

A Commonly Challenging Case

Melanie, 53 yowf, 5'4 140 lbs, highly sensitive, previously was on oral estrogen + progesterone troche.

- Changed over to organic oils, B-E 30 80:20 & P 200. +p.o. P 125 mg which cleared her sleep issues & helped her feel more relaxed.

Bi-Est dose: gtt i q.a.m. [0.44 mgeeq], gtts iv h.s. [1.76 mgeeq], total: 2.2 mgeeq/day.

Brain better, less body aches, but nocturnal hot flashes are strong and disruptive.

Afraid to stop hormones b/o propensity to bleed, and have sleep disturbance recur

- PTP. Could be that, as sensitive as she is, her Bi-Est dosage is too high... especially with the h.s. spikey dose.

Ordinarily I'd d.c. Both B-E and P... Even the P could be excessive and compete with E for receptor sites. Also, with hx of oral estrogens, if she did not already have an SHBG, I'd get one right away.

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- [Melanie continued]: I was told by the physician I was consulting with that she was a very challenging patient and at her wits end. With this additional information, if I could have her pick up a 24 hour urine hormone test kit, and begin collection immediately, that is a more thorough strategy... and d.c. all hormones as soon as she peed her last drop into the jug. Finances allowing, we don't have an infinite amount of problem-solving time with all patients. The more info we have the better.
- Next step: email me daily (I may not respond but the info is valuable). We will learn something day by day.
 - If she starts to feel better in some time after d.c.ing, and has less hot flashes, what does that tell us?
 - When in doubt, I micromanage. I have a theory, we try it out and see what follows. Sooner or later we solve it!