Hormone Interactions (simplifed version)

Key:
- Is chemically converted
- Stimulates production or usage
- Inhibits

Hypothalamus
- Thyroid releasing hormone,TRH
- Gonadotropin releasing hormone,GnRH
- Corticotrophin-releasing hormone,CRH

Calcium and many other functions
- Parathyroid hormone,PTH
- Calcitonin,
- 1,25(OH)2 vitamin D ,D
- Vitamin D3,
- Previtamin D,
- Calcitriol,
- 7-dehydrocholesterol,

Posterior pituitary
- Oxytosin,
- Vasopressin (anti-diuretic hormone),ADH

Melanocyte Stimulating Hormone,

Anterior pituitary
- Coricotrophin (Adrenocorticotropic hormone),ACTH
- Thyroid stimulating hormone (thyrotropin),TSH
- Prolactin,PRL
- Follicle secreting hormone,FSH
- Lutenising hormone,LH
- Growth Hormone (somatrophin),GH

Metabolic rate
- Thyroglobulin,
- Monoiodotyrosine
- Diiodotyrsoine
- Reverse T3, rT3
- Prostaglandins,
- Thyroxine,T4
- Thyroxine-binding globulin,TBG
- 3,5,3 triiodothyronine,T3

Growth and Healing
- Growth-hormone-releasing hormone,GHRH
- Fibroblast Growth Factor (heparin-binding growth factors),FGF (HBGF)
- Epidermal growth factor,EGF
- Insulin-like growth factor 2,IGF-2
- Insulin-like growth factor 1,IGF-1
- Transforming Growth Factors,TGF
- Somatostatin,
- Nerve Growth Factor,NGF

Fluid balance and blood pressure
- Angiotensinogen,
- Angiotensin I,
- Renin,
- Angiotensin II,
- Angiotensin III,
- Aldosterone,

Stress reactions
- Phenylalanine,
- Deoxycorticosterone, DOC
- Acetylcholine,
- Tyrosine,
- Corticosterone,
- Dopa,
- Corticosteroid binding globulin,CBG
- Dopamine,
- Cortisol,
- 11-deoxycortisol,
- Norepinephrine (noradrenaline) , NE
- Epinephrine (adrenaline) ,EP
- Cortisone,

Blood and circulation
- Thymosin,
- Hepcidin,
- Erythropoietin,
- Atrial natriuretic hormone,
- Cytokines,
- Thrombopoietin,
- Platelet-Derived Growth Factor,PDGF

Reproduction
- Cholesterol,CH
- Inhibin,
- Estrogens
  - Estriol (an estrogen),
  - Estradiol (an estrogen),
  - Estrone (an estrogen),
- Progesterone,
- Pregnenolone,
- 17 alpha-hydroxy pregnenolone,
- 17 alpha-hydroxy progesterone,
- Dehydroepiandrosterone,DHEA
- Sex-hormone binding globulin,SeBG
- Androstenedione,
- Dehydroepiandrosterone sulphate,DHEAS
- Androstenediol,
- Testosterone,
- 6-alpha-dihydrotestosterone,DHT
- Human placental lactogen,hPL
- Placental lactogen,PL
- Substance P,
- Mullerian inhibiting hormone,MIH
- Relaxin,
- Human chorionic gonadotrophin, hCG

Digestion and food metabolism
- Preproinsulin,
- Proinsulin,
- Insulin,
- Gastrin,
- Gastrin-releasing peptide,GRP
- Secretin
- Motilin,
- Leptin
- Vasoactive intestinal peptide,VIP
- Neurotensin,
- Glucagon
- Gastric inhibitory peptide,GIP
- Gamma-aminobutyric acid,GABA
- Pancreatic polypetide,
- Preproglucagon ,
- Proglucagon,
- Ghrelin,
- Enteroglucagon,
- Cholecystokinin,CCK
- Glucagen,
- Serotonin,
- Tryptophan,
- Melatonin,

Some hormone disruptors you are almost certainly exposed to:

- Bisphenol A (BPA) (plastics, can linings, polystyrene resins, dental sealants)
- Polychlorinated biphenyls (PCBs) and dioxin (used to be used as pesticides; still persistent in the environment)
- Other pesticides (organochlorines, vinyl chloride)
- Triclosan (anti-bacterial additive in toothpaste, anti-bacterial soaps, mouthwash, cosmetics, deodorant, some sportswear)
- Parabens and phthalates (food and cosmetic additives: (dimethyl phthalate (DMP), diethyl phthalate (DEP), benzylbutyl phthalate (BBP), dibutyl phthalate (DBP) and diethylhexyl phthalate (DEHP))

The best way to treat an endocrine (hormonal) problem:

1) Sleep well, think well, eat well, exercise well ("well" doesn't mean "too much")
2) Have osteopathic treatment to help your system talk to itself properly, to minimize inflammation, to improve digestion, to relax more, and to identify glands that are acting suspiciously.
3) Get diagnostic imaging of any suspect gland.
4) If that doesn't work, use functional pathology to test your nutritional status, your digestion, and your liver's ability to get rid of things that disrupt hormones. Respond accordingly.
5) If that doesn't work, measure hormone levels properly (which is usually more than a single blood test), and start with small doses of whatever bio-identical hormones or hormone-influencing supplements are needed. Then monitor and retest frequently.