Achieving Hormone Balance in Women's Health

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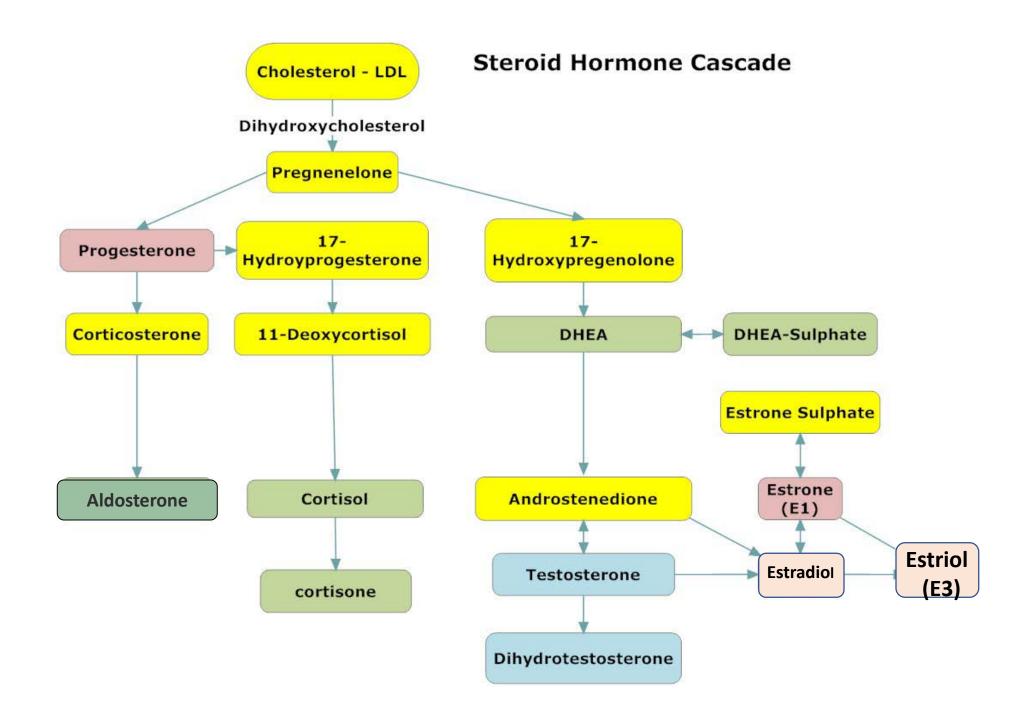




Estrogen Dominance and Its Role in Cortisol, Weight Management & Hypothyroidism

- May explain many of the conditions confronting US today
 - Increasingly early menstruation
 - Fibrocystic breasts
 - Cancer
 - PCOS
 - Infertility
- Perimenopausal women especially at risk
 - Progesterone typically declines more rapidly than estrogen
- Increase in younger andropausal men





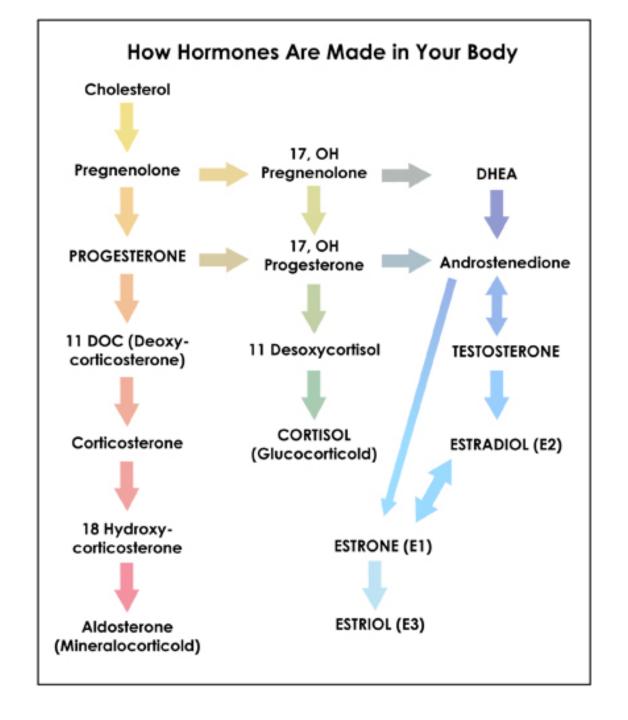
Natural Estrogens: Three Forms

Natural Estrogen: Three Forms

E1: Estrone E2: Estradiol E3: Estriol

- Different properties and amounts that vary by age
- · Estradiol: Most active and powerful
 - Convertible to estrone and vice versa
 - Both promote cell division, which may create risk of endometrial, ovarian and breast cancer
 - 1000 times more stimulating to cell growth in the breast compared to estriol
- Estrone: Most common circulating hormone postmenopause
 - Converted from body fat
- Estriol: Made in large quantities in placenta during pregnancy
 - Largest circulating estrogen in average women's body
 - Converted from estradiol and estrone





Signs of Estrogen Dominance With High Total Serum Estrogen

Irregular and or heavy period Water retention/bloating Sleep disturbance Irritability/mood swings/depression Headaches Fatigue Short-term memory loss

Short-term memory loss Weight gain **Craving for sweets** Uterine fibroids (previously diagnosed) Fibrocystic breasts **PMS**

Signs of Estrogen Dominance With Low Total Serum Estrogen and Progesterone

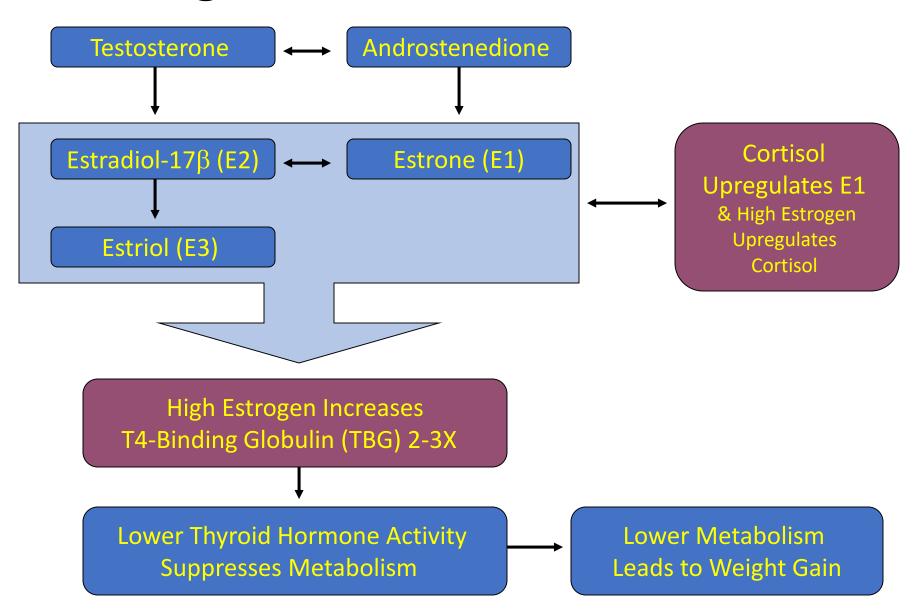
Salt and fluid retention **Fatigue** Low blood sugar levels Hot flashes Interference with thyroid hormone function **Mood swings** Increased cholesterol and triglyceride levels Breast pain Allergic reaction Symptoms reminiscent of premenstrual syndrome Increased production of body fat Vaginal dryness/chronic UTIs Food cravings Insomnia

Causes of Estrogen Dominance

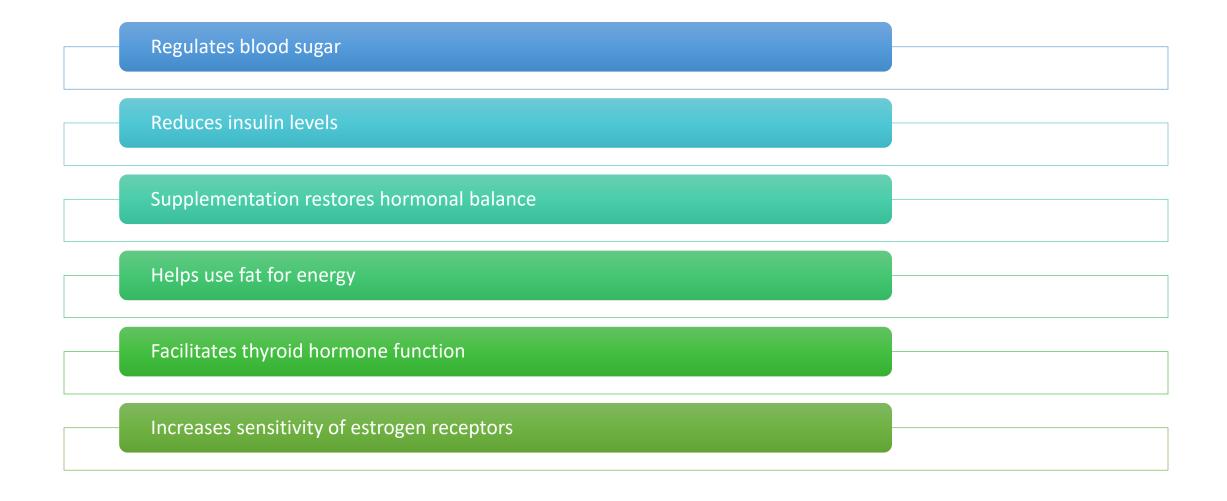
- Insulin resistance
- Trans-fatty acid intake
- Chronic stress
- Sleep deprivation
- Fluoridated water
- Environmental xenoestrogens
- Cigarette smoking
- Zinc deficiency
- Progesterone deficiency

- Sedentary lifestyle
- Cadmium toxicity
- Lack of sulfur-containing amino acids
- Lack of good exercise
- Magnesium deficiency
- Hypothyroidism
- Testosterone deficiency

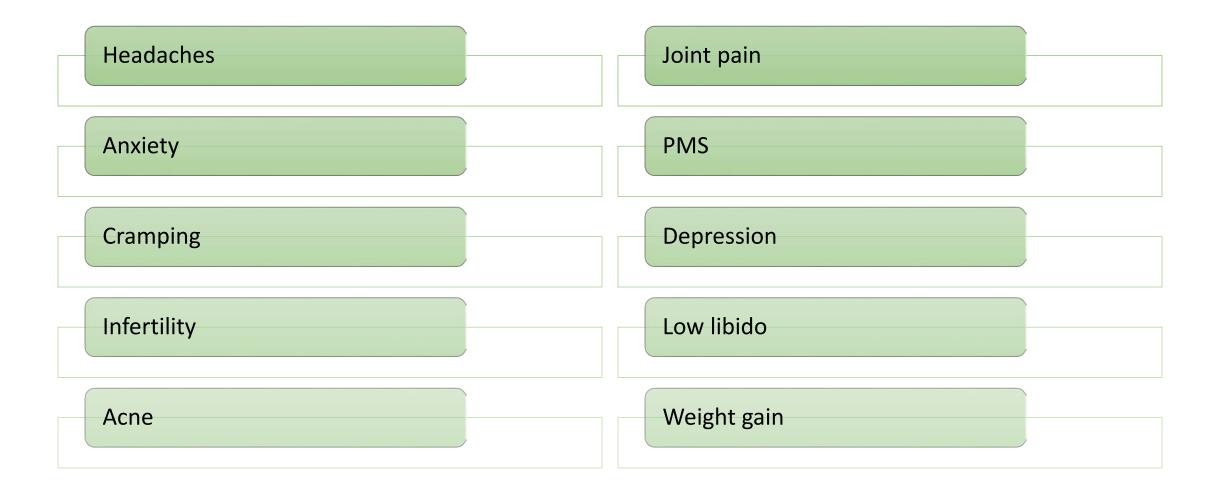
Estrogen Dominance & Cortisol



Progesterone



Low Progesterone Symptoms





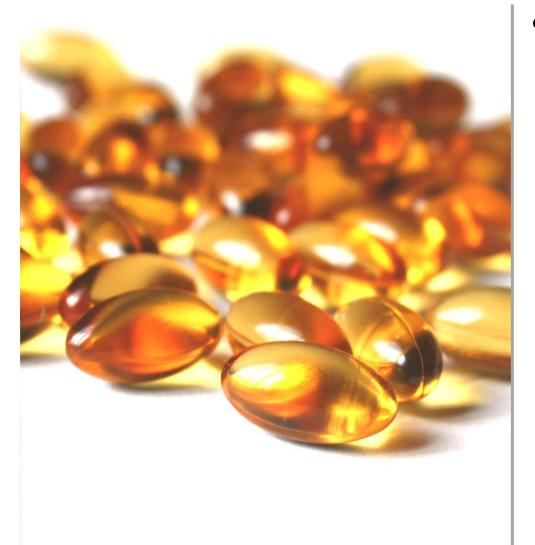
Increased Fiber – Increased Binding and Excretion of Estrogens

- Fecal excretion of estrogen in 10 vegetarian and 10 omnivorous menstruating women was performed
 - The omnivorous women consumed an average of 12 g fiber/day while the vegetarian women consumed an average of 29 g/day
- Findings link fiber to estrogen clearance
 - Positive correlation between fecal estrogen and fiber intake
 - Inverse relationship between blood estrogen levels and fiber intake

To Lower Estrogen

- Decrease consumption of saturated fats
 - Especially from red meats and dairy products
- Arachidonic acid from animal fats is a precursor of PGF2, which is luteolytic in women (decreases progesterone secretion)
- Animal fat stimulates the growth of certain intestinal bacteria, which can hydrolyze conjugated estrogen thus rendering them active again
- Decrease consumption of arachidonic acid
 - Avoid animal fats. Remember safflower, corn and sunflower oils may possibly get converted to arachidonic acid in times of stress. It is best to stick with the omega-3 EPA.

Lower E2 Dominance with Essential Fatty Acids



- Fish oils can directly supply two important omega-3 fatty acids:
 - EPA (eicosapentanoic acid), may have heart-protective effects
 - DHA (docosahexaenoic acid), may benefit the nervous system
 - 2-4 grams of EPA/DHA daily may reduce high triglycerides by 20-40%

Guidance for Detox

STOP External supply of toxins

SUPPORT Organs of detoxification

and drainage

STIMULATE Elimination of toxins

SENSITIZE Patient for further detoxification

and lifestyle changes

When selecting a detoxification program, rely on approaches that address these well-defined elimination pathways.

Liver
Phase I
& Phase II

Kidney & GI Phase III Heavy Metal Excretion Metallothionein

- The Phase I detoxifying pathway takes care of the environmental toxins
 - Pesticides, pollutants, food additives, drugs and alcohol
 - The end products of your own metabolism are also processed here for excretion
- Phase II involves conjugation
 - A protective compound becomes bound to a toxin
 - Example: Antioxidant like vitamin C or E, methyl, sulfate, glucoronidation group

Phase I

- The phase I enzymes include the P450 enzyme system
 - A collection of mixed function oxidases
- Fat-soluble toxins are changed by way of oxidation, reduction and hydrolysis to make them more water soluble for excretion via the bile and the kidney

Phase II Pathways

- Amino acid conjugation
- Methylation
- Sulfation
- Sulfoxidation
- Acetylation
- Glucoronidation

Need nutrients and metabolic energy to metabolize toxins

Phase II Detox Nutrients

- Minerals (zinc, selenium, magnesium, molybdenum, manganese)
- Amino acid replacement
- Flavonoids
 - Ellagic acid
 - Green tea catechins
- Glucosinolates
 - Crucifers: Phase II can be augmented by eating cruciferous vegetables and alliums
- Monoterpenes (citrus peel, cherries)
- Silymarin (milk thistle)
- MethylBs, TMG, Choline
- NAC
- I3C, DIM, Flax, Rosemary, Kudzu

Who Needs Genomic Testing?

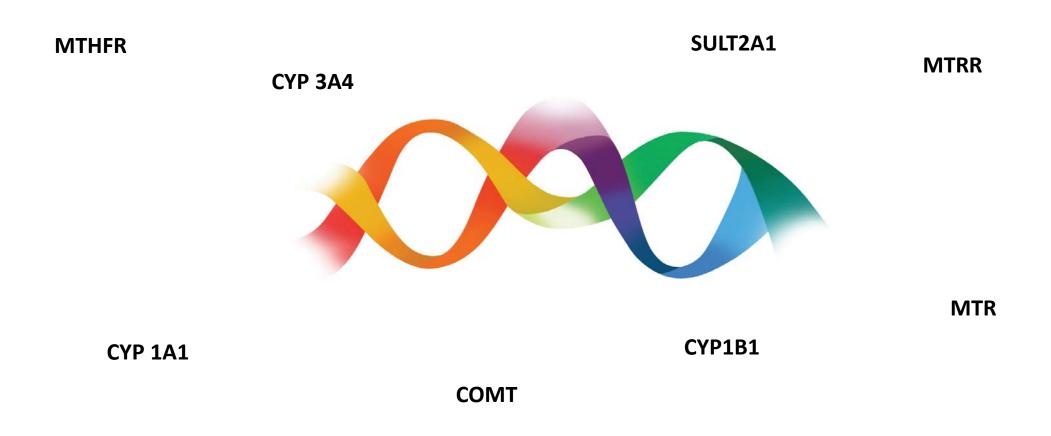
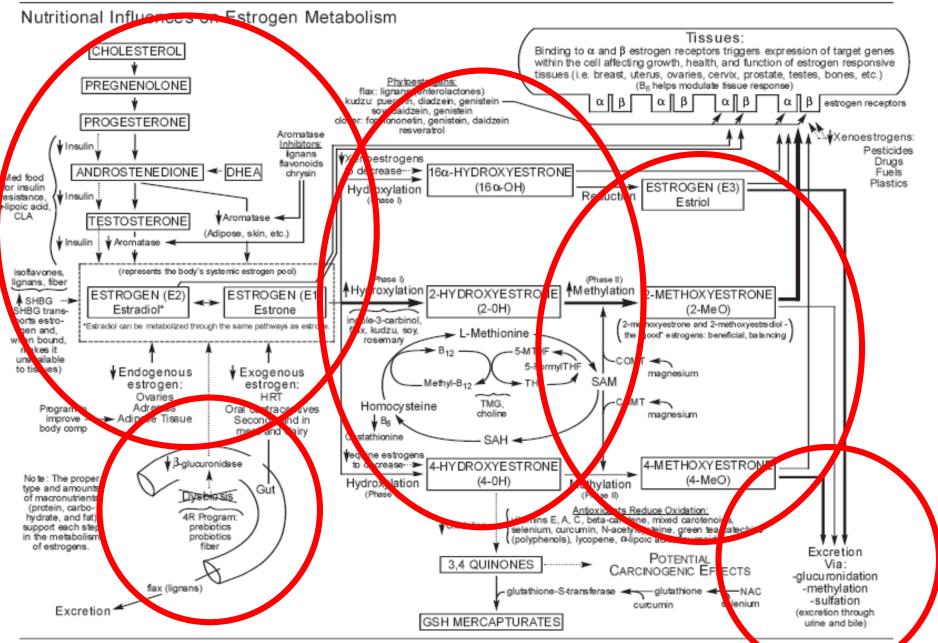
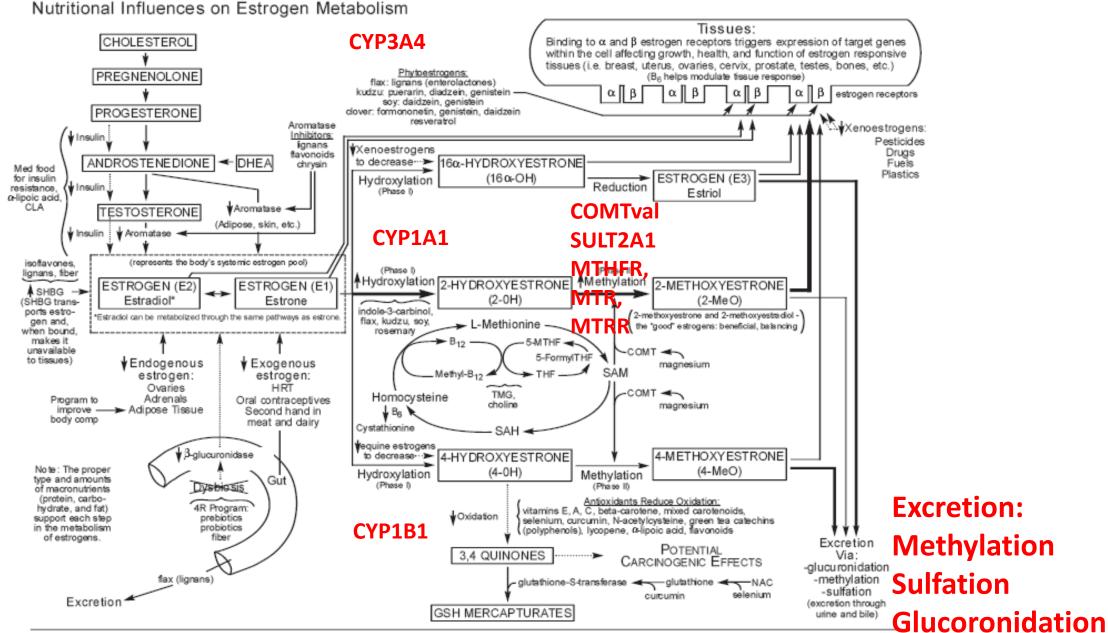


Figure 1.



Acron ym Key: CLA: conjugated linoleic acid, COMT: catechol-O-methyltransferase, DHEA: dehydroepiandrosterone, 5-FormylTHF: 5-formyltetrahydrofolate, HRT: hormoly ceplacement therapy, 5-MTHF: 5-methyltetrahydrofolate, NAC: N-acetylcysteine, SAM: S-adenosylmethionine, SAH: S-adenosylhomocysteine, SHBG: sex hormone binding globulin, THF: tetrahydro

Figure 1.



Acron ym Key: CLA: conjugated linoleic acid, COMT: catechol-O-methyltransferase, DHEA: dehydroepiandrosterone, 5-FormylTHF: 5-formyltetrahydrofolate, HRT: hormone replacement therapy, 5-MTHF: 5-methyltetrahydrofolate, NAC: N-acetylcysteine, SAM: S-adenosylmethionine, SAH: S-adenosylhomocysteine, SHBG: sex hormone binding globulin, THF: tetrahydrofolate, TMG: trimethylglycine, GSH: glutathione

Support Estrogen Detox

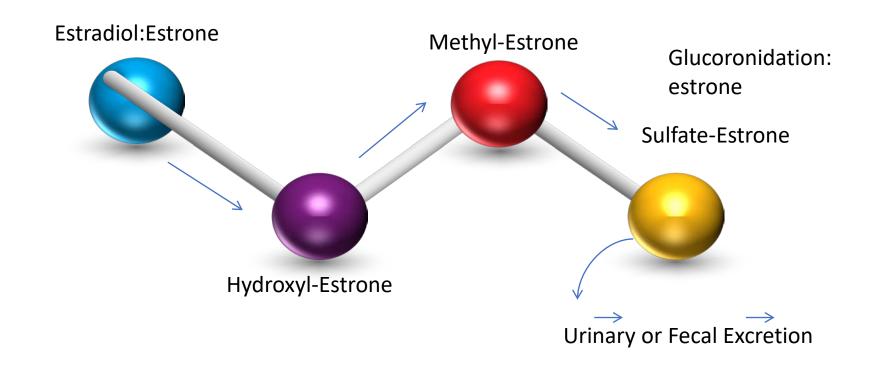
Phase I

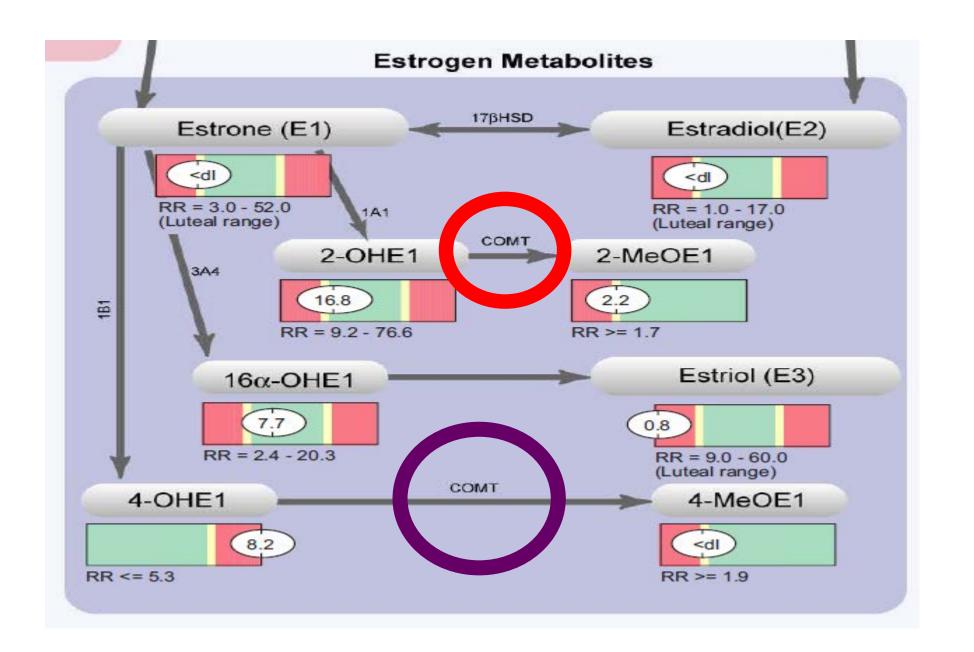
- Upregulate Cyp1A1 using I3C/DIM
- Flax
- Rosemary
- Kudzu
- Lignans

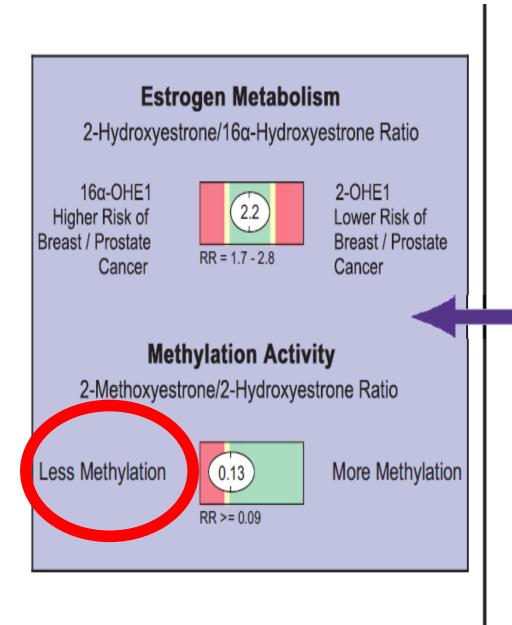
Phase II

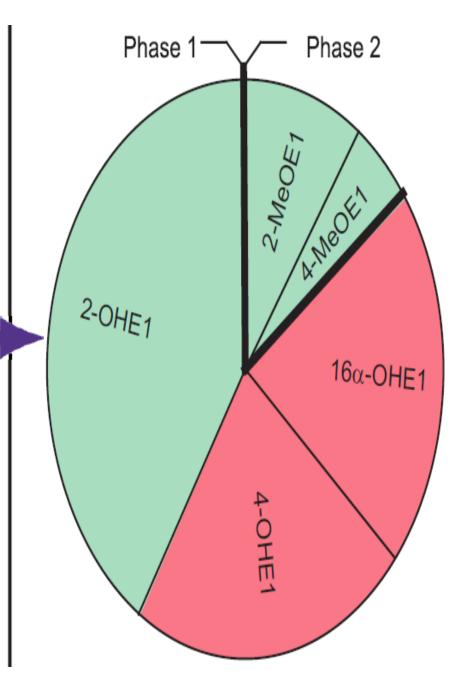
- Support Methylation
- 1. Methyl Bs with B complex
- 2. TMG, choline, Mag Glycinate
- Support Sulfation
- 1. Molybdenum, Manganese
- 2. NAC, B6 as P5P, alkaline H20
- Support Glucoronidation
- 1. Calcium D Glucarate

Flow of Estradiol Detoxification:









Serum Tests to Assess Estrogen Dominance

Baseline Labs Day 21

- Total Estrogen
- Estradiol
- Estrone
- Estrone Sulfate
- Progesterone
- DHEAS
- Total and Free Testosterone
- Thyroid Profile
- AM Cortisol

28 Days Later Comparison Labs

- Total Estrogen
- Estradiol
- Estrone
- Estrone Sulfate
- Progesterone
- DHEAS
- Total and Free Testosterone
- Thyroid Profile
- AM Cortisol

