

Symptoms of Hormone Imbalance Part 1

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: This is episode 34 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And today we're talking about the symptoms of hormone imbalance. We've talked about these things before. And one of the things that strikes me is how much I am learning. I've been doing family and individual therapy for 30 years. And I do a lot of marriage counseling and a lot of premarital counseling. And I have not known the things that I have needed to know. I keep remembering, there was a lady that I saw probably the first or second year that I was doing therapy that came to me, she had had a brain tumor and had surgery, and afterwards had lost all sexual, the ability to experience pleasure and satisfaction. She still wanted to have sex because she wanted to maintain her relationship. And she had been to a lot of people saying can you help me. And I wish I knew then what I know now, I feel so badly about whatever happened to her. I finally said after I got a picture of what was going on with her. I said you know you need to go to a specialist so I sent her to Masters and Johnson. So I'm hopeful they were able to help her.

KM: But with head injuries that's a whole. . .

BN: With head injuries, I don't know that it's absolutely relevant to hormones. But I don't know that it wasn't.

KM: Well it is, it actually is, and that's a big subject now. Head injuries, auto accidents, head injuries from falls, things like that. Those are things that cause a disturbance in the hypothalamus. And the hypothalamus is deep in our brains. And if it's damaged, then everything that comes from the hypothalamus, everything to the pituitary, everything from the pituitary to all of our glands are disrupted. So we see people who have low growth hormone, low testosterone, low estrogen, low prolactin, low oxytocin. So they end up having their whole lives changed. They're different people because all of those hormones, change their personalities and their emotions. Especially their sex lives. That is so intricate and it takes so many hormones to come through successfully.

BN: Anytime you mess with the structure of the brain and neuro transmitter processes of the brain, one of the side effects of that can be or automatically is, change in mood, personality and sexual function.

KM: That's right. And there's a lot of other things that go along with it. A frontal lobotomy has a lot to do with other things. It has to do with emotions more than anything else. And people who have frontal lobotomies, I don't know if they do those

anymore, thankfully. I don't think that's a current treatment. But people who have that have lost their emotions. They don't feel the same emotions or they feel very intense emotions. So in that way, um, I'm not an expert in that.

BN: No I think that they've made those more precise. And now they do what's called a laser-singulotomy for treatment of excessive and extreme OCD. But that's just finding a very narrow spectrum of cells and hitting them with a laser, so they don't sever the frontal lobe, and least I don't think they do. Maybe somebody out there can tell us.

KM: Oh, that's good. So, today we're talking about the symptoms of hormone imbalance. And they're varied. There are symptoms from testosterone lack, and there are symptoms from estrogen lack, and also progesterone lack. We have a list of symptoms. We give people a questionnaire when they come to see me. They usually fill it out online or they fill it out in my office. In that questionnaire, we always have loss of libido, but we also have memory loss, migraines, depression, anxiety, feeling cold all the time, because testosterone makes you warm, losing your self-esteem, because testosterone is a hormone of self esteem. A lot of my patients say they lose muscle mass, and they lose strength and stamina and that's one of the first things they come in for. But all of that is secondary to testosterone lack, so that's one list.

BN: Right, and in the conversations that we've had you have always consistently said that the domino that starts that aging deterioration change process is testosterone and when testosterone balances begin to decline then there's evidence of menopause and andropause and all of these other things come as a result.

KM: Testosterone happens first.

BN: Yes.

KM: These symptoms are generally the first symptoms that patients come in with. If they're younger these are the only symptoms they have. Generally as they come in at an older age, they've been suffering through testosterone loss, then progesterone loss for women and finally estrogen loss. And that's usually ten years after testosterone is gone. But progesterone loss is PMS and some people have that their whole lives. Some people do not make good progesterone because they don't ovulate well. But progesterone can also give you the irritability, chronic irritability. The chronic inability to sleep. Lack of testosterone impairs sleep, but progesterone impairs falling asleep. Testosterone impairs staying asleep.

BN: Staying asleep, alright. So the hormone system is meant to be a self correcting balancing system. And when we're young and the system works then we don't have these issues. And historically medicine has looked at the aging process and said well you know it comes to all of us and that's what happens.

KM: Too bad, you're getting old, that's it.

BN: And what the research is showing and what you have found in 9 years of doing this as a specialty, is that much of that doesn't have to be automatic and it doesn't have to be inevitable because you can replace those hormones and restore the balance. And one way I try to understand things is by analogy. And I was asking Kathy about analogies that might be apt that might help other people that don't have science or technical backgrounds understand what we're talking about. And we were talking about the analogy of the lithium batteries versus the nickel cadmium batteries, You used to have nickel cadmium in rechargeable batteries.

KM: This is a guy story.

BN: This is a guy story. You used to have these rechargeable batteries but over a period of time they would develop memory and their rechargeability would decline. And that's sort of what happens with the balancing structure of the natural hormone system is that as you age the ability to recharge that battery and make you have high energy, positive libido, good self esteem, lack of depression, all of those things, declines.

KM: The battery is in your brain though. Most people think the battery is in your ovaries or the testicles. The battery is in your brain. And that's the part that doesn't recharge very well if the hormones aren't available. The interesting fact is the brain changes happen first. They make the hormones decrease and then that in turn makes the brain changes worse. When you stop that cycle, then we get to see all of these symptoms halt and patients go backwards. They're not 20 again, they don't look like they're 20 again but they look a lot younger, they look healthier, and they are healthier.

BN: They look more vibrant and more alive.

KM: Right, and there's more blood flow to their face.

BN: And they report that they feel better.

KM: Yeah, they do. They say "I'm back." What they mean is I'm back to a healthy, young level. And that's what we're looking for. But in this the symptoms that we go through really have a purpose. The symptoms are the only thing we see because we don't know exactly what's going on in the hypothalamus; it's hard to test. So we look at the symptoms. From the patient's perspective they can come in and know which hormone is lacking. Because that first group of symptoms is testosterone, the second group is progesterone. And not until we lose our estrogen. . .

BN: Let's break that out for the audience; which ones are testosterone. We have a list here.

KM: And we'll show a list here so you can see.

BN: Yes, there will be a slide.

KM: But libido and memory depend on testosterone. And lots of times people come in [for reasons] besides libido, that's obvious. But they come in and say, my memory's gone, I'm getting Alzheimer's, what's wrong with me? We're going to talk about that next week, or the week after, about how testosterone affects the memory. But it's true it affects the neurotransmitters in the brain. So that's one of the testosterone problems. And then strength, muscle mass, joint aches, damage to knees and hips because of lack of synovial fluid. Those are all testosterone issues.

BN: And obesity.

KM: And obesity, because weight gain occurs. When we lose our testosterone we get more belly fat, we lose our lean body mass, no matter what we do. it's just really difficult to make muscle without testosterone.

BN: Do clients really come in and say I'm experiencing a loss of libido?

KM: They say 'my marriage is in trouble because I don't find my husband sexually attractive. I still love him but I don't find him sexually attractive.'

BN: Or 'I'm not able to be responsive; I'm too dry; it's painful.'

KM: That's usually older women and that's usually from estrogen. That's a lack of estrogen. The last change is really the dryness. Believe it or not OB's are taught that's the first change, but it's really the last change because lack of estrogen causes dryness. So the first problem is libido, and sex drive and sex fantasies and women just say they don't feel like themselves.

BN: I've had a lot women tell me they don't have fantasies. Now, whether they're lying or not able to tell.

KM: Maybe they don't know what they are.

BN: Maybe they don't know what they are. Because I'll ask them do you fantasize, do you get yourself mentally excited, he's coming home today, we're going to do something tonight. That lead in, that mental mindset is really, really important and it's especially really important when the systems begin to slow down and deteriorate, because you need more lead time and more prep time.

KM: Right, but I don't think, women have been taught our generation and generation before us maybe not the next generation have been taught that that's a bad thing to do. You shouldn't be thinking about those things, even if it's your husband, you shouldn't be thinking about those things, you should take them out of you minds. So I think probably women are trained not to think about that. So in any case.

BN: What a shame.

KM: Isn't it sad? I mean you guys are taught.

BN: It is. It's sad. Oh yeah, we're taught. Every seven seconds; adolescent males. I used teach high school and junior high and we were taught that every seven seconds they have a sexual thought. But girls obviously don't do that. Or they do it but they don't admit it.

KM: Well, they may do that but they can't, they don't admit it. They don't even own it themselves. They don't think oh, that was a fantasy. That's not something they allow themselves. Maybe the next generation will be better and healthier that way. Some of the other things my patients come in and say is that they have dry eyes. They can't wear their contacts anymore.

BN: So it's whole body lubrication, the fluid systems.

KM: Yes, all body lubrications. Or they're dizzy and they're off balance.

BN: Yeah.

KM: And I didn't expect that, I had to go research it. So many people came in with lack of libido and we gave them testosterone and they said I'm not dizzy anymore, I don't have that inner ear problem. And that's one of the things we see is that we've found that so many things get better from just replacing testosterone. Those are the symptoms for testosterone. Now progesterone, if you remember most women start getting funny periods, weird bleedings in our forties and that has to do with loss of progesterone. Progesterone just doesn't happen every month. We usually make it from days 14 through 28 and that's why when we don't make it we get PMS between 14 and 28 and we start acting crazy and that's not us, we have no control over it. We get irritable, we get angry, we eat everything in sight, chocolate. It's progesterone.

BN: But all of that is regulated by chemicals and the things that they do like stimulating the hair follicles to release the egg.

KM: [Not] the hair follicles, the ovarian follicles. But that's okay.

BN: Follicles, I had that right. But it's chemically triggered chemically balanced.

KM: That's a beautiful system and it comes from the brain. Then the system stimulates itself through the pituitary to the ovary and from the ovary back to the pituitary. And you should have this nice normal process of estrogen increasing, testosterone increasing, peaking on day 14, and the egg has already ovulated on day 14. Now where the egg came from – that's the corpus luteum and it makes progesterone. Progesterone only comes from two places, the corpus luteum and the placenta in a pregnancy. That's the hormone that makes us calm, sleep better, not irritated.

BN: And if that gets out of balance you get irritable, you get moody, you get upset easily.

KM: Some people call it estrogen dominance, but in fact it is just progesterone lack. We have more estrogen and we don't have any progesterone to balance it. Because they should be in balance and they are until we're in our 40's. So I think we should go on to estrogen and we may have to do that next week.

BN: I want to talk about that. We need to talk about estrogen and we need to talk about thyroid again, as we list these symptoms. But I want to talk about the impact that occurs in relationships. I will have people come in and say 'my relationship is in trouble, my marriage is in trouble' and they will list a lot of these symptoms. There are seven in particular, off of this list, that I have heard as explanations for marital problems. In the past I would approach them strictly from a psychological or emotional perspective, and not consider the physiological issues. Now I am learning, from working with you, that we have to check those things out, and it is cost-efficient to check them out first.

KM: That's true. It is. And by taking the questionnaire that we have on our website, most patients can see, if they have these things, if they may be hormonal. The only way you can know for sure is to get blood tests, and then have them treated and see if you get better.

BN: We will continue this conversation in our next podcast. If you have questions or comments about anything that we have mentioned so far, you can reach us at podcast@balancedhealth.com and you can also read my blog at brettnewcomb.com.

KM: And if you would like to know more about BioBalance Health or bioidentical hormones, visit our website BioBalanceHealth.com or call 314.993.0963.