

A SABLE + SAND PROTOCOL

The Hormone Rebalance Protocol

Twelve weeks. Three phases.
Built from the evidence.

Researched. Practical. Honest.

SECTION 01

Before you begin

Oestrogen dominance is rarely too much oestrogen. It is too little progesterone. The fix is the opposite of the standard advice.

What this Protocol is

A twelve week plan in three phases. Foundation (weeks one to four): cycle tracking as a diagnostic tool, the foundation stack, and the cortisol overlay that protects the precursor pool. Refine (weeks five to eight): read your tracking data to identify your dominant pattern, then add the targeted supplement that matches it. Sustain (weeks nine to twelve): build the daily and cyclical practice you keep, and plan how this evolves toward the eventual perimenopausal transition.

Who it is for

Women aged thirty to forty five who are still cycling, whose cycles have shifted shorter or longer in the last two years, whose PMS has worsened with age, and whose symptoms cluster around the luteal phase or the days before a period. The cohort that knows their hormones have changed but is not yet in clear perimenopause.

Who it is not for

Women already in clear perimenopause (cycles erratic, hot flushes, the wider transition under way), where The Perimenopause Protocol is the broader companion. Women on hormonal contraception (the pill, the implant, the hormonal coil), where the targeted supplements (vitex specifically) are not appropriate. Women with PCOS, which deserves its own diagnostic and an insulin led approach. Pregnancy and breastfeeding are absolute contraindications for the herbal additions in this Protocol.

What is included

The full Protocol PDF you are reading. A seven day quick start companion to begin tomorrow morning. A clinician conversation letter pitched at the published evidence rather than at deference. A printable cycle and symptom tracker. Brand free supplement guidance with the doses and forms the trials actually used.

How long it takes

Twelve weeks, which is roughly three cycles by design. PMS mood symptoms often shift inside one cycle on the foundational stack. Cycle regularity and luteal phase length take two to three cycles. Vitex needs the full twelve weeks to show its effect on luteal phase progesterone.

Read it once before you start. Then return to week one and follow the structure week by week.

SECTION 02

The science in one page

Oestrogen dominance is rarely too much oestrogen. It is too little progesterone. The fix is the opposite of the standard advice.

Progesterone is produced by a structure called the corpus luteum, which only exists when an ovary releases an egg. Each month the follicle that contained the egg collapses and transforms into the corpus luteum, which then produces progesterone for roughly fourteen days. If pregnancy does not occur, the corpus luteum dissolves, progesterone drops, the uterine lining sheds, and the next cycle begins. No ovulation means no corpus luteum means no meaningful progesterone surge for that cycle.

In your twenties, ovulation is reliable. By your mid to late thirties it becomes intermittent. Some cycles you ovulate. Some you do not. Periods continue regardless because oestrogen still builds the uterine lining in the first half of the cycle, and the lining still sheds when oestrogen drops. The presence of a period does not confirm that ovulation happened. The luteal phase length and the day twenty one progesterone level are the only ways to tell.

When ovulation skips for several cycles in a row, the symptom picture is consistent: shorter or more variable cycles, premenstrual mood swings, breast tenderness for the full two weeks before a period, water retention, sleep that fragments in the days before a period, and the unmistakable sense that the cycle is no longer the steady rhythm it used to be. This is not perimenopause yet. This is luteal phase insufficiency, and it can sit for years before the wider hormonal transition begins.

The trap is the standard advice. Most hormone balance strategies aim to reduce oestrogen: cruciferous vegetables, DIM, calcium D glucarate, alcohol restriction, gut optimisation for clearance. All of these have a real place. None of them address the root cause for a thirties cohort, which is intermittent ovulation. The interventions that actually move the needle are the ones that support the corpus luteum: vitex (chasteberry) raises luteal phase progesterone in roughly half of women within two to three cycles; B6 in its active form is a cofactor for progesterone synthesis; magnesium and zinc are ovulation cofactors; saffron has the strongest evidence for premenstrual mood symptoms. Adding these, before reducing oestrogen, is the actual lever.

That is what this Protocol does. Phase one builds the foundation that ovulation depends on. Phase two adds the targeted second supplement matched to your dominant pattern, and runs the clinician conversation if a day twenty one progesterone test or a discussion of micronised progesterone is warranted. Phase three is the daily stack you keep. The body knows how to ovulate. Your job is to give it back the substrate, the cofactors, and the metabolic environment it has been missing.

WEEK 1 . PHASE 1

Begin cycle tracking

This week

The cycle is the diagnostic. Begin tracking now so you have two clear months of data by phase two.

What you do

- Choose a cycle tracking method. A simple notebook works. So does a free app like Clue, Read Your Body, or Natural Cycles.
- Track the length of your cycle (day one of bleed to day one of next bleed), the length and quality of your bleed, and any PMS symptoms.
- If you want a deeper read, add basal body temperature each morning before you get out of bed. A biphasic temperature pattern (lower in the first half of the cycle, 0.3 to 0.5 degrees centigrade higher in the second half) confirms ovulation happened.
- Note your cycle day every time you score a symptom. Cycle day three feels different to cycle day twenty four.

Continued in the full Protocol

The full Protocol contains all twelve weeks plus the supplement card, the lab tests, the printable cycle and symptom tracker, and the clinician conversation letter. The seven day quick start sheet is included so you can begin tomorrow morning.

Available at sableandsand.com/protocols/hormone-rebalance-protocol. One payment of nineteen pounds. Lifetime updates included.