

# FOREFRONT HEALTH

## The Complete Guide to Molecular Progesterone



Re-Balance, Re-Activate, and  
Restore Your Thyroid Health

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# What is Progesterone?

**Progesterone is one of the most protective hormones that your body produces.**

While named for, and most widely recognized as the primary pro-gestational hormone (hormone supportive of pregnancy), it is produced by both men and women in varying amounts, and has many essential functions outside of its protective effects with pregnancy.

For example, when it comes to thyroid health, progesterone is essential for the release and conversion of thyroid hormone along the Thyroid Hormone Pathway.

But, more on that in a minute...

It's also one of three sex-hormones (the others being estrogen and testosterone) produced by the human body.

This is important to understand because imbalances within these sex-hormones can lead to harmful effects that are not just related to fertility and pregnancy.

These imbalances can also **suppress thyroid function, promote the development of autoimmune diseases**, and increase one's risk of many metabolic diseases including **heart disease, diabetes, and cancer**.

These dangers are commonly the result of an imbalance that we refer to as "**Estrogen Dominance**".

# What is Estrogen Dominance?

Simply put, **Estrogen Dominance is a state where one's levels of estrogen and progesterone are out of balance and favoring estrogen over progesterone.**

The keyword here is "balance".

It has little to do with the actual levels of estrogen and progesterone reported on lab results and everything to do with the balance of the two.

For example, below are multiple scenarios of different estrogen and progesterone levels that all result in an Estrogen Dominance imbalance...

1. Elevated estrogen and normal progesterone.
2. Normal estrogen and low progesterone.
3. Low estrogen and even lower progesterone.
4. Elevated progesterone and even higher estrogen.

As you can see, one can still be Estrogen Dominant even with low estrogen levels.

With that being said, it's also important to point out that estrogen labs are generally highly inaccurate to begin with.

This is because estrogen often tends to accumulate in the tissue rather than in the blood. Since estrogen labs only look at estrogen levels within the blood, they completely miss tissue estrogen levels.

And studies have shown that **tissue estrogen levels can be up to 50 times higher than blood estrogen levels!**

So, true estrogen levels are often much higher than what lab tests might show. This is especially true in perimenopause, menopause, and post-menopause when estrogen levels often test very low.

The more pressing issue is that **thyroid dysfunction and Estrogen Dominance go hand-in-hand** because thyroid dysfunction naturally leads to increased estrogen levels and decreased progesterone levels.

For example, in a healthy woman's body, significant amounts of estrogen (the hormone of estrus) is produced at the time of ovulation to help facilitate reproduction before being readily detoxified and estrogen levels dropping back to "normal".

**However, thyroid hormone is essential for both the detoxification of estrogen by the liver as well as the natural production of progesterone.**

So, it's easy to see that something as simple as a lack of thyroid hormone can prevent the detoxification of estrogen causing estrogen to accumulate and estrogen levels to rise.

Similarly, a lack of thyroid hormone can prevent the production of adequate progesterone causing a progesterone deficiency and progesterone levels to drop.

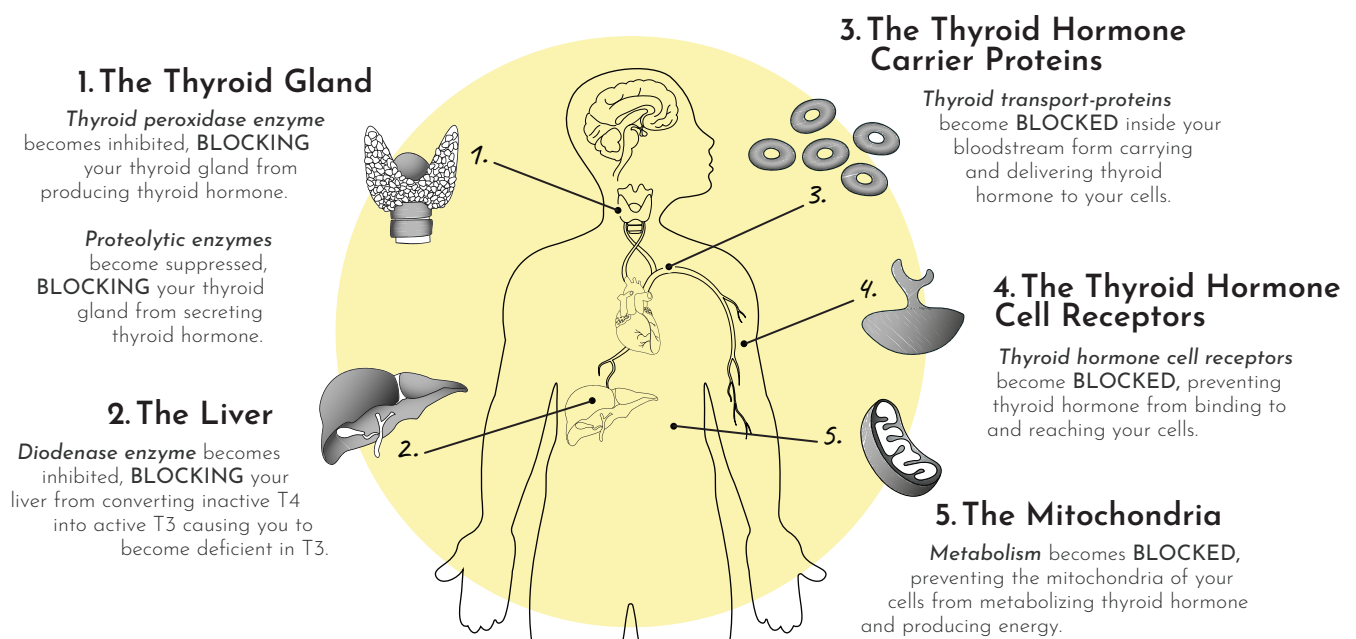
And the end result is always Estrogen Dominance.

# Estrogen Dominance and Your Thyroid Hormone Pathway

In case you aren't yet familiar with our content, the Thyroid Hormone Pathway is the path in which your thyroid hormone must travel down before it ever gets to your cells.

This pathway consists of the thyroid gland, the liver, the bloodstream, cell receptors, and the mitochondria within every cell of your body.

## THE THYROID HORMONE PATHWAY



With low thyroid function **your pathway becomes blocked on multiple levels preventing your thyroid hormone from ever reaching your cells.**

Why should you be concerned about Estrogen Dominance?

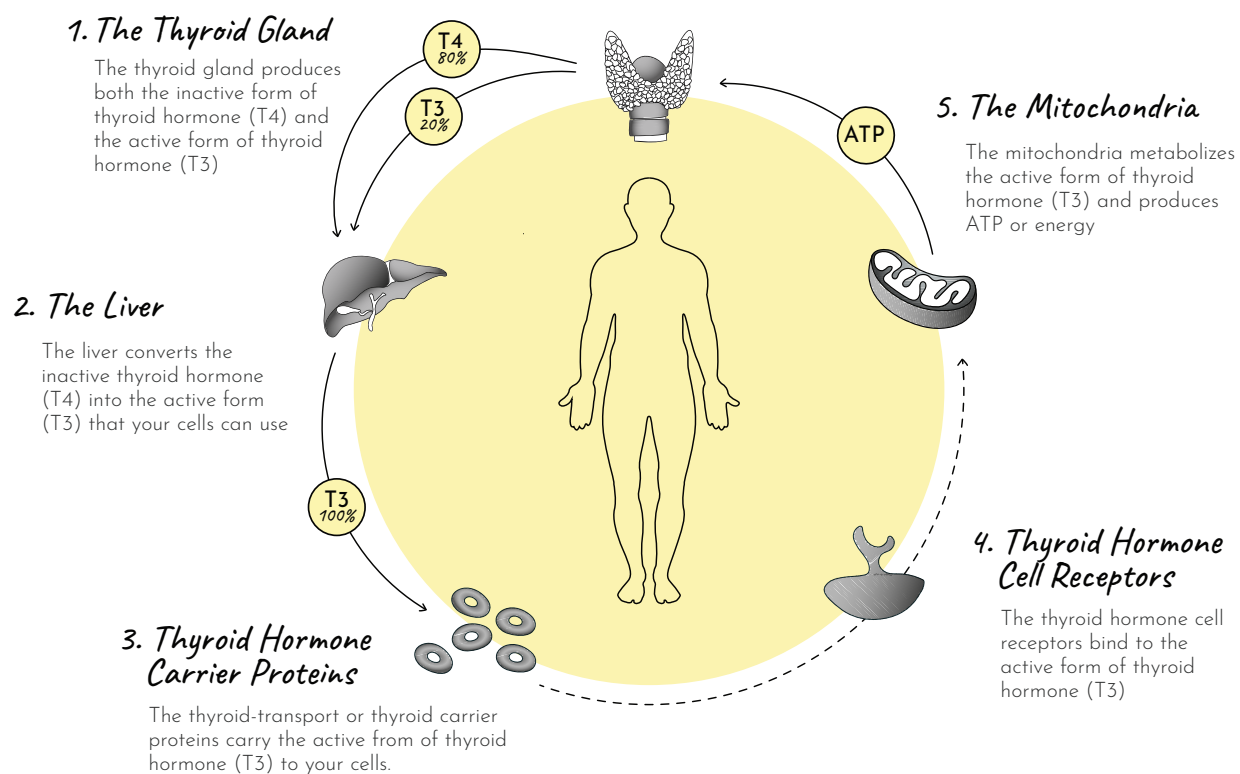
Because Estrogen Dominance directly suppresses thyroid function at multiple levels of your Thyroid Hormone Pathway.

This is what makes Estrogen Dominance so dangerous.

## Specifically, **Estrogen Dominance** is known to disrupt your **Thyroid Hormone Pathway** by...

1. Blocking your thyroid gland from releasing thyroid hormone, directly causing a thyroid hormone deficiency (*shown below in step 1*).
2. Blocking your liver from converting the inactive T4 thyroid hormone into the active T3 thyroid hormone your body needs to thrive causing an even greater active thyroid hormone deficiency (*shown below in step 2*).
3. Blocking your metabolism at the cell level and preventing your cells from being able to use the active T3 thyroid hormone they so desperately need (*shown below in step 5*).

### THYROID HORMONE CONVERSION CYCLE



Needless to say, anything that blocks your Thyroid Hormone Pathway suppresses your thyroid function.

Yet, it's the next part that makes Estrogen Dominance far more dangerous.



# Estrogen Dominance and Low Thyroid Function

Here's where the real danger lies.

In previous sections, we discussed how thyroid dysfunction leads to Estrogen Dominance as well as how Estrogen Dominance further suppresses thyroid function.

This creates a feedback loop **where the more the more suppressed your thyroid function becomes, the more Estrogen Dominant you become... and the more Estrogen Dominant you become, the further your thyroid function is suppressed.**

Simply put, this creates a perpetual thyroid-suppressive cycle that traps you in a state of thyroid dysfunction.

If left untreated, one's thyroid function is left to continuously worsen over time, while further increasing the often-debilitating symptoms of thyroid dysfunction and Estrogen Dominance, as well as the risks of numerous autoimmune and metabolic diseases.

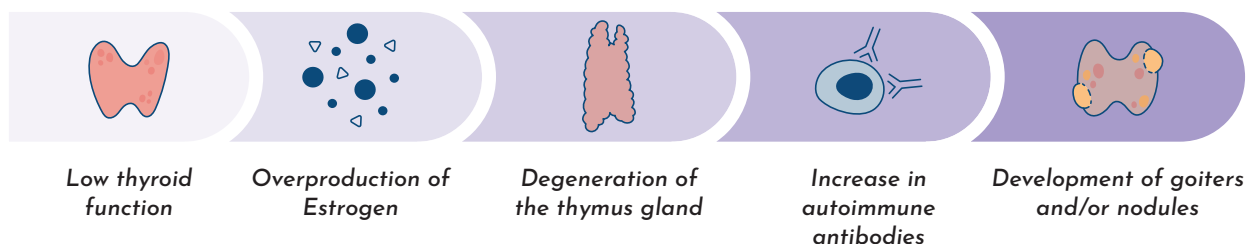
Most notably, **untreated Estrogen Dominance can lead to the development of serious autoimmune thyroid dysfunction called Hashimoto's Thyroiditis.**

Autoimmune thyroid dysfunction typically results from the prolonged exposure to excess estrogen.

It looks something like this...

## Estrogen Dominance and Autoimmune Thyroid Dysfunction

The development of autoimmune thyroid dysfunction follows a path from:



1. **Low thyroid Function** to the...
2. **Overproduction of estrogen and Estrogen Dominance**, which causes the...
3. **Degeneration of the thymus gland, and increases the production of...**
4. **Autoimmune antibodies** due to estrogen's effect on the thymic B-Cells and often the...
5. **Development of goiter and/or nodules.**

Yet, it doesn't stop with autoimmune thyroid dysfunction.

Studies suggest that estrogen can also be implicated in the development of other autoimmune diseases such as:

- Arthritis
- Multiple Sclerosis
- Sjögren's syndrome
- Lupus

This is why those who have developed one autoimmune disease commonly develop other autoimmune diseases during their lifetime.

But, it doesn't have to be that way... We'll show you how to protect yourself from Estrogen Dominance and all of the horrible symptoms it can lead to.

But first, there's one last thing to cover.

## ***Estrogen Dominance and Goiters & Thyroid Nodules***

Estrogen Dominance, especially among those who are dealing with autoimmune thyroid dysfunction, significantly **increases your risk of developing a goiter or thyroid nodules.**

Roughly 100 years ago, goiters were relatively common in certain parts of the United States, referred to as "goiter belts", where the soil was deficient in iodine.

Since farming and food sources were only available locally at that time, people who lived in these areas often developed severe iodine deficiencies that resulted in the development of goiters.

Fast forward to today where our food is sourced globally, iodine deficiency and iodine deficient goiters are relatively rare.

While many still believe that goiters today are a result of iodine deficiency, they are actually the result of a more serious condition... **Estrogen Dominance**.

Please note that while small amounts of iodine are important for proper thyroid function, supplementing too much iodine can be very dangerous and further suppress thyroid function or even cause autoimmune thyroid dysfunction.

You see, progesterone is essential for activating the proteolytic enzymes that allow the thyroid gland to release its stored thyroid hormone into the bloodstream.

Estrogen, on the other hand, inhibits these enzymes and can block the thyroid gland from releasing thyroid hormone.

If the thyroid gland continues to produce thyroid hormone yet can't release it, that thyroid hormone (also known as thyroid colloid) begins to build up within the gland, causing the gland itself to enlarge.

When this happens within smaller areas of the thyroid gland, which are not always visible, it's often referred to as a **thyroid nodule**. When this happens within larger areas of the thyroid gland, which typically are visible, it's referred to as a **goiter**.

This is why those with Estrogen Dominance are at a much greater risk of developing a goiter or thyroid nodules over their lifetime.

If one already has either a goiter or thyroid nodules, then odds are they are already very Estrogen Dominant.

**The good news is that goiters and thyroid nodules can shrink by properly addressing Estrogen Dominance**, which you'll see in a second.

# Synthetic Progestins vs. Natural Bio-Identical Progesterone

In the next section we'll cover who can benefit from using progesterone... but before we do, it's important to understand that not all "progesterone" is created equal or even safe for that matter.

Natural progesterone really has no known negative effects.

**But, we have to put emphasis on "natural".**

By natural we are referring to natural, bio-identical progesterone that is identical to the progesterone that your body naturally produces.

The same cannot be said for synthetic progestins.

Synthetic progestins are generally used in most prescribed progesterone medications (except prometrium for example), hormonal birth control, and hormone replacement therapies.

These are man-made chemicals that closely resemble progesterone, but that stimulate progesterone cell receptors rather than increasing actual progesterone levels.

Stimulating progesterone receptors, when actually progesterone levels are low, can lead to numerous dangerous effects.

Yet, despite these clear differences, the medical system refuses to acknowledge this difference and instead considers synthetic progestins to be the same as natural progesterone.

So, odds are if you've heard of any negative effects related to progesterone, it's actually related to the synthetic forms and not the natural bio-identical progesterone we use in our Molecular Progesterone Complex.

With that being said, not all natural progesterone sources are created equal, which we'll cover shortly.

# Who Can Benefit From Using Natural Progesterone?

Anyone can benefit from natural bio-identical progesterone supplementation, and especially those suffering from symptoms related to Estrogen Dominance.

What we've discussed this far is merely scratching the surface. In our work with clients, we've seen progesterone supplement help support and protect against:

- Low Thyroid Function
- Autoimmune Thyroid Dysfunction
- Goiters & Nodules
- Joint & Muscle Pain
- Stress & Anxiety
- Acne
- Hot Flashes
- Night Sweats
- Sleep Issues
- Bloating or Weight Gain
- Hair & Skin Issues
- ...And Even Some Forms of Metabolic Dysfunction

There are also many other lesser known, but still common symptoms of Estrogen Dominance that we've seen improvements in as well including:

- Fatigue
- Fertility Issues
- Menstrual Irregularities
- Early Menopause
- Nerve swell/impingement (i.e. Carpal Tunnel)
- Constipation
- Prolonged Periods of Sadness
- Endometrial Issues
- Migraines & Headaches
- Hirsutism (Female Facial Hair)
- Blood Pressure
- Blood Sugar
- Muscle Pain
- Edema (Water Retention)
- Dairy Intolerance
- Gluten Intolerance
- Histamine Intolerance

And the list goes on...

It's important to remember that low thyroid function itself leads to Estrogen Dominance due to lower than adequate progesterone levels.

**So, if you suffer from an under-active thyroid or autoimmune thyroid dysfunction then you almost certainly have a progesterone deficiency, or imbalance with estrogen, that can benefit from progesterone supplementation.**

# How We Combat Estrogen Dominance

We've already established that thyroid dysfunction directly leads to Estrogen Dominance. That's why when working with clients, we use a simple 4-Step Approach to combat it. We recommend utilizing all four steps for best results.

Keep in mind that there are many poor and illogical recommendations out there that more often than not cause more harm than good.

This is what we've found to be the most effective, safest, and simplest approach.

## | Step 1: Increase Progesterone Levels

The first step shouldn't come as a surprise.

If Estrogen Dominance occurs due to an imbalance of estrogen and progesterone that favors estrogen, then simply increasing one's progesterone levels can help positively shift that balance back towards progesterone.

We accomplish this with our **Molecular Progesterone Complex**.

Yet, it's still important to directly address the underlying causes that lead to excessive estrogen levels to begin with, which starts with the next step.

## | Step 2: End the Aromatase Estrogen Overproduction

Aromatase is an enzyme that exists within our fat cells and converts androgens like testosterone into estrogen.

Normally, this testosterone-stealing and estrogen-producing enzyme isn't a concern.

However, thyroid dysfunction causes both an increase in the amount of this enzyme and an increase in its activity.

Simply put, it causes you to both produce even more estrogen and produce it faster, which can quickly lead to or worsen Estrogen Dominance.

Not only that, but it's also a common cause of low testosterone in women.

Other factors that increase aromatase and aromatase activity include:

- Age
- Cortisol
- Low-Carb Dieting
- Dietary Polyunsaturated Fatty Acids (PUFAs)
- Alcohol
- Prolactin
- Prostaglandin
- Removal of the Ovaries

This is also how menopausal women end up having much higher estrogen levels when it's assumed that their levels are low. They may no longer produce estrogen through ovulation, but they overproduce it nonetheless through this aromatase pathway.

The good news is that there are supplements that can block this aromatase enzyme and decrease its production of estrogen.

These are commonly referred to as aromatase inhibitors.

With clients we use two of the safest and most powerful aromatase inhibitors.

The first is none other than progesterone, from our **Molecular Progesterone Complex**.

The second is our High Gamma **Thyro-Protect Vitamin E Complex**.

In fact, research shows High Gamma Vitamin E is so effective that studies have shown it to decrease estrogen levels by 55% in just 10 weeks\*.

### **Step 3: Stop Storing and Start Detoxifying Your Estrogen**

Stopping the overproduction of estrogen is certainly important.

Yet, most individuals with thyroid dysfunction still can't detoxify the estrogen that already exists within their bloodstream and stored within their body.

As mentioned earlier, thyroid dysfunction involves your entire Thyroid Hormone Pathway, including your liver. **Without adequate thyroid hormone your liver can't detoxify estrogen.**

Yet, there are also a number of other factors that put further burden on your liver and prevent you from detoxifying estrogen, including:

- Bacterial Endotoxin
- Dietary Polyunsaturated Fatty Acids (PUFAs)
- Protein Deficiency
- Carbohydrate Deficiency

With clients, we strongly focus on improving estrogen detoxification through a number of ways. We always start with the elimination of dietary PUFAs as well as lowering the PUFAs in our blood and tissue.

Then we must feed the liver all the adequate nutrition it needs to do its job. This starts with a minimum of 70 to 100 grams of high quality protein, and even more carbohydrates.

Plus, one or two raw carrots daily helps prevent estrogen from being reabsorbed within one's digestive tract.

Finally, we further boost thyroid hormone (T3) through diet and/or supplementation with a high quality thyroid supplement, such as our Forefront Health **Raw Desiccated Thyroid**.

It's also worth noting that Vitamins B1 (thiamine) and B2 (riboflavin) are important for the liver's detoxification of estrogen, both of which can be found in our **Vitamin B Thyroid Complex**.

## **Step 4: De-Activate Estrogen and Block Estrogen Receptors**

Regardless of your true estrogen levels, you also have to account for the "activity" of your estrogen.

For example, lower estrogen levels with higher estrogen activity can be more damaging than higher estrogen levels with lower estrogen activity. Ideally, we want lower estrogen levels with lower activity.

There are many factors that influence your estrogen's activity, including:

- Inflammation
- Polyunsaturated Fatty Acids (PUFAs)
- Number of Estrogen Receptors



Keeping inflammation low is important as it increases the production of enzymes that prevent estrogen from being detoxified by the liver.

And the same polyunsaturated fatty acids (PUFAs) mentioned in Step 3 also prevent certain proteins from binding to estrogen that help reduce its activity. So, avoiding dietary PUFAs is important here as well.

In thyroid dysfunction, **large numbers of estrogen receptors amplify estrogen's dangerous effects.**

By blocking and eliminating estrogen receptors you can further decrease the activity of estrogen.

Similarly to their estrogen lowering effects by inhibiting the aromatase enzyme, both progesterone and High Gamma Vitamin E also work by directly blocking estrogen receptors.

### ***Starting to see a common theme?***

Both progesterone and Vitamin E play an essential role in almost every part of this process to end Estrogen Dominance.

That's why we primarily recommend using the Molecular Progesterone Complex and Thyro-Protect Vitamin E together as part of our **Anti-Estrogen Mini-Bundle** with our clients and customers.

So, now that you know how to combat Estrogen Dominance, let's dive into the details of how to best use it.

[SHOP THE BUNDLE](#)



# **HOW TO USE MOLECULAR PROGESTERONE COMPLEX**

# Intro to Dosing

We've covered Estrogen Dominance in detail and how natural progesterone can help combat it. However, there's so much more that progesterone can do to help your Thyroid Hormone Pathway, too.

For example, progesterone can help to...

- **Re-Balance thyroid-suppressive hormones** (like estrogen & cortisol)
- **Re-Activate the thyroid gland** by activating the essential enzymes needed to release thyroid hormone
- **Re-Activate the liver** by suppressing the stress hormones that block the liver from being able to convert thyroid hormone (from T4 into T3)
- **Restore thyroid function & healthy metabolism** by combating Estrogen Dominance

Plus, you'll start feeling some immediate benefits such as...



Protect Against Hot Flashes



Promote Deeper Sleep



Protect Against Stress & Anxiety



Support Healthy Joints



Support Normalized Water Retention



Protect Against Autoimmune  
Thyroid Dysfunction & Estrogen

**But, before you dive right in, it's important to understand that the dosing often depends on what you're using it for.**

For instance, if you are struggling with **autoimmune thyroid dysfunction**, we often recommend using a relatively high dose of Molecular Progesterone Complex.

If you're suffering from **hot flashes or other menopausal symptoms**, then we often need to start with a much higher dose of progesterone to compensate for the sudden drop in estrogen that can potentially unmask or worsen one's hot flashes. The dosage is always key.

Nine times out of ten, when our clients & customers tell us they aren't feeling a difference, it's the result of improper dosing. If this happens to you, make sure you are following the dosing instructions and increasing the amount if necessary until you feel relief.

Regardless of your specific health struggles, rest assured we can help. We just want to make sure we guide you down the right path...

And the next part of this guide is going to do exactly that!

### **Special Note**

The Molecular Progesterone Complex is a thick solution due to the high Vitamin E content, which acts as a carrier to deliver the progesterone directly into the bloodstream. This is what allows for the superior absorption of the progesterone compared to alternative products.

#### **Dropper Instructions:**

Before removing the dropper, squeeze the dropper bulb to pull some of the oil inside the dropper. When removing the dropper, hold it over the bottle for 15 to 20 seconds to allow the excess oil to run off the dropper and back into the bottle. Then dispense the required number of drops. When finished, empty dropper contents back into the bottle and secure the top.

# For Low Thyroid Function

When it comes to supporting healthy thyroid function, we will be using Molecular Progesterone Complex to...

1. **Re-Balance thyroid-suppressive hormones** (like cortisol & estrogen)
2. **Re-Activate the liver** so it can start detoxifying excess estrogen
3. **Restore thyroid function & healthy metabolism** by combating Estrogen Dominance

And this process couldn't be easier!

*Please note that the dosing depends on menstrual status and the dosing may need to be increased accordingly until you achieve the desired effect. These doses are simply a starting point.*

## Low Thyroid Function Dosing

Menstrual Cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
<b>Pre-Menopausal</b>	CYCLE OFF													3 DROPS 3x DAILY														
<p>Use 3 drops 3x per day on days 14 through 28 of the menstrual cycle. Dosage (3 drops) should be increased as needed for more severe symptoms.</p>																												
<b>Peri-Menopausal, Menopausal &amp; Post-Menopausal</b>	First 2-4 Weeks				3 DROPS 5x DAILY																							
	Maintenance				3 DROPS 3x DAILY																CYCLE OFF							
<p>Start with 3 drops 5x per day for 2 to 4 weeks. Then continue with 3 drops 3x per day as long as there's no regression in symptoms. Should be cycled 3 weeks on, then 1 week off. If needed, dosage should be increased to 5 drops 5x daily.</p>																												

☒ Progesterone Use ☐ Break from Progesterone Use

## Considerations

It's important to note that successfully dosing progesterone involves simply raising progesterone levels to an adequate level. **The starting dosage we often recommend is generally between 9 mg and 45 mg of progesterone daily for premenopausal and post-menopausal women.**

Considering that in cases of fertility issues and more severe menopausal symptoms, doses of 300 mg to 500 mg daily are commonly used, increasing the dosage from these starting points should not be a concern. With the high absorption rate and bioavailability of Molecular Progesterone Complex, doses this high are not often required. However, doubling, tripling, or more the starting dosing is sometimes warranted to achieve complete relief.

## Synergistic Support: Raw Desiccated Thyroid

Depending on the severity of your thyroid dysfunction, other supplements might be necessary to both assist and improve the effectiveness of the Molecular Progesterone Complex.

For instance, the combination of **Raw Desiccated Thyroid** and Molecular Progesterone Complex can help you achieve quicker results, while further improving your thyroid health.

The Raw Desiccated Thyroid works by boosting the thyroid hormone (T3) your cells need to metabolize and convert into energy, while your thyroid gland is suppressed as a result of increased estrogen or cortisol levels.

In other words, Raw Desiccated Thyroid works to help us address step 1 (*unblock your thyroid gland*) of the Thyroid Hormone Pathway, while also working to address step 5 (*unblock your metabolism*).

Meanwhile, Molecular Progesterone Complex is helping us address step 1 (*unblock your thyroid gland*) by deactivating the stress hormones (cortisol & estrogen) that are damaging your thymus gland (*which helps stimulate your thyroid gland*), while also working to address step 2 (*unblock the liver*), and

step 5 (unblock your metabolism). Then, by adding our **Vitamin ADK Thyroid Formula** or **Collagen Protein Powder**, we are able to further improve thyroid health... But, we won't bore you with the details.

To help make your life even easier, we created the **Hypothyroid Support Mini-Bundle**.

This bundle includes Collagen Protein Powder, Molecular Progesterone Complex, Vitamin ADK Thyroid Formula, and Raw Desiccated Thyroid, **all of which work synergistically to help you combat low thyroid function and get back to feeling like yourself again.**



**SHOP OUR HYPOTHYROID SUPPORT MINI-BUNDLE**

# For Autoimmune Thyroid Dysfunction

When it comes to autoimmune thyroid dysfunction, we will be using Molecular Progesterone Complex to also help with the following:

1. **Re-Balance thyroid-suppressive hormones** (like cortisol & estrogen)
2. **Re-Activate the liver** so it can start detoxifying excess estrogen
3. **Restore thyroid function & healthy metabolism** by combating Estrogen Dominance

The biggest difference is that autoimmune thyroid dysfunction is typically a result of prolonged exposure to excess estrogen. So, we generally start with a higher dosage to help compensate.

## Autoimmune Thyroid Dysfunction Dosing

Menstrual Cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28						
<b>Pre-Menopausal</b>	CYCLE OFF													3 DROPS 3x DAILY																				
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<b>Peri-Menopausal, Menopausal &amp; Post-Menopausal</b>	First 2-4 months													5 DROPS 5x DAILY															CYCLE OFF					
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## Considerations

It's important to note that successfully dosing progesterone involves simply raising progesterone levels to an adequate level. **The starting dosage we often recommend is generally between 27 mg and 45 mg of progesterone daily for premenopausal and postmenopausal women.**

Considering that in cases of fertility issues and more severe menopausal symptoms, doses of 300 mg to 500 mg daily are commonly used, increasing the dosage from these starting points should not be a concern. With the high absorption rate and bioavailability of Molecular Progesterone Complex, doses this high are not often required. However, doubling, tripling, or more the starting dosing is sometimes warranted to achieve relief.

## Synergistic Support: Vitamin B Thyroid Complex

Depending on the severity of your autoimmune thyroid dysfunction, other supplements might be necessary to both assist and improve the effectiveness of the Molecular Progesterone Complex.

For instance, the combination of **Vitamin B Thyroid Complex** and Molecular Progesterone Complex can help you achieve quicker results, while further improving your thyroid health.

The Vitamin B Thyroid Complex works in part by helping your liver to detoxify excess estrogen that you can't get rid of, while also stimulating healthy oxidative metabolism.

In other words, Vitamin B Thyroid Complex works to help us address step 2 (*unblock your liver*) of the Thyroid Hormone Pathway, while also working to address step 5 (*unblock your metabolism*).

Meanwhile, Molecular Progesterone Complex is helping us address step 1 (*unblock your thyroid gland*) by deactivating estrogen, while also working to lower stress hormones to address step 2 (*unblock the liver*), and step 5 (*unblock your metabolism*).

Then, by adding our Vitamin ADK Thyroid Formula or Thyro-Protect Vitamin E, we are able to further improve thyroid health... But, again, we won't bore you with the details.

To help make your life even easier, we created the **Hashimoto's Support Mini-Bundle**.

This bundle includes Molecular Progesterone Complex, Vitamin ADK Thyroid Formula, Vitamin B Thyroid Complex, and Raw Desiccated Thyroid, **all of which work synergistically to help you protect against the effects of autoimmune thyroid dysfunction and get back to feeling like yourself again.**



**SHOP OUR HASHIMOTO'S SUPPORT MINI-BUNDLE**

# For Goiters & Nodules

When it comes to goiters & soft nodules, we will be using Molecular Progesterone Complex to help with the following:

1. **Re-Balance thyroid-suppressive hormones** (like cortisol & estrogen)
2. **Re-Activate the thyroid gland** to release its stored thyroid hormone as well as the liver so it can start detoxifying excess estrogen
3. **Restore thyroid function & healthy metabolism** by combating Estrogen Dominance

Yet, before we can introduce the Molecular Progesterone Complex, we sometimes have to first start with **Raw Desiccated Thyroid** in order to prevent a sudden release of thyroid hormone (also known as a Thyroid Storm).

More on this in a second.

The development of goiters and nodules are especially common in cases of autoimmune thyroid dysfunction due to the long-term exposure to excessive estrogen and its effects on the thyroid gland.

Estrogen is known to increase Thyroid Stimulating Hormone (TSH), while also inhibiting the proteolytic enzymes that are needed for the gland to release thyroid hormone into your bloodstream.

In other words, **estrogen stimulates your thyroid gland to produce more thyroid hormone...** Yet, at the same time, **it also inhibits your thyroid gland from releasing that thyroid hormone.**

This causes a buildup of thyroid hormone (colloid) within your thyroid gland.

And this is a big reason today **why those with autoimmune thyroid dysfunction develop goiters or soft nodules on their thyroid gland.**

So when it comes to goiters & nodules, we start by shrinking the goiter or nodule in 3 easy steps.

## Step 1: Suppress TSH

If TSH is elevated then by supplementing thyroid hormone using our Raw Desiccated Thyroid, we are able to suppress TSH levels to help prevent the further buildup of thyroid hormone within the thyroid gland that causes the goiter/nodules to begin with.

## Step 2: Shrink the Thyroid Gland

We shrink the thyroid gland using Molecular Progesterone Complex, Thyro-Protect Vitamin E, and by stimulating healthy oxidative metabolism.

We often start with a trial of progesterone, while looking for signs of increased heart rate, heart palpitations, anxiety, etc (signaling a potential Thyroid Storm).

If these symptoms are experienced, then it's best to focus on Vitamin E and metabolism first and re-introduce the progesterone later, because it still plays an essential part in fixing the underlying cause of the problem. It's important to note that **Vitamin E is anti-estrogenic and can be used to reduce estrogen's thyroid-blocking effects without unloading the thyroid gland too quickly.**

So if you're concerned about a potential Thyroid Storm, we recommend starting here.

Then, we want to focus on diet to up-regulate (increase) healthy oxidative



[SHOP RAW DESICCATED THYROID](#)



[SHOP THYRO-PROTECT VITAMIN E](#)

metabolism so that your body begins using more thyroid hormone and using it more efficiently.

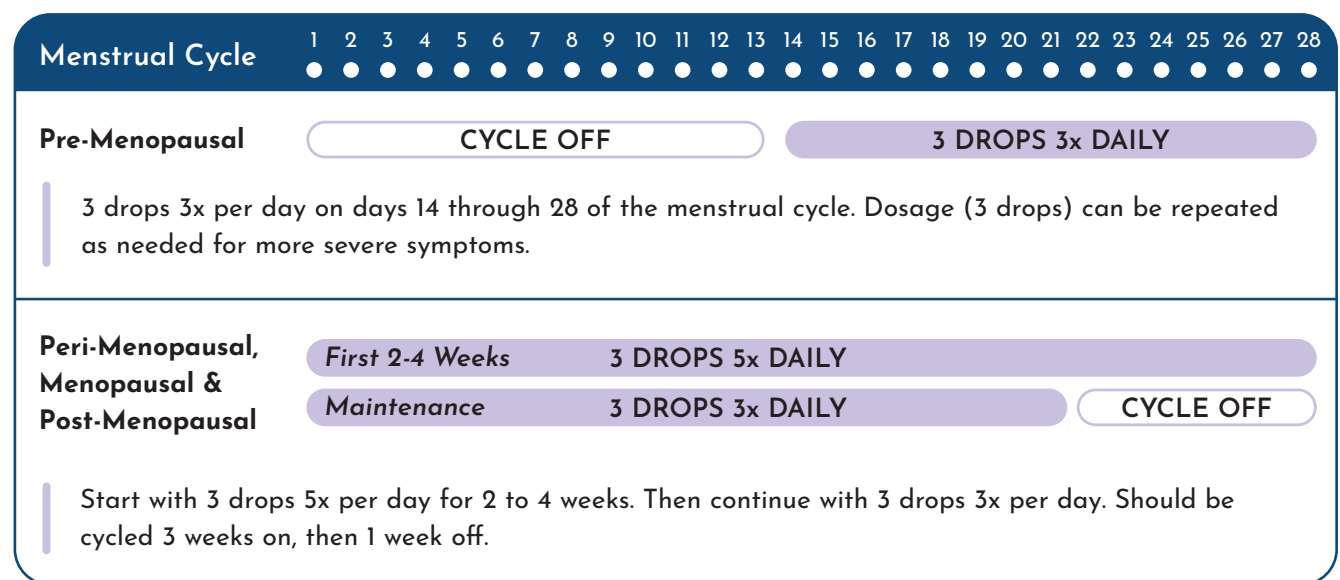
This will cause the gland to slowly release thyroid hormone, allowing goiters to shrink over time.

### Step 3: Correct Estrogen Dominance

We shrink the thyroid gland using Molecular Progesterone Complex, Thyro-Protect Vitamin E, and by stimulating healthy oxidative metabolism.

We often start with a trial of progesterone, while looking for signs of increased heart rate, heart palpitations, anxiety, etc (signaling a potential Thyroid Storm).

## Goiter & Nodule Dosing



Progesterone Use Break from Progesterone Use

If one experiences symptoms of elevated heart rate, heart palpitations, increased nervousness/anxiety, then this can be a sign of a thyroid storm, in which the thyroid gland is unloading too much thyroid hormone too quickly. In these cases, the dosage may need to be reduced or even stopped altogether before reintroducing it a little later. In this case, a few drops every 2 to 4 weeks can be reintroduced until toleration improves. Then the dosage can be slowly increased to toleration.

## Considerations

It's important to note that successfully dosing progesterone involves simply raising progesterone levels to an adequate level. The starting dosage we often recommend is generally between 9 mg and 45 mg of progesterone daily for premenopausal and postmenopausal women.

Considering that in cases of fertility issues and more severe menopausal symptoms, doses of 300 mg to 500 mg daily are commonly used, increasing the dosage from these starting points should not be a concern. With the high absorption rate and bioavailability of Molecular Progesterone Complex, doses this high are not often required. However, doubling, tripling, or more the starting dosing is sometimes warranted to achieve relief.

With that being said, please be cautious of the low toleration symptoms mentioned above while increasing the dosage with goiters or thyroid nodules.

When it comes to menopause, there are a number of hormonal changes that occur, including:

- A natural decline in thyroid function
- An increase in estrogen through the aromatase enzyme
- An increase in stored tissue estrogen levels
- A decrease in estrogen production due to the absence of ovulation
- An even greater decrease in progesterone levels leading to Estrogen Dominance

While estrogen production may decline in some respects, progesterone production declines more severely **resulting in estrogen dominance**.

So why would it make sense to supplement more estrogen using supplemental or prescription estrogen (Estradiol)? It doesn't...

Although flooding your system with more estrogen can reduce the severity of menopausal symptoms, like hot flashes, it actually worsens the underlying condition (Estrogen Dominance).

Remember, it's the "balance" of estrogen to progesterone that matters most.

And all of those annoying menopausal symptoms, hot flashes, night sweats, sleep issues, menstrual irregularities, bloating, unexpected weight gain, et cetera, can all be managed, by re-balancing these levels.

# For Hot Flashes & Women's Health

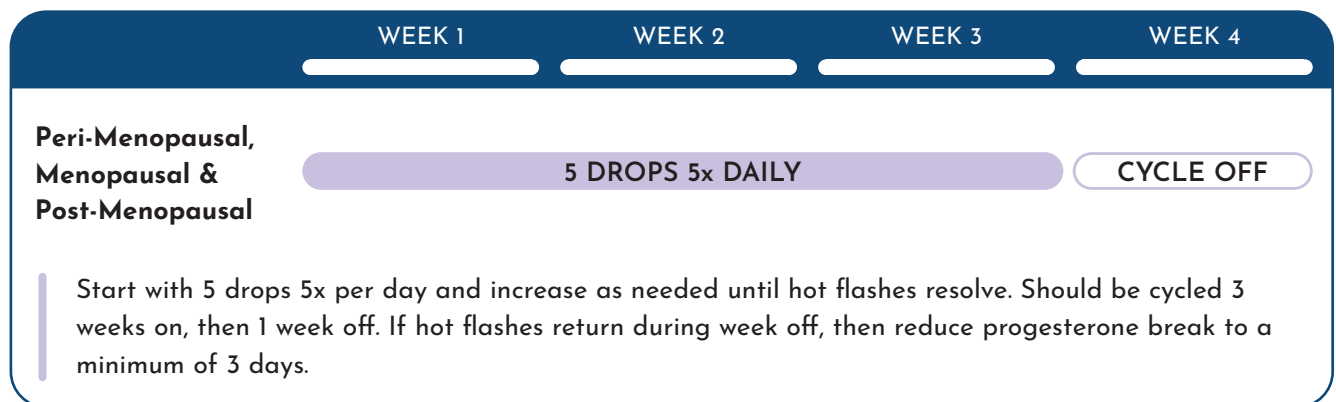
To help provide relief from menopausal imbalances & symptoms, we use Molecular Progesterone Complex to help us accomplish the following:

1. **Re-Balance thyroid-suppressive hormones** (like cortisol & estrogen)
2. **Re-Activate the liver** so it can start detoxifying excess estrogen
3. **Restore progesterone levels** to alleviate hot flashes
4. **Restore thyroid function & healthy metabolism** by combating Estrogen Dominance

Relief is just a few progesterone drops away!

Follow the recommended dosing instructions below to start feeling the difference.

## Hot Flash Dosing



☒ Progesterone Use ☐ Break from Progesterone Use

## Considerations

It's important to note that successfully dosing progesterone involves simply raising progesterone levels to an adequate level. The starting dosage we often recommend for hot flashes and menopausal symptoms is generally 75 mg.

Considering that studies done with more severe menopausal symptoms, doses of 300 mg were often needed to achieve relief, increasing the dosage from these starting points should not be a concern. With the high absorption rate and bioavailability of Molecular Progesterone Complex, doses this high are not often required. However, doubling, tripling, or more the starting dosing is sometimes warranted to achieve relief.

## Synergistic Support: Collagen Protein Powder

Depending on the severity of your menopausal symptoms, other supplements might be necessary to both assist and improve the effectiveness of the Molecular Progesterone Complex.

For instance, the combination of **Collagen Protein Powder** and Molecular Progesterone Complex can help you achieve quicker results, while further improving your thyroid health.

The Collagen Protein Powder works by helping to re-balance excess thyroid-suppressive amino acids that can prevent your thyroid gland from producing thyroid hormone. It also works to lower cortisol and endotoxin that inhibit your liver's conversion of thyroid hormone.

In other words, Collagen Protein Powder helps us address step 1 (*unblock your thyroid gland*) of the Thyroid Hormone Pathway, while also working to address step 3 (*unblock the liver*), and step 5 (*unblock your metabolism*).

Meanwhile, Molecular Progesterone Complex is helping us address step 1 (*unblock your thyroid gland*) by deactivating the stress hormones (cortisol & estrogen) that are damaging your thymus gland (*which helps stimulate your thyroid gland*), while also working to address step 2 (*unblock the liver*), and step 5 (*unblock your metabolism*).



Then, by adding our **Advanced Vitamin K2 Thyroid Support** or **Vitamin ADK Thyroid Formula**, we are able to further improve thyroid health... But, again, we won't bore you with the details.

To help make your life even easier, we created the **Menopause Support Mini-Bundle**.

This bundle includes Molecular Progesterone Complex, Vitamin ADK Thyroid Formula, Collagen Protein Powder, and Advanced Vitamin K2 Thyroid Support, **all of which work synergistically to help you combat menopausal imbalances & symptoms and get back to feeling like yourself again.**



[SHOP OUR MENOPAUSE SUPPORT MINI-BUNDLE](#)

# For Men's Health

In the first section of this guide, we discussed that like women, men produce both estrogen and progesterone as well, just in smaller amounts.

With that being said, men often suffer from Estrogen Dominance much the same as women and it's becoming more common in men over time.

**In fact, it's becoming increasingly more common for men to develop breast tissue and even breast cancer.**

Yet, there are other male health conditions that can also benefit from progesterone use, too. So, we often recommend progesterone supplementation to men as well.

Before we jump into the more specific dosing we use, if progesterone is borderline low with men, we typically first recommend using pregnenolone, which can be found in our **Micronized Pregnenolone Powder**.

Pregnenolone is actually the precursor to progesterone, and consequently it does get converted into small amounts of both progesterone and DHEA. So, while it doesn't provide adequate progesterone for women, it can sometimes provide enough for men.

Yet, in many cases, we also use progesterone with men for simple stress relief...

In cases of more serious Estrogen Dominance, we can also see more serious effects including:

- Low Libido
- Hair Loss
- Weight Gain
- Fatigue
- Ongoing Mood Issues
- Gynecomastia (Male Breast Tissue)
- Erectile Dysfunction
- Impotence
- Bone Loss
- Muscle Loss

In these cases a higher dosage is often required.

See dosing recommendations for both stress relief and estrogen dominance on the next page.

## Men's Health Dosing

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7
<b>General Stress Relief</b>	1-2 DROPS 1x DAILY					CYCLE OFF	
Start with 1 to 2 drops daily for 1 to 2 months followed by a few weeks break. Then repeat.							
<b>Male Estrogen Dominance</b>	3-10 DROPS 1x DAILY					CYCLE OFF	
Start with 3 to 10 drops daily for 1 to 2 months followed by a few weeks break. Then repeat.							

☒ Progesterone Use ☐ Break from Progesterone Use

While we generally see an increase in testosterone when using these doses of progesterone, it's rare but possible that it can lead to a decrease in testosterone levels.

We recommend keeping an eye on libido and if there is a noticeable decrease, then supplementing 5 mg to 10 mg of DHEA is typically sufficient to address this for most men.

# How to Establish a Sustainable Routine

Establishing a sustainable progesterone-dosing routine involves **using the right type of progesterone supplement and experimenting with it to determine the optimal dosing schedule** as outlined in this guide.

Once you find the right dosing schedule for you and your thyroid health, it's important to maintain that schedule consistently (remember, the key is in the dosing...if you don't feel the difference, you probably aren't using enough).

We often recommend both carrying your Molecular Progesterone Complex with you and using your smart-phone to create daily notifications of when to take it. This way you'll always have it ready when needed.

And don't run into the same issues that many of our clients & customers do with having to pay expensive shipping fees because they forgot to order more before running out...

This is exactly why we created our Subscribe & Save shipping option. With the help of a subscription you can get your Molecular Progesterone Complex automatically delivered when you need it without having to worry about running out.

## Forefront Health Molecular Progesterone Complex

Our Molecular Progesterone Complex is a pro-thyroid supplement that can promote deeper sleep, alleviate joint pain, protect against stress & anxiety, alleviate hot flashes, boost fertility, protect against ovarian cysts & fibrocystic breasts, and so much more!

Special Offer: Click the button below to sign up for a Molecular Progesterone Complex subscription and save 25% - for the life of your subscription!

The best part is that you'll never have to worry about being without it. Just choose the Subscribe & Save option that best suits your needs directly on the product page and put your deliveries on autopilot.

**SUBSCRIBE & SAVE**

# Not All Progesterone Supplements are Created Equal

Unfortunately, not all progesterone supplements are created equal.

For starters, there are big differences between the bio-identical progesterone that we use in our Molecular Progesterone Complex and synthetic progestins that are generally prescribed in medicine today.

In case you missed it, we covered this in detail already in the earlier section titled "Synthetic Progestins vs. Natural Bio-Identical Progesterone".

With that being said, **natural bio-identical progesterone is the only form of progesterone we use or recommend.**

Yet, even among products that use natural progesterone, not all are created equal.

The big difference between progesterone supplements comes down to the delivery mechanism of the progesterone, which determines the bio-availability of the progesterone itself.

Would you rather use a product that contains 100 mg of progesterone at a 10% absorption rate (meaning only 10 mg of progesterone is actually absorbed and useful), or a product that contains 50 mg of progesterone at a 100% absorption (meaning all 50 mg of progesterone are actually absorbed and useful)?

You get five times more progesterone from a 50 mg dose at 100% absorption rate than the other.

That's what we've done with our **Molecular Progesterone Complex.**

You see, progesterone itself is difficult to absorb. Absorption rates are rather low regardless of most typical applications, whether it be topical/creams, oral, suppository, etc.

**We aimed to solve this by using a patented formula using Vitamin E.** The Vitamin E acts as a carrier to deliver the progesterone directly into the bloodstream. This is largely what makes it so effective compared to other sources.

# **FREQUENTLY ASKED QUESTIONS**

## **What's the best way to use the Molecular Progesterone Complex?**

For best results, we recommend topical application onto the soft areas of the skin.

## **Why might I need progesterone if my progesterone levels are not low or if my estrogen levels are already low?**

It's important to understand that estrogen dominance has little to do with independent progesterone and/or estrogen levels, but rather the balance of the two with respect to each other. So, one can have normal progesterone levels based on lab testing, but if their estrogen levels are elevated above normal, increasing progesterone is still necessary to balance the estrogen. Similarly, if estrogen levels are truly low, but progesterone levels are even lower, then progesterone is still needed to balance estrogen.

With that being said, many are falsely led to believe that their estrogen levels are low. This is because estrogen labs only show you estrogen levels in the blood while ignoring tissue estrogen levels. Studies show that tissue estrogen levels can be 50 times that of what is found in the blood. So, many are actually quite estrogen dominant even when their blood levels test low.

In menopause, estrogen levels do tend to decrease, but as mentioned, progesterone tends to decrease faster and further. With thyroid dysfunction and menopause estrogen production increases via the aromatase pathway where androgens like testosterone are converted into estrogen. Unfortunately, outside of the ovaries, progesterone can only be produced by the adrenal glands, but not in adequate amounts to meet one's needs, which is why progesterone supplementation is often necessary.

## **Does one need to test their progesterone levels before using it?**

Progesterone dosing isn't something that needs to be exact. It just needs to be adequate based on one's needs. The general rule we follow is that progesterone levels should be 100 times that of estrogen. But, because estrogen tends to accumulate in the tissue in many cases, it's very difficult to measure accurately. So, we generally dose it based on symptoms and temperature/pulse response rather than blood levels.

## **Isn't estrogen commonly low during and after menopause?**

That's actually a common misconception.

Upon perimenopause / menopause progesterone levels drop off far more rapidly and further than estrogen. Progesterone can really only be produced in adequate amounts through ovulation. The only other place that it is produced is through the adrenal glands, but not in sufficient amounts.

Estrogen production can continue through the aromatase pathway, which converts androgens like testosterone into estrogen.

Keep in mind that we are concerned not so much with the specific levels of each, but rather with the balance of both. So, even if estrogen production declines, if progesterone production declines further or more rapidly, it still leaves one in a state of estrogen dominance.

Another common cause of this confusion is through the testing of estrogen levels in menopause. Unfortunately, blood estrogen labs are very unreliable. This is because estrogen tends to accumulate within the tissue, rather than the blood, especially when progesterone is low. Studies show that tissue estrogen levels can be 50 times that of blood levels.

This is why both menopausal and postmenopausal women often remain very estrogen dominant, even after they no longer ovulate.

## **What can one do if they feel worse during their break from using the progesterone?**

In some cases, we need to use progesterone for more than just 2 weeks of one's cycle or 21 days for menopausal/postmenopausal women. For example, in cases where symptoms drastically worsen when one stops using the progesterone.

In these cases we can start on day 7 of one's menstrual cycle and continue through day 28 if one is premenopausal. With that being said, this can prevent ovulation in some cases. So, it should not be done for anyone looking to conceive.

Menopausal/Post-Menopausal women can also decrease the break time. However, we recommend a 3 day break if possible at a minimum.



## **How can progesterone be used to regulate one's menstrual cycle?**

If one's cycle is short (not a full 28 days) then this can be a common sign of progesterone deficiency. Here's how it should be used to extend one's cycle.

Day 1 of one's cycle is the first day of menstruation. Start using the progesterone again at the same dosage at day 14 for 14 days, even if they begin their menstruating before then. The first day of menstruation still marks Day 1 of your cycle, so they would finish the full 14 days of progesterone and then start again on day 14 of their new cycle. For example, if they start the progesterone on day 14 and their first day of menstruation is day 25, they would continue the progesterone for the 3 additional days of their new menstrual cycle. Then they would stop for 10 days (days 4 through 13 of the new cycle) and start the progesterone again on new cycle day 14.

Continuing this will lengthen and regulate one's cycle to 28 days although it can take a little time.

If one's cycle is longer than 28 days, then the progesterone dosing should still be used as recommended. It should be stopped after day 28 and not restarted until day 14 of one's next menstrual cycle.

## **Can you use progesterone while pregnant?**

Yes, and if progesterone was being used regularly prior to conception, it should be continued on a daily basis through at least the first four months of pregnancy. During the first four months, the placenta is being developed. After that, the placenta continues to produce the large amounts of progesterone needed to support pregnancy, at which time the supplemental progesterone can often be slowly tapered over a month or so. Many also continue to supplement progesterone throughout pregnancy as it can have continued beneficial effects. If the progesterone is tapered, then symptoms should be monitored to see if continued use is necessary.

Please note that we provide this for educational purposes and should not be construed as medical advice. This is something you will also want to discuss with your doctor.

## **Can you use progesterone while nursing?**

Yes, and Dr. Katharina Dalton, who spearheaded the research for the use of progesterone for PMS found in her research that it could also help nursing mothers with low milk supply.

If one has been nursing for more than a few months, calcium levels are likely low causing prolactin to rise. So, getting extra calcium through the **eggshell calcium powder** we recommend can be a good idea.

Please note that we provide this for educational purposes and should not be construed as medical advice. This is something you will also want to discuss with your doctor.

## **What if progesterone isn't helping with one's hot flashes or makes one's hot flashes and other menopausal symptoms worse?**

If the dosage of progesterone is too low, it can worsen hot flashes (or provide little to no relief) because it's estrogen that masks the symptoms of hot flashes. So, the progesterone begins to lower the estrogen, which exposes the hot flashes, but the progesterone dosage isn't adequate enough to resolve the hot flashes.

We discuss this in more detail in our article on **[How to "Safely" Eliminate Hot Flashes Without Ruining Your Thyroid by Fixing These 3 Hot Flash Triggers.](#)**

Our recommended starting dosage for hot flashes are as follows:

"For Use with Hot Flashes - Start with 5 drops 5 times per day and increase as needed until hot flashes resolve. Should be cycled 3 weeks on, then 1 week off. If hot flashes return during the week off, then reduce progesterone break to a minimum of 3 days."

As we commonly discuss with estrogen dominance, the issue is that the estrogen accumulates in the tissue where it has less of an effect than when in circulation. Progesterone helps to correct this by pushing estrogen out of the tissue and into circulation. So, for those with large amounts of estrogen stored in the tissue, the use of progesterone can cause one to develop more estrogenic symptoms initially because of this.

There are a number of things that help with this. For example, improving liver health (supporting the glucuronidation detox pathway) which still needs to detoxify all of the estrogen that's being released into circulation. The carrot salad we use helps to lower estrogen by removing what gets dumped into the digestive tract by the liver.

But anytime circulating estrogen increases, we also need more progesterone to help compensate and balance it. So, we often need to increase the progesterone dosage significantly to help offset this until the estrogen has been detoxified.

### **What if progesterone makes one's other estrogenic symptoms worse?**

As we commonly discuss with estrogen dominance, the issue is that the estrogen accumulates in the tissue where it has less of an effect than when in circulation. Progesterone helps to correct this by pushing estrogen out of the tissue and into circulation. So, for those with large amounts of estrogen stored in the tissue, the use of progesterone can cause one to develop more estrogenic symptoms initially because of this.

There are a number of things that help with this. For example, improving liver health (supporting the glucuronidation detox pathway) which still needs to detoxify all of the estrogen that's being released into circulation. The carrot salad we use helps to lower estrogen by removing what gets dumped into the digestive tract by the liver.

But anytime circulating estrogen increases, we also need more progesterone to help compensate and balance it. So, we often need to increase the progesterone dosage significantly to help offset this until the estrogen has been detoxified.

### **Why do some get migraines or headaches with progesterone use?**

Progesterone is actually well known to prevent/treat migraines and headaches.

If progesterone gives you a headache or migraine, this is most often due to blood pooling in the large veins (a symptom of estrogen dominance).

Estrogen dominance can cause the veins to become overly dilated, allowing blood to pool within them. Progesterone has the opposite effect in that it increases the smooth muscle contractions of the veins. So, if blood is pooling within the veins and then the progesterone tries to normalize vein function, causing the veins to contract, it can result in an increase in blood pressure and other related effects.

So, this is a case where progesterone is not the problem. It's simply trying to normalize the function of the veins. It's the estrogen that's the underlying cause.

### **Why do some experience elevated heart rate, heart palpitations, or increased nervousness/anxiety when starting progesterone?**

If you have autoimmune thyroid dysfunction and a goiter/nodules or enlarged thyroid, you may have to be careful with progesterone. Estrogen is what inhibits the enzymes that allow your gland to release thyroid hormone causing it to enlarge with stored thyroid hormone. Progesterone has the opposite effects and activates those enzymes promoting the healthy release of thyroid hormone from the gland.

When the thyroid gland is enlarged, It can rarely but sometimes cause the gland to unload too much thyroid too quickly pushing one into a temporary hyper-thyroid state, which is not desirable either.

So, the progesterone is very important to use to correct the underlying issue. But sometimes we have to delay it a bit. We often use thyroid hormone first in cases where the progesterone acts too strongly to help the gland unload slower.

We discuss this in detail in our article on **[How to Protect Your Thyroid by Preventing and Shrinking Goiters and Nodules.](#)**

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