

Can Topical Progesterone Eliminate Osteoporosis?

by E. W. McDonagh, D.O.

Osteoporosis is a progressive loss of bone mass with demineralization and a proclivity of the bones to fracture. The disease accelerates with menopause. Each year it is responsible for more than 1.3 million fractures and 40,000 deaths, usually within six months of their fractures. Fifty percent of all people who experience hip fractures due to osteoporosis never regain the ability to walk independently.

The patient stereotype familiar to medical students, as well as practicing physicians, is of an elderly frail female with stooped-forward curvature, of the upper torso, requiring a cane to walk. The sponge-like structure to the vertebral column bones has become weakened and shortened and the patient may have gradually lost several inches in height over the course of the disease. The patient complains of pain, muscle soreness, stiffness, loss of motion, excess fatigue, depression and fitful sleep. Bones of the vertebral column, especially in the mid and low back, hips, knees and ribs are chronically painful and frequently fracture.

This is after-the-fact osteoporosis, the after-effect of prolonged progesterone hormone deficiency. Progesterone levels routinely fall several years before menopause. The condition is also propagated by inadequate exercise, multiple vitamin and mineral deficiency (not just calcium), deficiency of Vitamins D and K, excessive dietary protein, alcoholism, cigarette smoking and environmental pollution.

The good news: this disease can be stopped in its tracks, pain eliminated and bones rebuilt without cortisone-like drugs or prescription pain medication. Function is reestablished, muscle pains disappear, joint pain is eliminated and the patient can walk, move and sleep soundly once more.

Osteoporosis in Young Women

For the prevention-minded physician this is an exciting area capable of great medical effectiveness. Seemingly separate and disconnected pelvic pathologies have a common connection to osteoporosis: progesterone deficiency. Recent scientific reports have shown that short luteal phases (time between ovulation and menstruation) and especially lack of ovulation in menstrual cycles of normal length may be potential risk factors for excess bone loss in women (Prior et al., *New England Journal of Medicine*, Nov. 1990).

Under these circumstances, progesterone is deficient. It is reasonable, therefore, to believe that osteoporosis can develop in young women with these menstrual disorders, and the diagnosis should not be relegated only to post-menopausal women.

The Estrogen Myth

For more than 50 years medicine has believed that lack of estrogen was the primary cause of osteoporosis. Even today, medical students are taught that the proper treatment is estrogen replacement therapy. Estrogen does, in fact inhibit the osteoclast cells that function to resorb bone and as a result can slow the rate of bone loss. But estrogen cannot rebuild bone. Progesterone rebuilds bone by stimulating the osteoblast cells that re-mineralize and restore bone mass. Transdermal progesterone does this with virtually no side effects.

Use of estrogen without the balance of progesterone is fraught with side effects: hypertension is one example. Also, salt and water retention, increase in blood clotting promotion of fat synthesis, hypothyroidism, painful breasts, fibrocystic breast disease, increased risk of gallbladder disease and gallstones, liver dysfunction, increased risk of endometrial cancer of the uterus, pituitary



prolactinoma tumor and probably breast cancer are additional undesirable effects (Genant et al., *Western Journal of Medicine*, Aug. 1983; Gambrell et al., *Medical Times*, Sept. 1989).

Progesterone in appropriate doses to balance estrogen effects, prevents proliferative endometrium from becoming hyperplastic or developing carcinoma (Padwick et al., *New England Journal of Medicine*, 1986). Progesterone also acts with estrogen on breast tissue. Breast cancer may arise if normal or high amounts of estrogen are present without cyclic progesterone — a situation that occurs with chronic anovulation in women with regular cycles. It has been suggested that progesterone treatment can prevent breast malignancy in estrogen-treated women (Cowan et al., *American Journal of Epidemia*, 1981; Gambrell et al., *Obstetrics and Gynecology*, 1983).

Topical Natural Progesterone

Many undesirable side effects can occur with the use of test tube designed progestins or progestenogens prescribed by many doctors. In addition, they are not as effective as natural progesterone which is made by the body or made by plants. More than five thousand plants can produce progesterone. They are well accepted by the human body.

Probably the most workable and effective from the standpoint of accuracy of dosage, and ease of usage is liquid progesterone derived from wild yam. One merely squeezes the dropper bulb drawing the liquid to the line on the bottle marked "1 ml." The liquid is then expressed onto any area of the skin and rubbed in for a few seconds. The progesterone is rapidly absorbed transdermally.

Two Case Studies

I can relate many patient-histories of women in their late 20's to mid-30's who had relief from dysmenorrhea, fibrocystic breast disease and unusually early osteoporosis. One patient, a thin woman farmer, age 32, had severe pain in her entire vertebral column, both hips and knees. She had cysts in both breasts and was unresponsive to all prior treatment. An extensive year-long search for help, including two hospital admissions, failed to relieve her problem. A bone density test was refused her because she "wasn't old enough to have osteoporosis." She complained

of her loss of libido and was exhausted by midday. She could do less than half of her daily chores and housework.

A bone density study at our clinic revealed advanced osteoporosis that was successfully treated with the transdermal, yam-derived, progesterone solution along with appropriate nutrition and vitamin supplementation. The pain vanished. Her libido returned. The breast cysts resolved and she was able to resume a vigorous lifestyle including the milking of 10 cows twice daily.

A recent patient, a widow of 77, was seen in August 1995 with complaints of severe pain in her dorsal and lumbar spine and both knees. Standing, her legs bowed inward, the right bent at a severe angle so it touched the opposite knee. She could walk with a cane only half a block. The X-rays of her knees, low back and hips showed osteoporosis, as did her bone density scan.

Her treatment also included the transdermal progesterone daily for 2 months, followed by 3 weeks of each month thereafter. When we saw her in February 1996, she was walking 12 blocks without limitation or pain.

Summary

Environmental, epidemiological and clinical data indicate that progesterone is active in promoting bone formation and has great utility in many deficient, chronic medical conditions. Timely treatment with transdermal natural progesterone, appropriate nutritional supplementation exercise and healthy lifestyle improvements can eliminate the scourge of osteoporosis and its sequela. □

E. W. McDonagh obtained his degree from Kansas City College of Osteopathic Medicine in 1961. He has a family practice incorporating the treatment of all common afflictions by combining conventional treatment with preventive modalities using vitamins, trace minerals, chelation, etc. In 1984 he was named Doctor of the Year by the Townsend Letter for Doctors. He brings ideas and methods of disease prevention and reversal to a wide audience through lectures, radio and television interviews, articles in professional journals and popular magazines, and seven books published by Platinum Pen Publications, Box II 127, 4810 NE Vivion Rd, Kansas City, MO 64119.