

Virginia Hopkins Test Kits

Progesterone and Senility

By John R. Lee, MD

When I was in medical school, senility meant confusion, loss of short-term memory, impaired ability to balance a checkbook or carry on a meaningful conversation in an older-aged person. If it got so bad that the person was lost in his/her own house or could not recognize his/her own children, it was called senile psychosis. Its cause was thought to be due to age or to poor blood circulation in the brain. If it happened to someone younger than presumed old age, it was called premature senility. A few years later premature senility was called Alzheimer's disease. Now, age as a causative factor is downgraded and the Alzheimer label is applied to practically all people of any age with these symptoms. Purists maintain that Alzheimer's disease is the result of specific changes in brain cells that can be diagnosed only at autopsy.

In truth, there are probably a good number of factors in the etiology of mental confusion, loss of short-term memory, and impaired cognitive function. These factors include nutrient deficiencies (e.g., B-12, thiamin [B-1], niacin, and certain amino acids), dehydration, depression, cerebral arteriosclerosis, small strokes, carotid artery atherosclerosis, occult inflammatory diseases, and various toxins (aluminum, mercury, alcohol, and a long list of various drugs).

Vignette: I remember an elderly woman who could no longer balance her bank account or manage the home she had lived in for many years. Her children (in their 60s) were not satisfied with her doctor's diagnosis of Alzheimer's disease or his recommendation to put their mother in a nursing home. They brought her to my office for a second opinion. She was spry and healthy in all regards except for a disturbing bruit (harsh murmur) in one of her carotid arteries. I referred her to a vascular surgeon who cleared out the atherosclerotic plaque in this artery. She awoke from anesthesia with her mind clear and shortly returned to her farm home where she lived perfectly well for a number of years before dying of old age.

Since 1978 when I first started recommending progesterone cream for a variety of health problems such as osteoporosis, cancer prevention, and fragile skin in elderly women, I have many times witnessed a beneficial effect of physiologic doses of progesterone on brain function. I can recall many cases in which an elderly woman was removed from her home and placed in a nursing home or convalescent hospital because of senility problems. I might be called to see one of these patients because her skin was so thin and fragile that any sort of handling caused tears; or her bones had become so fragile they fractured with mild trauma. When daily doses of progesterone cream was recommended, it was common that the family would call me after a few weeks to relate that their mother's senility problems had disappeared.

Vignette: A geriatrician from Sao Paulo, Brazil, visited me to discuss progesterone treatment. His 92-year-old mother who had been a literature professor for many years was now in a nursing home because of senility, terribly fragile skin, and several fractures from osteoporosis. I encouraged him to try low-dose progesterone cream gently applied daily. A year later he wrote to tell me that his mother's skin was no longer tissue thin and fragile, her lumbar BMD increased by 5%, and her mind was again sharp and clear. Now, three years later at age 95, her BMD has improved by 17%, she is fully ambulatory, and she has formed a book club with other inhabitants at the convalescent home where she resides. Her son, the geriatrician, also informs me he now uses progesterone cream for 90% of his geriatric patients.

Because of events such as the above, I have searched the literature for evidence of progesterone's effect on brain cell function. I found it had been recommended during the 1950s as a treatment for epilepsy. Research showed that it suppressed brain cell membrane excitability. Research also showed that brain cells concentrate progesterone to levels 20 times higher than serum [blood] levels. It follows that brain cells do this for some reason. More recent mammal studies show that brain cell survival and recovery after trauma or stroke is considerably better when progesterone levels are adequate, contrary to the null effect of estrogen or testosterone. Progesterone raises the energy of brain cells while, at the same time, suppressing cell membrane excitability. All of this research plus the experience of my patients and the great safety of physiologic progesterone dosing convinces me that there is no reason not to use transdermal progesterone in older people with any sign of senility. Obviously, this should not exclude consideration of all the other potentially correctable factors that may contribute to senility.

For more by Dr. John Lee on the brain, read his booklet, [Get Smart about Your Brain](#).