

# THE SOLINGER METHOD

by Root Health L.L.C.

## Estrogen Dominance

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### FUNCTIONAL WELLNESS SUPPORT PLAN

Estrogen Dominance

Root Health L.L.C, The Solinger Method

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### What Is Estrogen Dominance

Estrogen dominance is a functional imbalance characterized by excessive estrogenic activity relative to progesterone. This imbalance may occur due to elevated estrogen production, impaired estrogen clearance, diminished progesterone synthesis, reduced progesterone receptor sensitivity, or increased tissue level estrogen signaling despite normal serum values.

From a naturopathic and functional medicine perspective, estrogen dominance is not a primary diagnosis, it is a downstream expression of dysfunction involving hepatic detoxification capacity, gut microbial activity, insulin signaling, inflammatory burden, micronutrient sufficiency, and stress mediated neuroendocrine disruption.

Conventional approaches often suppress estrogen activity or dismiss symptoms when laboratory values appear “normal.” Functional assessment instead evaluates estrogen metabolism pathways, clearance efficiency, enterohepatic recirculation, and the biological terrain allowing estrogen accumulation.

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## **Core Physiologic Drivers**

- Impaired phase I and phase II liver detoxification, particularly glucuronidation, sulfation, and methylation
  - Sluggish bile production or gallbladder hypomotility leading to impaired estrogen excretion
  - Estrobolome dysbiosis with elevated beta glucuronidase activity, increasing estrogen reactivation
  - Chronic stress with hypothalamic pituitary adrenal axis activation resulting in progesterone diversion
  - Insulin resistance and inflammatory adipose tissue increasing aromatase activity
  - Micronutrient depletion, especially magnesium, B vitamins, zinc, selenium, glycine, and choline
  - Environmental estrogen exposure including plastics, pesticides, personal care products, and water contaminants
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## **Common Clinical Presentations**

- Heavy, prolonged, or painful menstrual cycles
  - Premenstrual syndrome or mood lability
  - Breast tenderness, fibrocystic breast changes
  - Weight gain preferentially in hips, thighs, and lower abdomen
  - Anxiety, irritability, or depressive symptoms
  - Headaches or hormonally triggered migraines
  - Fluid retention and bloating
  - Acne, melasma, or cyclical skin flares
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## **Nutritional Strategy, Foundational and Non-Negotiable**

Nutrition is the primary therapeutic intervention for estrogen dominance. Supplements enhance, but cannot replace, these dietary foundations.

### **Protein Sufficiency**

Adequate protein intake provides amino acids required for hepatic conjugation pathways. Glycine, taurine, cysteine, and methionine are essential for estrogen detoxification and bile synthesis.



### **Cruciferous Vegetables**

Broccoli, Brussels sprouts, cabbage, kale, arugula, and cauliflower supply glucosinolates which support phase I estrogen metabolism and promote favorable estrogen metabolite ratios.

### **Fiber and Stool Regularity**

Dietary fiber binds conjugated estrogen in the gut, reducing enterohepatic recirculation. Daily bowel movements are mandatory for estrogen clearance.

### **Bitter Foods**

Arugula, dandelion greens, radicchio, and chicory stimulate bile flow and digestive secretions, enhancing estrogen elimination.

### **Blood Sugar Regulation**

Balanced meals reduce insulin driven aromatization of androgens into estrogen and lower inflammatory signaling from adipose tissue.

### **Fat Quality**

Omega-3 fatty acids reduce estrogen driven inflammation and support membrane receptor sensitivity. Avoidance of damaged seed oils reduces inflammatory estrogen signaling.

### **Alcohol Reduction**

Alcohol directly impairs hepatic estrogen metabolism and increases circulating estrogen levels even at moderate intake.

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## **Targeted Supplement Support**

### **Calcium D Glucarate**

Mechanism, supports glucuronidation and inhibits beta glucuronidase enzymes in the gut, preventing deconjugated estrogen from reentering circulation.

Adult dosing, 500 to 1,000mg one to two times daily with meals.

### **DIM, Diindolylmethane**

Mechanism, promotes favorable estrogen metabolism by shifting pathways toward 2 hydroxy estrogen and away from proliferative 16 hydroxy metabolites. Also supports detoxification gene expression.

Adult dosing, 100 to 300mg daily with food, higher dosing reserved for clinically significant estrogen burden.

### **Indole 3 Carbinol**

Mechanism, precursor to DIM, enhances phase I estrogen metabolism and supports detoxification enzyme activity.

Adult dosing, 200 to 400 mg daily.



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### **Magnesium Glycinate**

Mechanism, supports phase II liver conjugation, reduces estrogen mediated inflammation, improves bowel motility, and stabilizes mood.

Adult dosing, 300 to 600mg daily, divided or taken in the evening.

### **Vitamin B6, Pyridoxal 5 Phosphate**

Mechanism, essential for estrogen conjugation, progesterone receptor sensitivity, neurotransmitter balance, and reduction of premenstrual symptoms.

Adult dosing, 25 to 50 mg daily.

### **Methylated B Complex**

Mechanism, supports methylation dependent estrogen clearance pathways and homocysteine metabolism.

Adult dosing, one capsule daily with food.

### **Zinc**

Mechanism, supports hormone receptor signaling, progesterone synthesis, immune modulation, and hepatic enzyme function.

Adult dosing, 15 to 30 mg daily with food.

### **Selenium**

Mechanism, supports antioxidant protection of hepatic tissue and estrogen metabolism enzymes.

Adult dosing, 200 mcg daily.

### **Choline**

Mechanism, supports bile synthesis, fat transport, and estrogen elimination through the liver and gallbladder.

Adult dosing, 250 to 500 mg daily.

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## **Herbal Support, Mechanism Driven**

### **Chaste Tree Berry, *Vitex agnus castus***

Mechanism, modulates pituitary signaling by reducing excessive prolactin and supporting luteinizing hormone output, indirectly increasing endogenous progesterone and improving estrogen to progesterone balance.

Adult dosing, 150 to 300 mg standardized extract daily, taken consistently for a minimum of three cycles.

### **Milk Thistle, *Silybum marianum***

Mechanism, supports hepatocyte regeneration, enhances phase I and II detoxification enzyme activity, and protects the liver from oxidative stress associated with estrogen metabolism.

Adult dosing, 150 to 300 mg standardized extract one to two times daily.



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### **Dandelion Root**

Mechanism, cholagogue activity increases bile flow, supporting estrogen excretion through the gastrointestinal tract while also providing mild diuretic support for estrogen related fluid retention.

Adult dosing, 500 to 1,000 mg daily or tincture equivalent.

### **Burdock Root**

Mechanism, supports lymphatic drainage, liver detoxification, and clearance of inflammatory estrogen metabolites through both hepatic and renal pathways.

Adult dosing, 500 to 1,000 mg daily or tincture equivalent.

### **Black Licorice Root**

Mechanism, modulates cortisol metabolism via inhibition of 11 beta hydroxysteroid dehydrogenase, indirectly preserving progesterone and reducing stress induced estrogen dominance patterns.

Adult dosing, tincture equivalent of 1 to 2 mL daily, short term use, avoid with uncontrolled hypertension.

### **Schisandra Berry**

Mechanism, adaptogenic support for liver detoxification enzymes, improves stress resilience, and enhances estrogen clearance through hepatoprotective effects.

Adult dosing, 500 to 1,000 mg daily or tincture equivalent.

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## **Gut and Estrobolome Support**

Estrogen dominance cannot resolve without addressing gut microbial balance.

- Elevated beta glucuronidase activity leads to estrogen reactivation and recirculation
- Dysbiosis increases inflammatory estrogen signaling
- Constipation dramatically worsens estrogen burden

Support strategies include targeted probiotics, digestive enzymes when indicated, antimicrobial support if dysbiosis is present, and consistent stool regularity.

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## **Lifestyle and Environmental Considerations**

- Reduce exposure to plastics and endocrine disrupting chemicals
- Avoid heating food in plastic containers
- Choose fragrance free and paraben free personal care products
- Prioritize sleep to support melatonin mediated estrogen regulation
- Moderate excessive high intensity exercise in individuals with elevated cortisol

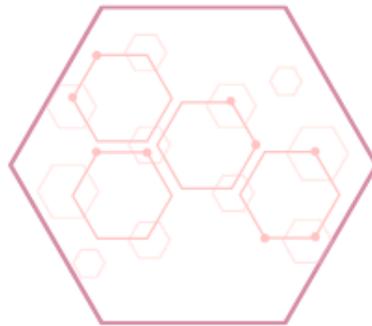


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## **Clinical Expectations**

Improvement in estrogen dominance is gradual and cumulative. Most individuals experience symptom improvement within one to three cycles when clearance pathways, gut health, and nutrient sufficiency are addressed simultaneously. Long term success depends on consistency rather than aggressive short term intervention.

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