Tecaya Health
Larrea Naturopathic Medicine

WHY DR. KAM PREFERS

ORAL PROGESTERONE

Understanding the difference between oral and topical bioidentical progesterone

The short answer

When you swallow progesterone, your liver converts part of it into calming brain compounds (allopregnanolone and pregnanolone). That is why oral micronized progesterone outperforms topical/transdermal forms for **brain, sleep, and likely bone** outcomes.

Topical progesterone bypasses the liver almost entirely, so that conversion largely doesn't happen.

ORAL VS. TOPICAL AT A GLANCE

	ORAL (capsule)	TOPICAL (cream)
Passes through the liver first	Yes ("first-pass" metabolism)	Almost entirely bypasses the liver
Calming neurosteroids made	Much higher levels	Conversion largely absent
Sleep	Sedating, taken at bedtime	Doesn't provide the same calming/drowsy effect
Brain & mood	Supports calm, lower anxiety, healthy sleep	Less brain (CNS) effect
Bone	More dependable route	Shouldn't be assumed equivalent
Blood levels	More predictable and measurable	Less predictable
Best suited for	Whole-body, brain, sleep & bone goals	Sensitivity to sedation, reduced liver function, or localized goals

HOW IT WORKS: FIRST-PASS METABOLISM

1. You swallow the capsule

Oral progesterone passes through the gut wall and liver before reaching the rest of the body.

2. The liver converts it

Enzymes (5α- and 5β-reductase) convert a significant portion into **allopregnanolone** and **pregnanolone**.

3. Your brain calms down

These neurosteroids boost GABA-A, the brain's main calming receptor. They are essentially the body's own benzodiazepine-like compounds.

WHAT THE ORAL ROUTE ADDS

Sleep

GABA-A activation is sedating and sleep-promoting. That's why oral micronized progesterone (e.g., Prometrium® or compounded bioidentical capsules) is taken at bedtime, and why patients often describe a "calming" or drowsy effect that topical forms don't provide.

Brain & Mood

Calmer GABA signaling reduces anxiety and supports healthy sleep architecture. It has been studied for perimenopausal anxiety and even seizure threshold.

Bone

Bone-building cells (osteoblasts) have progesterone receptors, and progesterone is thought to stimulate new bone formation. This is distinct from estrogen's role in slowing bone loss.

Bone needs steady, reliable exposure, and oral dosing produces more predictable blood levels, so it's considered the more dependable route for bone support.

PROGESTERONE WORKS THROUGHOUT YOUR BODY

Progesterone isn't just a "female hormone" for the uterus. It has receptors and effects all over the body.

Reproductive tissue

Its classic role: balances estrogen in the uterus and breast, supporting a healthy monthly cycle.

Immune system

Calms an overactive immune response and helps the body tolerate rather than attack. This is part of why some patients notice less inflammation.

Blood vessels

Supports healthy blood flow and may gently help regulate blood pressure.

Brain (fast-acting pathway)

Beyond the sleep/GABA effect, progesterone also acts directly on brain and nerve cells through a separate, quicker signaling pathway.

Nerves & myelin

Supports repair of myelin, the protective "insulation" around nerves. It has been studied after nerve injury and brain trauma, though results in large human trials have been mixed.

Thyroid

Doesn't act on the thyroid directly, but helps keep estrogen from tying up thyroid hormone, so adequate progesterone can support thyroid hormone availability.

Adrenals & stress

Shares a production pathway with cortisol (your stress hormone) and has a mild natural "water pill" effect. Some practitioners describe chronic stress as "stealing" progesterone to make more cortisol, a useful clinical concept.

Skin

Supports collagen and elasticity and helps balance oil (sebum) production. Many patients notice skin changes on progesterone.

Digestion

Relaxes smooth muscle, which can slow digestion. This is why constipation or bloating can show up with higher progesterone, just as in the second half of the cycle or in pregnancy.

Breathing

Naturally stimulates breathing and air intake. This is well documented and explains breathing changes in the second half of the cycle and during pregnancy.

In short

Progesterone is a whole-body hormone. That's why the route you take it (oral vs. topical) can meaningfully change which of these benefits you actually get.

WHERE TOPICAL STILL HAS A ROLE

Topical may be a better fit for:

- Patients who can't tolerate the sedating effect of oral progesterone
- Patients with liver impairment or reduced liver metabolism
- More localized goals, such as breast tissue or vaginal support

Keep in mind

Topical progesterone shouldn't be assumed to deliver the same whole-body, brain (CNS), or bone benefit as oral dosing, even at a "converted" or equivalent dose.

A note from Dr. Kam: This handout is for educational purposes and is not a substitute for individualized medical advice. Your progesterone route, form, and dose should always be decided together, based on your history, labs, and goals. **Please bring any questions to your visit.**

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