

ESTROGEN DOMINANCE QUESTIONNAIRE

Name _____

Date _____

CONCEPT	DEFINITION
<p>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)</p>	<p>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.</p>

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

Source: DrRind.com