Progesterone Anti-Tumor Properties

By Lita Lee, Ph.D.
2/1/2007

In the February 1993 issue of Prevention, the cover story, entitled, “Beyond Estrogen, the Miracle Pill for Women Over 35” presented an introduction to Tamoxifen, a weak synthetic estrogen, called "the magic pill," which may "prevent" breast cancer. In a trial study involving 2,644 women, those that received Tamoxifen had symptoms of estrogen toxicity, including frequent occurrences of hot flashes, vaginal discharge, and irregular menses. (New England Journal of Medicine, Feb. 23, 1989). Some women taking Tamoxifen experienced depression sleep disturbances, inability to concentrate, headaches and agoraphobia.

There is a low-cost, natural product steroid available, which supports the body's natural defenses against cancer with no toxic side effects and, in fact, is one of the anti-aging steroids. It is called progesterone. The healthy body makes it from cholesterol. It is also available from many plants, including the wild Mexican yam (dioscorea). In 1961, one out of 20 women got breast cancer. Today it is one out of five. Is this progress?

To understand the nutritional effects of progesterone, we must understand how it works to oppose or balance estrogen. The phrase “unopposed estrogen” or “estrogen dominance” means a normal estrogen level with a reduced progesterone level or an excess level of estrogen with a normal progesterone level. The healthy ratio of progesterone to estrogen is ten-to-one. Women who have ratios of less than five-to-one are prone to cyclic seizures (e.g., occur at the onset of menses), excessive bleeding, fibrocystic breast disease, ovarian cysts, edema, hypoxia and other unpleasant conditions.

Why do doctors prescribe estrogen replacement therapy when estrogen is produced by many tissues, possibly by every tissue except the uterus and the breast, unless the breast contains cancerous cells. Then, they, too, produce estrogen. Estrogen is also produced by adipose (fat) tissue, damaged liver tissue and aging tissues (Peat).

In Peat’s book, Nutrition For Women, he states (page 44), “Even before estrogen was chemically identified, it was known to promote breast cancer; in the 1930’s. It was shown to cause tissue aging, fibroid tumors, various cancers, premenstrual syndrome and menstrual abnormalities, and to induce abortion.” Dr. Stephen Gayla reported that the tumorogenic effect of estrogen can be demonstrated by rubbing estrogen cream on the face and observing breast cysts within 48 hours. These effects can be reversed with natural progesterone, sometimes in as few as 48 hours!

Alexander Lipschutz investigated tumor formation by steroid hormones. His work showed that estrogen is carcinogenic in proportion to its lack of balance by progesterone. Estrogen was the only class of steroid hormones found to be carcinogenic, especially in continuous doses. Intermittent large doses were less dangerous than continuous small doses, showing the need to interrupt the influence of estrogen. This is a very scary discovery, in view of the fact that most women on ERT are given continuous dosages of estrogen. The general carcinogenicity of estrogen was demonstrated in Lipschutz’s rats. Uterine fibroids were the first tumors produced, followed by uterine cancer; other abdominal fibroids and cancer; and then by mammary, brain and lung cancers. Lipschutz tested all other steroids available to him at that time, to see if he could find one that would block the carcinogenic action of estrogen. He found that progesterone was the most powerful anti-tumor hormone via its action in interrupting the influence of estrogen. The only other steroid that had this protective action was pregnenolone, which is the precursor (starting material) for both progesterone and DHEA.
After menopause, other tissues, including fat cells and the adrenal glands produce more estrogen than the ovaries. The production of estrogen by fat cells can be inhibited by thyroid hormone and progesterone. Breast cancer cells can produce and secrete estrogen. Thus, estrogen can exert a systemic carcinogenic action.

Toxicity

Natural progesterone toxicity has been tested in animals who are generally more sensitive to progesterone than humans and no toxic level has been found. In fact, the only side effect of high doses are anesthetic, a factor in the anti-seizure properties of progesterone. In reported tests of progesterone, solvents such as benzyl alcohol or esters of unsaturated fatty acids were used as carrier solvents. When injected into the body, benzyl alcohol causes precipitation of progesterone and is a powerful neurotoxin, but its harm is reduced by progesterone’s anti-toxic action.

Commercial (refined) unsaturated fatty acids have been shown to increase carcinogenesis, especially of the kidney, breast, and uterus. International research standards have subsequently invalidated research using unsaturated fats as the solvent. However, some researchers, unaware of these findings, have concluded that progesterone causes metastasis in cancer patients. Others do not distinguish between natural progesterone and carcinogenic synthetic progestins.

Progesterone, Estrogen and Thyroid Hormone

The incidence of breast cancer is high among hypothyroid women and also among women who produce excess prolactin and excess estrogen. Says Peat, “Breast discomfort and even the secretion of milk not associated with pregnancy or parturition, produced by excess prolactin, can often be relieved by thyroid, especially when taken with vitamins A and E. Estrogen inhibits the secretion of hormone by the thyroid gland itself, probably by inhibiting the proteolytic enzyme, which dissolves the colloid. Progesterone has the opposite effect, promoting the release of the hormones from the gland. At puberty, in pregnancy, and at menopause, the thyroid gland often enlarges, probably as a result of estrogen dominance.”

In a paper entitled “Progesterone in Orthomolecular Medicine,” presented to the California Orthomolecular Medical Society in May 1978, Peat said, “In several ways both progesterone and thyroid can be considered as primary regulatory hormones. Both of them regulate metabolism directly at the energetic and synthetic levels; both have a normalizing, anti-stress action on the pituitary, and each has a promoting action on the other. Both are blocked (or consumed) by stress, and promoted by light and by good nutrition. Also both oppose the effects of stress, and facilitate nutrition.” On page 21 of his book, Nutrition For Women, Peat states, “Progesterone has been shown to be effective in reducing many animal tumors, including pituitary tumor and other estrogen-induced tumors, and in human cervical and breast cancers. Since glucose metabolism is disturbed in cancer, it would seem reasonable to combine progesterone therapy with sufficient thyroid to maintain protein assimilation, and to provide a high protein diet to assure that the liver can excrete estrogen.”
Case Histories

These cases illustrate the effects of progesterone therapy in individuals using natural progesterone.

- Breast tumors in children were reversed by rubbing natural progesterone cream on the tumors and eliminating commercial milk, poultry and meat products, which contain synthetic estrogens, from their diet. Re-introduction of the hormone-containing foods caused reappearance of the tumors. Natural progesterone increased the rate of tumor regression.
- An ovarian cyst disappeared from the uterus of a young woman 48-hours after progesterone oil (containing 10% progesterone) was ultrasounded into the pubic area near the cyst.
- A patient rubbed natural progesterone cream on her breast for one month and reported the disappearance of about 20 small benign breast cysts!
- In Peat’s paper “Progesterone in Orthomolecular Medicine,” he referenced articles, which showed that 27% of breast cancers in postmenopausal women with excess estrogen regress with progesterone. This percentage was greatly decreased by the use of refined unsaturated oil (corn oil) as a carrier liquid. Later, the World Health Organization invalidated all studies using corn oil because of its carcinogenicity. Further, these studies used doses of progesterone which are now considered inadequate (100 mg). Even so, positive results were obtained. See references listed under “tumor regression.”

I asked Peat to explain how progesterone decreases carcinogenesis. He replied that progesterone anesthetizes cells so that nothing can divide, but the cell can respire (e.g., breathe). This needs to be balanced with adequate thyroid and pregnenolone activity. If all three are balanced, they can support natural defenses against cancer.

Caution

Do not confuse NATURAL progesterone derived from the wild Mexican yam (dioscorea) and other plants with SYNTHETIC progestins. ALL synthetic progestins have toxic side effects, including inhibiting the production of your own natural progesterone. Natural progesterone has the opposite effect, and stimulates its own synthesis. Also, look for progesterone in a natural, not synthetic vitamin E solvent. Why? Progesterone is much less soluble in synthetic vitamin E than in the natural form (1% maximum) and tends to precipitate out from synthetic vitamin E oil. Upon standing, you can see increasing cloudiness due to progesterone crystals, which cannot be utilized by the body. Also, progesterone has a bitter taste. If it does not taste bitter, the progesterone content may be too low to be effective.

Disclaimer: These statements have not been evaluated by the Food and Drug Administration. They are not intended to diagnose, prescribe for, treat or claim to prevent, mitigate or cure any human disease. The supplements mentioned in this article are for nutritional purposes only. The third party information referred to herein is neither adopted nor endorsed by this web site but is provided for general informational purposes. Any person suspecting cancerous or pre-cancerous conditions should seek the advise of a licensed physician.

© 2001
rf3 01/28/01

References
• Peat, Ray, Ph.D., Nutrition For Women, P.O. Box 5764, Eugene, OR 97405; Phone: (541) 345-9855: Fax: (541) 485-8781.
• Tumor Regression, from Peat’s booklet, “Progesterone in Orthomolecular Medicine”

"Disclaimer: I am a chemist and an enzyme nutritionist, not a medical doctor. I do not diagnose, prescribe for, treat or claim to prevent, mitigate or cure any human diseases. I do not provide diagnosis, care, treatment or rehabilitation of individuals, nor apply medical, mental health or human development principles. I do not prescribe prescription drugs nor do I tell you to discontinue them. I provide enzymes and other dietary supplements to improve digestion and to nourish and support normal function and structure of the body. If you suspect any disease, please consult your physician."

Disclaimer: These statements have not been evaluated by the Food and Drug Administration. They are not intended to diagnose, prescribe for, treat or claim to prevent, mitigate or cure any human disease. They are intended for nutritional support only. The FTC requires that we tell you that the results in case notes and testimonials published here are not typical, however, they do show what some people have been able to achieve. Individuals vary, which is why we must always consider the whole person when recommending a course of action. The third party information referred to herein is neither adopted nor endorsed by this web site but is provided for general information purposes. The listing of specific disease terms is based upon medical literature and is not a substitute for competent medical advice. If you suspect a medical condition, you should consult a physician.

Copyright 2001 - 2006. Neither this article, nor any part of it, may be reproduced without permission. If permission to reprint is granted, the article must include author and URL information.
Lita Lee, Ph.D.
http://www.litalee.com
Lita@litalee.com