VidaPura

TECHNICAL DATA

Pura Balance PPr Cream

Description

Some of the most common symptoms physicians hear from their female patients are weight gain, fatigue, loss of libido, depression, headaches, joint pain and mood swings. Many physicians and scientists are becoming increasingly aware of a link between these symptoms and an imbalance between the primary female sex hormones, progesterone and estrogen.

Progesterone, a precursor to most steroid hormones, is produced by the ovaries of menstruating women at the time of ovulation, and by the placenta during pregnancy. Progesterone performs a myriad of different functions.

Mechanism of Action

Studies show that by restoring the estrogen/progesterone hormonal balance to normal levels, many women report dramatic improvement.

Progesterone and Bone Health

Bone loss becomes most severe following menopause when women's bodies stop producing progesterone. For more than fifty years, physicians have believed that a lack of estrogen was the primary cause of bone loss. Quite simply, a lack of estrogen does not cause bone loss. Although estrogen inhibits the bone-destroying osteoclast cells, it cannot rebuild bone.

Progesterone rebuilds bone by stimulating the osteoblast cells that remineralize and restore bone mass. Dr. John Lee emphasized and many other physicians currently use progesterone as a key to maintaining healthy bones. "It was common to see a 10% increase (in bone density) in the first 6 to 12 months, and an annual increase of 3%-5% until stabilizing at the levels of healthy 35 year-olds." Lee added, "The occurrences of osteoporotic fractures dropped to zero." Dr. Lee's results ran counter to current medical thinking about bone density. "The results of this study suggest that osteoporosis is not an irreversible condition," he said.

Natural vs. Synthetic Progesterone

Most synthetic progesterone-like products actually contain progestins, which are synthetic analogs of progesterone; progestins are far more powerful than the body's own natural progesterone. Progestins can be metabolized into toxic by-products that may interfere with the body's own natural progesterone, creating other hormone-related health problems and further exacerbating estrogen dominance.

Natural progesterone, on the other hand, is nearly identical to the progesterone that is produced by the body. It is manufactured in scientific laboratories from wild yams and soy beans (natural progesterone should not be confused with "yam extracts").

Pregnenolone

Like many health-promoting hormones, levels of pregnenolone drop with age. At 75, our bodies typically make 60% less pregnenolone than at age 35. This is a point of great concern, considering pregnenolone's numerous protective and health-promoting properties.

Pregnenolone and Energy

Some of the earliest investigations of pregnenolone's many benefits showed it to be an energizing, anti-stress biochemical. During the 1940's, Drs. Pincus and Hoagland gave 50-100 mg/day of pregnenolone to various types of factory workers, as well as pilots and students training to use a flight simulator. The factory workers noted improved production rates while taking pregnenolone. They felt less fatigued, better able to cope with their jobs and experienced an enhanced sense of happiness and well-being. Interestingly, workers in stressful job environments improved more with pregnenolone than those with less demanding tasks. Also, the professional pilots reported that they performed better in their real flying jobs and suffered less fatigue while taking pregnenolone.

Ingredients

Water, caprylic/capric triglycerides, glyceral stearate, stearic acid, glycerin, progesterone, pregnenolone, cetyl alcohol, tocopherol, *Daucus carota sativa* (carrot) root extract, beta carotene, disodium EDTA, citric acid, *Cymbopogon schoenanthus* (lemongrass) oil, *Rosmarinus officinalis* (rosemary) leaf extract, phenoxyethanol, caprylyl glycol, Activin™ (grape seed) extract, acrylates/acrylamide copolymer, *Angelica sinensis* (dong quai), *Serenoa repens* (saw palmetto), *Viburnum opulus* (cramp bark), *Smilax officinalis* (sarsaparilla) and silver citrate.

Product 2 oz pump (56.7 mL)

Recommended Dosage

Each ¼ teaspoon provides approximately 20 mg of progesterone and 10 mg of pregnenolone.

Dosage will vary depending on the individual. After menopause, when estrogen levels are low, progesterone levels will be a great deal lower. It is possible that after the patient's body adjusts to the application of topical progesterone, she will only need ¼ teaspoon a day for maintenance.

Pre-Menopausal Women: The dose varies depending on overall health goals, length of cycle and menstrual history; apply the recommended amount from days 12 to day 26 of the menstrual cycle. Count the first day of bleeding as day 1.

Menopausal Women: Use for 21 consecutive days and discontinue usage for 7 days, then repeat; unless otherwise directed by healthcare provider.

Apply ¼-½ teaspoons (total daily amount) to soft skin areas (face, neck, upper chest and inner-arms). Sequentially rotate to a different part each day.

Precautions

Adverse side effects are rare. May slightly alter the timing of the menstrual cycle if used inappropriately. Occasional break-through bleeding is also possible, if there is a history of progesterone-positive receptor health related conditions. Do not combine with hormone contraception such as oral birth control pills or other dosage forms of hormones without healthcare provider's guidance.

Recommended Applications

- Provides support for bone metabolism
- Supports hormonal balance
- Improves responses to stress
- Reduces premenstrual symptoms
- Promotes balanced mood

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Pregnenolone and Memory

Animal studies by Isaacson, Flood, Morely and Roberts have shown that injection of very small amounts of pregnenolone directly into the areas of the brain that are thought to mediate memory, improved the ability of mice to more quickly remember the way out of a maze that they had run before. In one study, researchers gave 500 mg pregnenolone or a placebo to men and women three hours before they were asked to perform standard memory tests. Pregnenolone resulted in improved memory in both men and women, improved spatial memory and perception in men, and improved verbal recall memory in women.

Pregnenolone and Mood

Pregnenolone is known to modulate at least two key neurotransmitter receptor systems in the brain: NMDA receptors and GABA receptors. NMDA receptors, which weaken with age, are involved in learning, memory, and alertness. Pregnenolone enhances NMDA receptor function. GABA receptors promote relaxation, mental slowing, sedation and sleep. Benzodiazepine drugs activate GABA receptors, while pregnenolone inhibits GABA receptors. Thus, too little NMDA activity combined with excessive GABA activity would tend to promote mental sluggishness and depression. Since pregnenolone raises NMDA activity and lowers excessive GABA activity, pregnenolone seems to be a natural antidepressant. Indeed, a recent study of 27 depressed patients found that the pregnenolone levels in their cerebrospinal fluid, which circulates through the brain and spinal cord, was significantly lower than in 10 non-depressed volunteers. Cerebrospinal fluid levels of neurohormones and neurotransmitters are generally believed to accurately reflect the concentrations of these molecules in the brain.

Pregnenolone and Cortisol

Small amounts of cortisol are essential to promote health and normal functions. Yet, under conditions of chronic stress and aging, the adrenal glands often over-produce cortisol. Indeed, cortisol is the only steroid hormone whose levels tend to increase with age. Excessive amounts of cortisol promote a host of negative effects. High cortisol levels, frequently related to chronic, unremitting stress, promote depression. Experimental subjects such as factory workers and airplane pilots who were given pregnenolone under stressful conditions reported an enhanced sense of well-being and happiness.

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