dosage to suit the patient's response. After discussions of how unscientific it is to use progesterone in dosages varying between 200mg and 2000mg per day, a writer in *Medical Month* (February 1984) says that: "... Absence of standard dosages troubles observers on both sides of the therapeutic fence. 'It's trial and error,' says Nathan Kase."¹

Just to the left of that quotation, there is a half-page advertisement for a tranquilizer, saying "Trust Tranxene," which comes in scored tablets of 3.75mg, 7.5mg and 15mg, and in 22.5mg "single dose tablets." A scored tablet of 3.75mg suggests a possible dose of less than 2mg, and a "single dose" 22.5mg tablet indicates a dose about twelve times larger. This article, "Dangerous Fad Therapy for Premenstrual Syndrome?," defines progesterone as "cholesterol derivative," very likely to get a little extra propaganda value from associating it with the cholesterol scare. In fact, all natural steroid hormones are derived from cholesterol. (I wonder how such a sleazy article as this finds its way into physicians' waiting rooms.)

A new pseudo-medical campaign is under way, against the use of natural progesterone therapy in premenstrual syndrome. This campaign is likely to intensify as new, efficient and effective forms of progesterone become available.

References

1. Witt, Beni L., "Dangerous New Fad Therapy for Premenstrual Syndrome?," *Medical Month*, pp.25-31, February 1984.

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