

# ESTROGEN DOMINANCE QUESTIONNAIRE

Name \_\_\_\_\_

Date \_\_\_\_\_

## CONCEPT

**Estrogen and Progesterone** work with each other either as opposites or as complementing hormones. **Estrogen** is a stimulant (anxiety, insomnia, cellular proliferation at breast, uterus etc) and **Progesterone** is a calmer (patience, sleep, inhibits cell division). They also complement each other (estrogen→decreases bone loss while Progesterone→promotes bone growth)

## DEFINITION

**Estrogen dominance** is a condition in which a woman can have deficient, normal, or excessive levels of estrogen, but has too little progesterone to balance the estrogen level. It means a **predominance** of estrogenic effect as opposed to progesterone effects. It is the balance of the two that matters more than how much we have. A woman can have a low estrogen but relatively lower progesterone (re. effects) and be estrogen dominant.

## COMMON SYMPTOMS OF ESTROGEN DOMINANCE

Please check off the items that pertain to you and circle / underline the symptoms that pertain to you

<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Anxiety, irritability, anger, agitation</li> <li>2. <input type="checkbox"/> Cramps, heavy bleeding, prolonged bleeding, clots</li> <li>3. <input type="checkbox"/> Water retention/weight gain, bloating</li> <li>4. <input type="checkbox"/> Breast tenderness, lumpiness, enlargement, fibrocystic breasts</li> <li>5. <input type="checkbox"/> Mood swings, depression, weepiness</li> <li>6. <input type="checkbox"/> Headaches/migraines</li> <li>7. <input type="checkbox"/> Food cravings, sweet cravings, chocolate cravings</li> <li>8. <input type="checkbox"/> Muscle pains, joint pains, back pain</li> <li>9. <input type="checkbox"/> Acne</li> <li>10. <input type="checkbox"/> Foggy thinking, memory difficulties</li> <li>11. <input type="checkbox"/> Fat gain, especially in abdomen, hips and thighs</li> <li>12. <input type="checkbox"/> Cold hands and feet (i.e., stressed adrenals)</li> </ol>	<ol style="list-style-type: none"> <li>13. <input type="checkbox"/> Blood sugar instability, Insulin Resistance</li> <li>14. <input type="checkbox"/> Irregular periods</li> <li>15. <input type="checkbox"/> Decrease sex drive</li> <li>16. <input type="checkbox"/> Gall bladder problems</li> <li>17. <input type="checkbox"/> Infertility</li> <li>18. <input type="checkbox"/> Insomnia</li> <li>19. <input type="checkbox"/> Osteoporosis</li> <li>20. <input type="checkbox"/> Endometriosis</li> <li>21. <input type="checkbox"/> Polycystic ovaries</li> <li>22. <input type="checkbox"/> Uterine fibroids</li> <li>23. <input type="checkbox"/> Cervical dysplasia (abnormal cells on PAP smear)</li> <li>24. <input type="checkbox"/> Allergic tendencies.</li> <li>25. <input type="checkbox"/> Autoimmune disorder</li> <li>26. <input type="checkbox"/> Breast, uterine, cervical, or ovarian cancer</li> </ol>
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Number of boxes checked \_\_\_\_\_.

## COMMON CAUSES

- Stress (excessive need for cortisol depletes progesterone as some of it is converted to cortisol to support stressed/tired adrenal glands)
- Xenohormone exposure (non-human hormones, synthetic/non—bio-identical hormones, chemicals and plastics with hormonal properties)
- Use of oral or injected contraceptives
- Conventional HRT (using horse hormones and/or synthetic/non—bio-identical hormones)
- Adrenal Fatigue
- Poor diet (usually high in carbohydrates, low fat)
- Consumption of trans-fats (margarine, hydrogenated and partially hydrogenated oils)
- Nutritional deficiencies (especially magnesium, zinc, copper and B complex vitamins)
- Luteal Insufficiency (insufficient ovarian progesterone production, i.e. poor Corpus Luteum making too little progesterone)
- Anovulatory cycles (cycles where menstruation occurs, but no ovulation, and therefore no ovarian progesterone is produced)
- Obesity (in postmenopausal women, estrogen is made in the fat cells; **excess** fat cells make **excess estrogen.**)