

What Women Need to Know About

Hormone Replacement Therapy



BUT NO ONE'S TELLING THEM!

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CREATING CONFUSION AND FRUSTRATION



As of the 2014 census, there are approximately 319 million people in the US. All of these people will experience the symptoms of the decline in their; progesterone, estrogen, testosterone, DHEA, and other hormones at some point in their lives. Not *some* of them, *all* of them, and replacing those hormones is now BIG BUSINESS! With the aging of the baby-boomer generation, HRT has grown into a **multibillion** dollar a year cash cow for the conventional and alternative medical industry, and make no mistake about it, HRT is an industry.

If you search for HRT on the web you'll find hundreds of sites, some by laypeople and some by different types of conventional and alternative practitioners, all who fancy themselves 'experts' on hormones and HRT, but who actually understand very little about either. People who *think* they know about hormones, but actually don't, are causing a great deal of confusion amongst the people looking for relief of their (uncomfortable to debilitating) symptoms of their hormone decline. Plus, there is also no 'standard' HRT administration, and way too many *different* ones.

I know this because I tried to find out how to handle my own systems for years. I spent a lot of time and money for NO result! Finally I took matters into my own hands, I cracked the text books and dictionaries and educated myself. Because I know what each hormone does, how the hormonal systems work, and how HRT *should* be administered, I can tell when a supposed hormone 'expert' hasn't a clue. I haven't found any other person I would go to if I needed help with my own hormones...*IN 20 YEARS!* I'm *constantly* having to explain the truth to people who have been told a bunch of hoo-ha by one of the so called 'experts' out there.

It's almost impossible to find any factual information on the internet about hormone decline and the symptoms associated with it. I know because I regularly search to see what's out there, and it's just a *dogs dinner* (which means it's a mess).

No one is telling people what they *really* need to know, not only that, almost everyone is telling people something different. There are not 100's of different versions of what your hormones do. There are not 100's of ways to replace your missing hormones, there's only one, and that's...*the way your body did it...PERIOD* (no pun intended).

All the other methods out there can get people killed. That's why I wrote all my booklets, to give people the *factual* information they **MUST** have to keep themselves safe while using HRT, because **NO ONE** is telling people what they **REALLY** need to know.

Here are some examples of how bad the information is out there. Depression and anxiety are the top two symptoms of hormone decline in men and women. If you search depression on the web, you'll find sites specifically devoted to depression, depression is the 'disease', depression is the problem. Then they will list a bunch of symptoms of hormone decline as the symptoms of depression and have some completely different remedy for it, like antidepressants. The same goes for many of the other symptoms of hormone decline like; anxiety, migraines, rage, bone loss, Alzheimer's, sleep problems, etc. All of which are actually in the list of over 115 symptoms created by hormone decline.

These people do not understand the symptoms of progesterone, estrogen and testosterone deficiency, so they take one symptom from the list, make it into it's own disease and tell you that all the *rest* of your symptoms are caused by that one disease.

Depression is not a disease, it's a **symptom!** Anxiety is not a disease, it's a **symptom!** Migraines are not a disease, they're a **symptom!** And so on...

So if you try to get your symptoms solved via the internet or going to some sort of practitioner, you will spend a lot of time and money, be told 50 different reasons for your symptoms, be misinformed about what's causing them and how to get rid of them, and end up confused, frustrated and broke.

People are always asking me if I read this book, or that book on HRT, and I tell them that I used to read every book everyone told me about but I stopped that long ago. That's because once I got to the point of knowing more than the people who wrote those books, I'd only make it through the first chapter or two before I tossed it in the trash because they total misinformation.

There are **so** many books about HRT on the market, and it seems that a new one comes out every week. That's because the 'baby-boomers' (someone who was born during the post-WWII baby boom) are all experiencing the effects of hormones decline. Information and products that deal with those symptoms are **HOT**, and *everyone* wants a piece of the pie.

The problem is that the majority of these books are written by people who know extremely little, if *anything*, about hormones. My customers read these books and tell me what they 'learned' and I have to spend hours correcting the false information they read .

I read about 20 of these book (before I stopped buying them) and there was only one that I got almost all the way through. It's called 'What Your Doctor May Not Tell You About Breast Cancer' and I only disagreed with one thing in the whole book. I did manage to get half way through Susan Summers first book before tossing it, but to her credit I have to say that at least she brought bio-identical HRT more into the main stream and told people to mimic the natural hormone cycle when using HRT. So if you want to know something and you can't find it in one of my publications, e-mail me and if I don't know the answer, I'll find it and get back to you.

SYMPTOMS OF HORMONE DECLINE

EMOTIONAL SYMPTOMS	Scalp hair loss
Depression	Facial hair growth
Feeling close to tears	Hair growth in unwanted places
Feeling hopeless	Pimples or acne
Crying easily	Polycystic ovaries
Suicidal thoughts	Fibrocytic breasts
Anxiety or nervousness	Tender painful breast
Panic attacks	Breasts lumps or tumors
Excessive worry	Loss of vaginal moisture
Fixed attention	Vaginal infections
Mood swings	Vaginal itching or burning
Abnormal irritability	Vaginal shrinkage
PMS	Uterine prolapse
Postpartum depression	Uterine fibroids
PHYSICAL SYMPTOMS	Painful intercourse
Chronic fatigue	Bleeding after intercourse
Exhaustion	Bladder infections
Headaches	Bladder shrinkage
Migraines	Urinary frequency
Shortness of breath	Urinary leakage (incontinence)
Heart races or palpitates	Endometriosis
Dizzy spells	Water retention
Unexplained weight gain	Changes in eyesight
Pressure in eyes, neck, shoulders	Dry eyes
Feeling hotter than others	Pressure in sinuses
Heat intolerance	Sinus infections
Hot flashes	Lowered immune function
Low thyroid	Wounds taking longer to heal

SYMPTOMS OF HORMONE DECLINE

Illnesses taking longer to get over	Dementia
Shrinkage in height	Senility
Bone loss	Alzheimer
Osteopenia	MENSTRUAL SYMPTOMS
Osteoporosis	Shorter than 28 day cycles
Nervous system disorders	Periods longer than 7 days
Auto immune disorders	Heavy flow
Lupus	Flooding
Falling uterus	Clotting
Breast cancer	Spotting between periods
Cervical cancer	Breakthrough bleeding
Uterine cancer	Thickened, brownish flow
Vaginal cancer	Painful cramps
SLEEP SYMPTOMS	Miscarriages
Trouble falling asleep	Longer than 28 day cycles
Insomnia	Periods shorter than 3 days
Restless sleep	Periods getting lighter
Trouble staying asleep	Skipped periods
Waking too early	No periods
Excessive dreaming	SEXUAL SYMPTOMS
Nightmares	Decreasing sexual desire
Getting up to urinate	Decreased sexual sensitivity
MENTAL SYMPTOMS	Decreased ability to climax
Mental fog	Foreplay irritating
Mental confusion	No sexual desire
Poor concentration	Inability to climax
Forgetfulness	Painful intercourse
Short term memory loss	Orgasm headache

IT'S NOT YOUR ADRENALS



For 20 years I've been listening to men and women tell me that their practitioner has told them that the cause of their fatigue, weight gain, headaches, anxiety, etc. is that their adrenals are; 'fried', 'exhausted', 'not working', etc. First of all, if your adrenals were; fried, exhausted or not working you'd be dead, but long before that you'd be ridden and then in the hospital. Rats who had their adrenal glands removed died 2 days afterwards. We cannot function without or adrenals.

There are two main problems with the adrenal glands:

1. **Hyper**adrenalism - *over* active adrenals, Cushing's Disease
2. **Hypo**adrenalism - *under* active adrenals, Addison's Disease.

Hyperadrenalism (*over* active adrenals) come about from stress. One of the main functions of the adrenals glands is to respond to stress by secreting it's hormones. When your stress level goes up your adrenals have to secrete more hormones, mainly, cortisol, DHEA and Aldosterone. As the stress level rises the adrenals glands actually have to GROW to be able to secrete enough hormones to deal with that stress. They can grow to 90% of their original size and by then they're really spewing out the cortisol, DHEA and Aldosterone.

Cortisol tells your body to produce insulin which tells you body to store your food as fat. So, when you're producing almost twice as much cortisol than you should be, you're also producing almost twice as much insulin. Which is the main reason people who are stresses become over weight. STRESS MAKES YOU FAT! You become fatigued because your food is being stored as fat and not being burned for energy. Not because your adrenals are fired! Your adrenals are working DOUBLE TIME. Most people are suffering from hyperadrenalism NOT *under* active adrenals.

If the stress level is continued, or is raised, over a long period of time, the cells of the adrenal gland begin to atrophy (die and shrink). At this point they cannot produce enough cortisol to keep up with the demand, and now you're in trouble because you will feel increasingly fatigued and soon not be able to get out of bed, let alone go to work. Your body reacts this way because it's *forcing* you to stop the stressful activity so it can repair the damage to your adrenals. It doesn't mean that they're not working at all, it means they are in serious trouble.

At this stage of adrenal shrinkage there are only two things you can do, take medication to keep going, or rest for a long time to allow your adrenals to return to their normal size. If you do the later you also have to make sure you handle the *reason* for the stress, or it will just happen again.

If this is the case why are so many practitioners telling you that all your symptoms are caused by adrenal 'fatigue'? Because like I've said, the baby boomers are all in the throws of severe decline of progesterone, estradiol and testosterone (women *and* men) and there are very few people in the HRT industry who actually know how the decline in any of these hormones affects the adrenals and thyroid, plus some of the symptoms are the same.

Adrenal problems are mainly due to stress and people are experiencing symptoms of OVER active adrenals. Thyroid problems are basically caused by low or no progesterone, estradiol and testosterone. If you really want to know if there's a problem with either adrenals or thyroid, get your progesterone, estradiol and testosterone back into optimal range first and THEN check the others.



WE TESTED THEIR ADRENALS

When I had my laboratory opened in Florida we tested the cortisol and DHEA levels of *hundreds* of people who had been told their adrenals were basically 'fried', and 99 out of

100 were completely normal, one was slightly high. We also tested their progesterone, estradiol, and testosterone which was *always* below normal.

And if you're saying to yourself "but my doctor tested me too and the results showed I was low", read "What Your Doctor Doesn't Know About Hormone Testing" and you'll understand why.

With those test results I couldn't understand why so many practitioners were telling their patients that their adrenals weren't working properly, but with a little research I found out. There's a book out there that has been around for some time (and 1,000's of practitioners have read it). It does what 100's of other books do and lumps all the hormone decline symptoms in with Hyper and Hypoadrenalism. And since the person who wrote the book is a Naturopathic and chiropractic doctor and has a PhD in something. He's considered an 'opinion leader' by practitioners.

This is how false data spreads like wildfire, someone writes a book, 1,000's of practitioners read it and believe it, and then pass that false data on to their patients.

The best way to tell what's happening is with an accurate hormone test. Read my booklet called 'What Your Doctor Doesn't Know About Hormone testing' to find out what type of test you should have.

SYMPTOMS OF *HYPER*ADRENALISM

(*OVER* active adrenals)

Cushing's Disease

- Upper body obesity
- Round face
- Increased fat around neck or a fatty hump between the shoulders
- Thinning arms and legs
- Fragile and thin skin
- Stretch marks on abdomen, thighs, buttocks, arms, and breasts
- Bone and muscle weakness
- Severe fatigue
- High blood pressure
- High blood sugar
- Irritability
- anxiety
- Excess facial and body hair growth in women
- Irregular or stopped menstrual cycles in women
- Reduced sex drive and fertility in men

The same is true for underactive adrenals, you would need to have several of these symptoms, not just fatigue.

SYMPTOMS OF *HYPO*ADRENALISM

(*UNDER* active adrenals)

Addison's Disease

- Lack of thirst
- Infrequent urination
- Loss of appetite
- Rapid weight loss
- General weakness
- Fatigue
- Depression
- Gastrointestinal disturbances
- Salt craving
- Nausea
- Vomiting
- Acidosis (body tissues and fluids too acidic, caused by low calcium)
- Hyper pigmentation (brown patches of skin)
- Low blood pressure
- Low sodium
- Elevated potassium

If you have over active adrenals glands you would have several of these symptoms, not just fatigue and/or depression.

IT'S NOT YOUR THYROID *EITHER!*



Your thyroid secretes about 80% T4 (thyroxin) and about 20% T3. (Triiodothyronine). T3 is 10 times more active than T4 and is the hormone that really does all the action in the cells. T3 is responsible for increased metabolism,

regulated how well you burn fat and carbohydrates to help prevents weight gain.

The main components of both of these forms of thyroid hormones are potassium iodide, L-tyrosine, zinc, selenium, vitamins B2, B3, B6, E, C and D. The amino acid L-tyrosine can be obtained from eating protein but the potassium iodide must come from supplementation. A 5% potassium iodide solution used several times a week will give you the proper type and amount.

Progesterone and estrogen supplementation are paramount for proper T4 and T3 production. Once you become deficient in either or both your thyroid hormone levels will drop and you will start to gain weight and experience other symptoms.

When T3 and T4 are too low your TSH (thyroid Stimulating Hormone (which tells your thyroid to make more T3 and T4) will be high when tested. But in reality it's not a thyroid problem, it's a progesterone and estrogen problem. Get them back into their normal range, get some potassium iodide and the other supplements into your system, and it will solve your thyroid problem.

There are the same two problems with the thyroid as with adrenals.

1. *Hyper*thyroidism (*over* active)
2. *Hypo*thyroidism (*under* active)

A lot more people have hypothyroidism (because of the lack of potassium iodide and progesterone) than hypoadrenalism.

SYMPTOMS OF *HYPERTHYROIDISM*

(*OVER* active thyroid)

- Enlarged thyroid
- Elevated hunger
- Rapid weight loss
- Bug-eyes, or, pop-eyes
- Heat palpitation
- Rapid heart beat
- Difficulty breathing
- Excessive sweating
- Intolerance to heat
- Preference to cold
- Rapid muscle loss
- Muscle weakness
- Muscle spasms
- Easily fatigued
- Diarrhea
- Shakiness
- Nervousness

Hyperthyroidism can cause heat palpitation, rapid heart beat, easily fatigued, but so can the lack of progesterone, estrogen and testosterone. So if you have those three symptoms but not the rest, you do not have Hyperthyroidism.

SYMPTOMS OF *HYPOTHYROIDISM* (*UNDER* active thyroid)

- Slower heart rate
- Fatigue
- Thinning hair
- Depression, emotional instability
- Increased sensitivity to cold
- Pain, stiffness or swelling in your joints
- Elevated blood cholesterol level
- Dry skin
- Enlarged thyroid
- Muscle cramps
- Anemia
- Rapid weight gain
- Puffy face
- Buffalo hump
- Difficulty emptying a full bladder
- Muscle aches, stiffness and weakness
- Pain, stiffness or swelling in your joints
- Pins and needles sensation
- Water retention
- Water on the lungs
- Retarded growth (in children)
- Constipation
- Chronic nasal congestion
- Hoarseness

Hypothyroidism can cause severe depression to emotional instability, but so can the lack of progesterone, estrogen and testosterone. So if you have those symptoms but not the rest, you do not have Hyperthyroidism.

WHAT NO ONE'S TELLING YOU

You're at a huge disadvantage when it comes to HRT because there's a lot of things you need to know, but no one's telling you, mainly because most practitioners are not taught these things.

For instance:

- The truth about Menopause.
- The full list of symptoms of hormone decline.
- The lifetime hormone cycle.
- The different factors that influence your dosage.
- Why blood and saliva tests are a waste of your money.
- That compounding pharmacies are not making HRT prescriptions correctly.
- The correct way to administered HRT.
- The truth about estrogen and cancer.
- What estrogen dominance really is.
- What diseases are caused by hormone decline
- ...and so much more!

It's important for you to have this information so you don't end up wasting a ton of time and money, or end up developing cancer.

THE GOAL OF HRT

From birth until the end of puberty your hormones are rising causing your body to grow and mature. At the end of puberty your body is fully grown and your hormones begin to decline, which causes your body to slowly die. The lower your hormones, the faster the body dies.

Your hormones were at their peak at the end of puberty, 18 - 20 years of age. When your hormones were at their optimum levels you were having periods. As your hormones declined your periods got lighter, you started skipping them, or they stopped altogether. By the time they stopped, your hormones had been declining for about 30 years.

The goal of HRT is to bring your hormones back up to those 19-20 year old levels when they were perfect and sufficient to maintain a young and health body. But, there is a consequence to doing that...periods. When your hormones were perfect you were having a monthly period, so it would figure that if you put

your hormone back to those levels and keep them there, you will have periods.

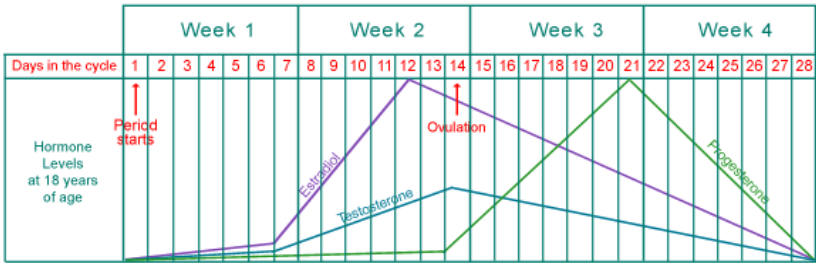
Like I said, having a period is not the *goal* of HRT, it's a *consequence* of it. Putting your hormones back to their youthful levels is completely up to you though. You can still get relief from the long list of hormone decline symptoms without having a period, but what you need to understand is that if you're using estradiol you'll be building *some* amount of uterine lining (because that's one of the main things estradiol does...it builds uterine lining) and you should clean that build-up out on some type of regular basis, even every 3 months is better than nothing. If you leave this lining in place month after month you run the risk of developing uterine cancer.

Doctors prescribe just enough estrogen to women to relieve their hot flashes, and even that small amount will build the uterine lining, but doctors never warn women of the dangers of using *any* amount of estrogen without cleaning the uterus once in a while. This is one of the reason why over 42,000 women annually develop uterine cancer, and almost 7,800 die from it.

Some women refuse to have a period again, and after a little surveying, I found out that those women had had *horrible* periods; extremely painful cramps, flooding, headaches, etc. I asked them if their periods were like that when they were in their teens, and they all said no. So I explained that periods like that are caused by the lack of progesterone, which allowed the uterine almost triple each month, and that they would not have periods like that again because they would be replacing their progesterone too as well as their estrogen.

USE IT LIKE YOUR NATURAL CYCLE

In my 20 years of study into human hormones, among many other things, I've learned how the body makes, secretes and uses them, and what each one does. I've also come to understand that it doesn't matter *where* you get your HRT, (over-the-counter or with a prescription), you should use it like the natural hormonal cycle, the same way your body does (or did) it.



As you can see on the chart above, your body does not secrete the same amount of each hormone every day, it 'cycles' them up and down throughout the month. This is how your monthly cycle is programmed to operate and you should make sure you mimic that programming. Therefore when replacing your missing hormones, you should not use the same amount of HRT every day (unless you are past menopause) but cycle it up and down the way your body naturally does it.

The need for cycling is something the HRT industry has not been taught, which means they also don't understand what having women use the same amount of hormones each day does to women who are still having cycles (if you're still having periods, even if they are very light and intermittent, you're still having a cycle).

Let's say you're a 40 year old woman and are not ovulating 50% of the months on a year. That would mean that 50% of the time you have no progesterone, in which case you would need to know the months that you're not ovulating so you could replace that progesterone on those months. *But*, on the months you *do* ovulate you should *not* use progesterone because your body is already making it. If you do use it you will have too much in your system and you will have symptoms of too much progesterone. Plus, if you used the same amount each day you mess up your periods. Most likely it will stop you from having them and have symptoms of being pregnant, like nausea.

I've been warning women about using HRT like their natural cycle for many years and there have been a lot of women who stopped using our products because they think that if they use them they MUST use them in a cycle. So they go to some doctor, have a completely inaccurate hormone test, which the doctor writes a completely inaccurate prescription from, and the compounding pharmacy makes a completely inaccurate HRT cream from, and tells them to use the same amount every day. They're *think* they're getting something completely specific for them and they just use the same amount every day. Well, nothing can me farther from the truth. Using HRT this way is why so many women have strokes, heart attacks, develop cancers, and **DIE!**

STATISTICS FROM THE AMERICAN CANCER SOCIETY & THE AMERICAN HEART ASSOCIATION

BREAST CANCER:

92,370 women annually will develop invasive cancer
62,280 women annually will develop non-invasive cancer
40,175 women annually will die from breast cancer
Breast cancer is the second leading cause of death among women every year.

UTERIN CANCER:

42,160 women annually will develop uterine cancer
7,780 women annually will die from uterine cancer

CERVICAL CANCER

11,270 women annually will develop cervical cancer
4,070 women annually will die from cervical cancer

HYSTERECTOMIES

600,000 hysterectomies are performed annually in the United State, and an estimated 20 million U.S. women have had a hysterectomy. The three conditions most often associated with hysterectomy were uterine fibroid tumors, endometriosis, and uterine prolapse (the uterus falling forward or backward). These conditions are caused by the lack of progesterone early in the Lifetime Hormone Cycle, or using the same amount of HRT each day.

STROKES

397,500 women annually will have a stroke
685,595 women annually will die from a stroke

DEPRESSION AND ANXIETY

These are the top two symptoms of low hormones in teens, women and men. But the pharmaceutical industry has persuaded the psychiatric industry to have them classified as mental disorders so they can develop, manufacture and distribute mind altering drugs through the medical profession, and it has become BIG business!

18.8 million American *adults* have been diagnosed with depression and preschoolers are the fastest-growing market for antidepressants. At least four percent of preschoolers, over a million, each year are diagnosed with depression and prescribed these mind altering. The rate of increase of children being diagnosed with depression is an astounding 23% a year. Of the 18.8 million users of these drugs, 600,000 are youths aged 12 to 17.

The #1 and #2 side effects of these antidepressants and anti-anxiety drugs are violence and suicide, that's why they require an FDA 'black box' warning that they can increase the risk of suicide.

Antidepressants and anti-anxiety medications alter the brain chemistry by blocking a VERY important substance called Serotonin that heavily contributes to our well-being and happiness. When this substance gets too low we become irritable, aggressive, depressed and anxious. When people take these drugs to try and handle depression and anxiety they often make their condition MUCH more worse than they hurt or kill others, or themselves, CHILDREN AND TEENS INCLUDED!

Suicide is the second largest killer of teens in this country. The suicide rate in this country has risen by 63% in the last 30 years that these drugs have been on the market, and children as young as 6 years of age who have been put on these drugs have killed themselves. Our nation's veterans have become the target of these drugs and 22 of them kill themselves every day. Every person that has gone on a mass shooting spree in the US has been on one or more of these drugs.

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that these drugs have been on the market, and children as young as 6 years of age who have been put on these drugs have killed themselves. Our nations veterans have become the target of these drugs and 200 of them kill themselves each week. Every person that has gone on a mass shooting spree in the US has been on one or more of these drugs.

These drugs have a laundry list of side effects, are highly addictive and difficult to come off of. And the REALLY scary thing is that they are being prescribed to pregnant women who's infants will be born addicted to the drugs.

Our doctors have unwittingly become *legal* drug pushers and assassins. They've been duped into thinking that these drugs are safe and dole them out like candy, which has created HUGE epidemics and social problems in our society. And when someone on them kills themselves, or others, they just say that they had not been given the right drug or combination of them... **THEY NEVER BLAME THE DRUGS!**

No one in this country has an antidepressants and antianxiety medication deficiency, most people just have a progesterone, estradiol or testosterone deficiency, So the answer to depression and anxiety is not antidepressants and antianxiety drugs. ..it's HORMONES!

IT'S TIME FOR A CHANGE!

These stats are why the way HRT is administered and used in this country, and others, needs to change, and that's why I do what I do, study, research, write, and explain what that change should be. Yes, it's a bit more work to customize your HRT and use it like a cycle, but it's better than being a vegetable from a stroke or dead from heart a attack or from a mind altering drug.!

But you will not get this information from your doctor, because *they* weren't taught all of this in medical school. Beside physiology and anatomy, they were basically taught to recognize a set of symptoms and what drug/s to prescribe for them. That's because the pharmaceutical companies pay doctors to write the text books used in medical schools and basically dictate what goes in them. I know this because I own and read the same texts books that doctors are taught with.

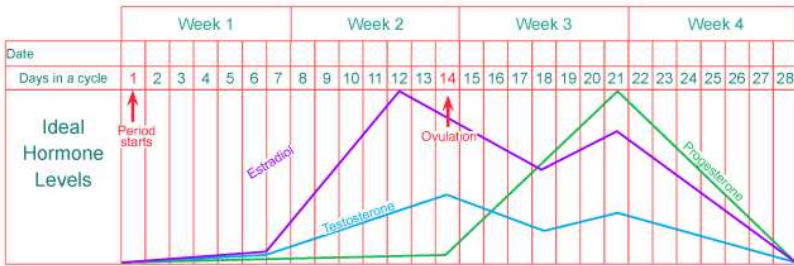
Another problem with the HRT industry is that since the hormone tests are completely inaccurate there is no way to tell exactly what your hormone levels are at the time you see your doctor for a prescription. Therefore most doctors have 2-3 prescriptions they dole out to all women. There is a HUGE problem with this because there is no such things as 2-3 sizes-fits-all. Like I've said, your hormones are declining for about 40 years and no two women are in exactly the same moment of that decline. Therefore each woman has to find out, through a bit of trial and error, how much of each hormone their particular body needs. This usually take from 1 to 3 cycles and is not really that difficult. The booklet "*How to Customize Hormone Replacement Therapy...For YOUR Body*" will explain how easy that is to do.

There's a better way to use HRT instead of different women getting different prescriptions and instructed to use the same amount every day (putting them at great risk). The best way is for everyone to have the *same* prescription and use what *their* body needs. In other words, everyone needing progesterone would get, say, a 2 ounce jar of cream with 1000 mg of bio-identical progesterone in it. Those needing estrogen would get a 2 ounce jar of cream with 400 mg of bio-identical estradiol in it, and so on for DHEA and testosterone. This way each person would use the amount that is right for *their* body and where they are in *their* Lifetime Hormone Cycle.

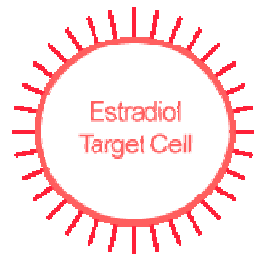
For instance:

- A 22 year old woman with PMS two days before her period would use the progesterone for those two days only.
- Where as a 40 year old woman skipping ovulation for 3 months at a time and who is still having monthly periods, would need progesterone every day of each month she fails to ovulate.
- A woman who is no longer ovulating and skipping periods would need progesterone every day and estrogen only on the days that the progesterone alone did not alleviate all her symptoms.
- And a woman who is no longer having periods would need both progesterone and estrogen every day.

WHAT HAPPENES DURING THE CYCLE



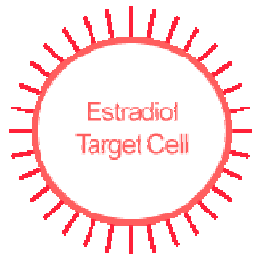
Week #1 - from day 1 to day 7. All hormones are low to allow the uterine lining from the last cycle to shed (if the woman is not pregnant). One of the jobs of progesterone is to hold the uterine lining in place, therefore it has to be very low to allow it to shed. It is not *absent*, it's just low. Therefore, anyone's instructions to stop using progesterone while you're menstruating, or for the first 14 days of your cycle is incorrect.



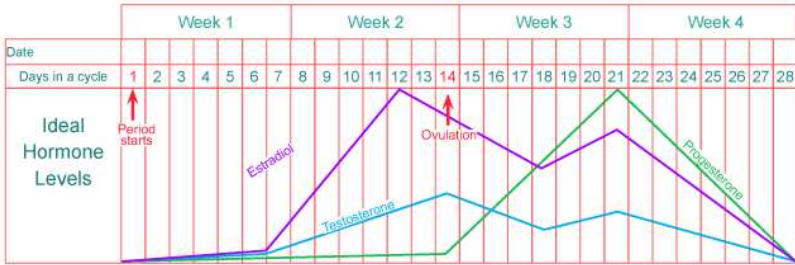
Week #1 - very low progesterone allows the estrogen cells to make lots of receptors which would look like this.

Week #2 - several hundred eggs are maturing and releasing increasing amounts of estradiol. One of the main functions of estradiol is to grow the uterine lining so a fertilized egg can implant and grow.

That second week progesterone is still very low and estrogen is rising. The low progesterone allows the cells that use estrogen to make the maximum amount of receptors, take all the available estradiol into the cells and build approximately 1/2 of the uterine lining in just a few days.



Week #2 - still very low progesterone allows the estrogen cells to make lots of receptors which would look like this.



Week #3 - by day 12 estradiol peaks and starts to decline slowly over the next 16 days. From day 14 to day 21 progesterone is rising as estradiol declines. As you can see there is still a lot of estrogen in the system but not all of it is supposed to get into the cells. That's why progesterone raised so fast. It tells the cells that use estrogen to make a lot less estrogen receptors to stop a lot of the available estrogen from getting into the cells. The decline in estradiol and the sharp rise in progesterone greatly slows the building of uterine tissue.

Week #3 - by day 18 estradiol and progesterone levels are about the same and the estrogen receptors would look more like this.



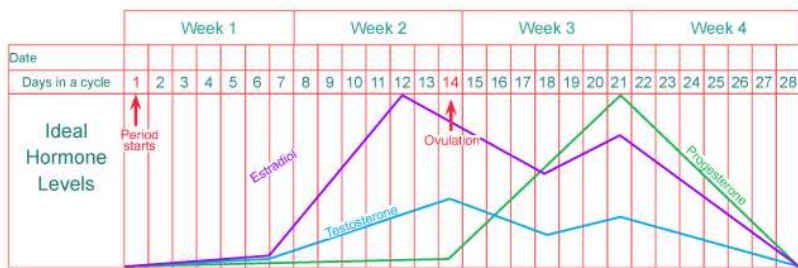
Week #4 - estradiol continues its decline, and if you're not pregnant progesterone falls steeply too. The continued decline in estradiol all but stops the building of uterine tissue, and the fall of progesterone gets the body ready to shed it. On day 1 of the cycle the lining starts to shed and does so for the next several day as your period.

Week #4 - the estradiol receptors are very low and once both hormones have bottomed out the estradiol receptors look more like this.



Too much estradiol getting into the cells that use it is what creates all the problems with declining hormone levels. Ovulation is what makes all the progesterone the second two weeks of the cycle and once a you start skipping, and eventually stop ovulation, that's when the trouble begins. Each time you fail to ovulate you make no progesterone the second 2 weeks of your cycle, the absence of which allows the cells to make too many estrogen receptors and suck in *all* the available estradiol. That creates a really bad situation and here's why...

YOU CAN'T JUST TURN IT OFF



From day 1 to 12 of your cycle, about 400 eggs are maturing. As they mature they release an increasing amount of estradiol, which accounts for the rapid rise of it on the chart above. Once the eggs are fully mature, by day 12, and secreting their maximum amount of estradiol, they start to die-off. As they die, they shrink, are absorbed back into the body and the estradiol level begins to fall. The problem is that it takes the rest of the cycle for them to completely die-off, be absorbed back into the body and estradiol to bottom out.

This allows the maximum amount of estrogen receptors to be made and an enormous amount of estradiol to get into the cells. If all that estrogen is allowed to enter the cells for the next 16 days, the uterine lining would end up about triple the size it should be, and that would cause heavy cramping and bleeding, with large amounts of uterine tissue being expelled in the next period. It also causes tender/painful breasts, headaches, depression, anxiety, irritability, chronic fatigue and about 40 other symptoms of no progesterone and too much estrogen in the cells.

Well, mother nature had us covered, *progesterone to the rescue!* Two of the main functions of progesterone is to tell the cells that use estrogen to make less receptor site and to hold the lining of the uterus in place until a fertilized egg reached it the 3rd week.

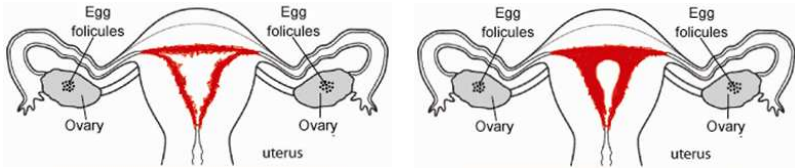
The first function is one of its most important ones. Telling the cells to make less receptors. That's because you can't just turn all that estradiol off like a faucet, but progesterone can prevent all of it getting into the cells.



UNDERSTANDING ESTROGEN DOMINANCE

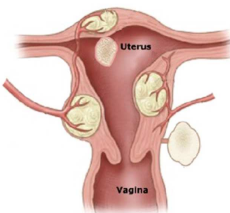
Most of the women I've talked over the years don't actually understand what estrogen dominance is. When asked what it is, they say it means they're making too much estrogen, which is incorrect.

This condition is caused by a failure to ovulate, which allows twice as much estradiol to enter the uterine tissue cells and more than *double* the uterine lining.

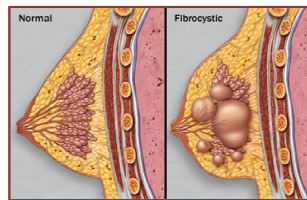


Not only does exposure to all that estradiol over-build uterine tissue, it does the same to other tissues that use it, like breast tissue. If progesterone is not there to stop all the estradiol from reaching these tissues, it can easily cause; uterine fibroids, cystic breasts, and uterine, ovarian, breasts cancer.

Fibroids



Cystic Breasts



Estrogen dominance occurs somewhere between 30 and 40 years of age in most women, and can be recognized by changes in the menstrual flow; it becomes heavier than usual, clotty (they're not actually blood clots, their pieces of uterine tissue), can last longer than usual, spotting after the period ends, spotting in the middle of the cycle, more than one period in a 28 day cycle. Also, heavier than unusual cramping and tender or sore breasts.

Estrogen dominance is actually a misleading name for this condition. It should have been called 'progesterone deficiency', because it's the missing progesterone that causes it. The lack of ovulation causes the lack of progesterone and 'over exposure' to the *available* estradiol in the blood stream.

This condition will pass as your estradiol declines over the years. Once your estradiol is low enough your period will become lighter again, more like it was before this condition started. Once your period lightens up and the heavy bleeding stops, you are no longer estrogen dominant. This doesn't mean you are ovulating again, it just means that when this started you had no progesterone the last two weeks of your cycle and now you are about 50% depleted of estradiol.

Most practitioners don't understand this condition either, and I know that because I've had so many women tell me that their doctor told them they were estrogen dominant when they were not. Many women who are menopausal have been told this.

Unless you are bleeding heavily, don't let anyone tell you that you are estrogen dominant, because you are not!

The Main Symptoms of Estrogen Dominance

Very heavy periods

Flooding

Periods longer than 7 days

Expelling large amounts of uterine tissue

Heavier than usual cramping

Spotting between periods

Breakthrough bleeding

More than one period in a 28 day cycle

ESTROGEN & CANCER

I've been asked many times if you can develop cancer by using bio-identical estradiol and I always say "of course, if you don't use it correctly", because, no matter if you get estradiol over-the-counter or from a pharmacy, and no matter if it's bio-identical or equines (horse estradiol), estrogen is a carcinogen by it's very nature.

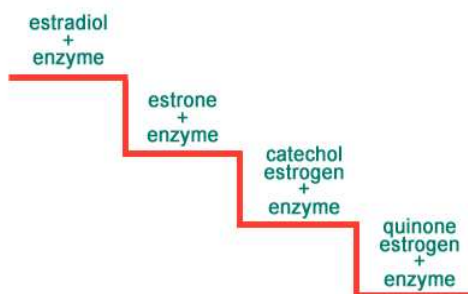
Estrogen performs 400 important functions in the body, but one of it's main functions is to tell certain cells to divide and multiply. *Any* substance that can do that, and there are *thousand* of man made petrochemicals in our environment that can, is classed as a carcinogen. But just because it's in that class doesn't mean it *will* cause cancer, it just means that the 'potential' is there.

There are three main estrogens, estradiol, estrone and estriol. It's not actually the estradiol itself that causes cancer, it's one of the waste products from breaking it down for removal from the body. In that process estradiol is broken down into estrone and estrone is further broken down by the liver for removal from the body by the sweat, urine and feces.

That process contains several steps, each being facilitated by an enzyme. Below is a very simplified graphic of that process to give you an idea of what happens and what the end metabolites are.

The last two can re-enter the blood stream, get back into the cells, cause MAJOR damage to the reproductive instructions for making new cells. The last two metabolites are SUPER radicles, see

"How My Neighbor Accidentally Cured Her Cancer" for full details of how free radicles cause cancer.



Estradiol is the most abundant and potent of all three of your main estrogens, estrone is the next most abundant and potent and estriol is the least abundant and weakest. Your body cannot function properly with only estriol because it does not perform the important functions of the other two. Yet people who do not understand this or how to properly administer HRT advise women to use only a very tiny amount of estradiol with a large quantity of estriol. It's not going to work because estriol cannot take the place of the other two hormones no matter how much you use.

AROMATASE INHIBITORS & ESTROGEN BLOCKERS

There's a great deal of confusion (even among practitioners) as to what is an aromatase inhibitor and what is an estrogen blocker. These are two completely different things and do completely different things. An 'estrogen blocker' is a chemical that will fit into estrogen receptors and block your natural, or any supplemental estrogen, from getting into the cells that need it.

Aromatase is an enzyme that's made by fat cells and it converts estrone into a SUPER radicle. Aromatase inhibitors are plant extracts that neutralize the enzyme aromatase, thus 'inhibits' its action on estrone. The more fat cells you have the more aromatase you make and the greater the risk of developing cancer.

Some of the most popular aromatase inhibitors are; Indiol-3-carbonol, Diindolylmethane (DIIM, an *extract* of Indol-3-carbonol), and Chrysin. The first two are made from something called cruciferous vegetables and will interfere with thyroid hormone production. The third is an extract of passion flower and is actually much stronger at inhibiting aromatase than the others. If you can't find Chrysin we have a product that contains it called BioCryn Plus.

ESTRADIOL CAN BE USED SAFELY

Female teens don't develop; cystic breasts, cystic ovaries, uterine fibroids and cancers (unless they stop ovulating due to low body fat or stress, or drink and eat foods out of plastic containers - see "*How My Neighbor Accidentally Cured Her Cancer*"). The reason they don't is because their hormones are secreted into their system in a up and down *cycle*. It's the rise and fall of the different hormones at different times of the cycle that protect them. So as long your hormone cycle and levels are normal, or you use HRT like your natural cycle (if you're still having one), and use a good quality aromatase inhibitor (Chrysin), there is almost no chance of developing cancer from your hormones, but as soon as you fail to ovulate, takes prescription estrogen products without progesterone, have a lot of fat cells without using aromatase inhibitor you set yourself up for problems.

Even if you have had cancer you can still use estradiol if you use it as above and with Chrysin.

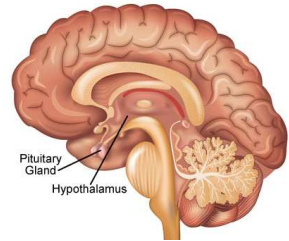
WHAT CAUSES POLYCYSTIC OVARIES



The prefix 'poly' means "more than one", and cystic mean "having cysts". A cyst is a sack filled with fluid or tissue. So polycystic ovaries means there are many cysts in the ovaries.

Polycystic ovaries are caused by too much insulin in the blood stream. Insulin is a hormone secreted into your blood stream

when your blood sugar goes to high. It tells your body to store that excess blood sugar as fat. It also tell your hypothalamus to tell you pituitary gland to secrete FSH (Follicle Stimulation Hormone). FSH tells your ovaries to mature eggs.



When you have a diet too high in carbohydrates and sugars your blood sugar is constantly too high, which causes a large amount of insulin to be in the blood. Over time your receptors for insulin become resistant to it and your body has to secrete more and more to get your blood sugar back into the correct range. The more insulin in your blood, the longer it takes to clear it out.

The longer insulin is in the blood the longer it's telling your hypothalamus, to tell you pituitary to release FSH which tells your ovaries to mature eggs. And soon your ovaries have hundreds of fully mature and maturing eggs spewing out estrogen and testosterone.

All that estrogen will cause uterine fibroids, heavy bleeding, infertility, depression, anxiety, and a bunch of other symptoms associated with higher than normal estrogen levels.

All that testosterone causes male characters like; excessive facial and body hair, male-pattern baldness, acne, and a higher than normal sex drive.

The ovarian cysts can grow large enough to cause severe pain and the need for surgery. To avoid this condition, keep carbohydrates and sugars to a bare minimum and make sure to have regular ultrasound examinations from a competent medical professional.

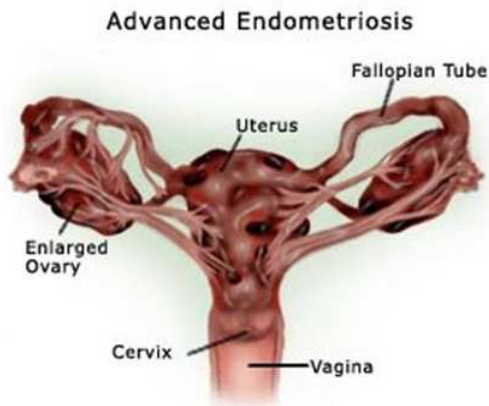
WHAT CAUSES ENDOMETRIOSIS

Endometriosis is a condition where uterine tissue is growing in the wrong place. Usually your menstrual flow is downward and out. But sometimes a bit of uterine tissue can go in the other direction, travel down your fallopian tube/s, and end up in your pelvic cavity.

Once there the cells of that tissue will attach themselves to your internal organs and start growing. It acts sort of like chewing gum, sticking everything together, and over time bind all your organs together. It can interfere with your nervous system and even obstruct bowel movements. It can completely cover your ovaries preventing ovulation and causing infertility.

This uterine tissue responds to estrogen the same as the lining in your uterus does. Estradiol makes it grow...and it bleeds. Cramping (even after menstruation ceases) and pain in the pelvic that is different from your normal menstrual cramping is the first clue that you could have an issue with endometriosis . At the first sign see a competent health professional and have an examination.

A diet high in carbohydrates caused excess estrogen to be secreted into the blood and will cause more rapid growth of the Endometriosis, so if you suspect your may have this condition, eat a low carb and sugar diet.



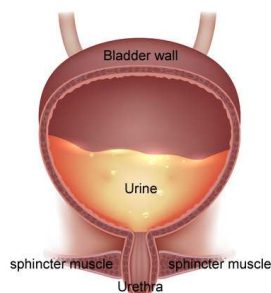
WHAT CAUSES INCONTINENCE

Incontinence mean “not restrained, or uncontrolled”

There are a few different reason for incontinence but the one I want to tell you about is ‘hormonal’ incontinence. It’s characterized by leaking of small amounts of urine with activities which increase abdominal pressure such as coughing, sneezing and lifting. The leakage is caused by a thinning and weakening of the urethra (tube that allow urine to flow out of the bladder) and the sphincter muscle that holds urine in the bladder. The thinning and weakening of these tissues is caused by the decline in your hormones.

As with *all* the tissues in the body, without estrogen and progesterone they shrink, and the lower these hormones get the faster the shrinkage happens.

As you can see in bottom of the picture, there’s a muscle around the urethra and it is in a constant state of contraction, which holds urine in the bladder. When you’re ready to empty it, the muscle relaxes and the urine flows out through the urethra.



As the number of eggs in your ovaries decreases so does your estrogen production and that slows down cell reproduction. If the number of cells being created doesn’t keep up with the number of cells dying the tissue of the urethra becomes thin and the muscle holding the urine in the bladder becomes weak. Then when you laugh or sneeze, out comes some urine.

Another thing that weakens the muscle is the lack of potassium and magnesium chloride. These two minerals are extremely important to muscle strength.

So, in order to avoid hormonal incontinence use HRT and drink potassium and magnesium chloride.

WHAT CAUSES OSTIOPENIA & OSTIOPOUROSIS

Your bones are in a constant state of what's known as 'resorption' which is the removal and absorbing back into the body of old brittle bone, and the replacement of that old bone with new. The process of resorption should be, one bone cell out and one bone cell in.

Estrogen controls the 'old bone out' part of the process and progesterone controls the 'new bone in' part. At some point a woman begins to skip ovulation. If she doesn't ovulate, she doesn't make progesterone the second two weeks of her cycle. Estrogen is still telling the body to remove the old bone cells but no new ones are going back in.

Estrogen also controls the *rate* at which the old cells are removed. At first it's, one bone cell out and none in. Then it's 100 out and none in, then 1000's out and none in...you get the picture.



This is how osteoporosis develops, it's *not* a calcium deficiency. This is why a person shrinks in size as they age and why they easily break bones. In fact, osteoporosis accounts for 300,000 hip fractures a year in the US alone. That doesn't include all the *other* bones that people brake as well.

Therefore, replacing your progesterone and estradiol as soon as they start declining is mandatory for maintain proper bone density, and the way to do that is to start testing your hormone levels as soon as you see any changes in your menstrual cycle.

CORTISOL, MELATONIN & SLEEP

One hormone puts you to sleep and one wakes you up, and these two hormones influence each other to do so. Melatonin is your 'sleep' hormone and cortisol is your 'waking' hormone. Here's how they're *supposed* to work together.

When the sun goes down your body starts secreting melatonin into your blood stream to cause you to go to sleep. When the sun comes up your body starts secreting cortisol into your blood stream to tell the melatonin to leave and that causes you to wake up. Then when the sun goes down again, melatonin secretion starts again to tell the cortisol to leave so you can go to sleep.

Problems can arise with the melatonin and cortisol cycle though. One thing that has had a great effect on this cycle and has resulted in poor sleep is the advent of electric lighting. With it we can extend the 'day light' which prevents the melatonin from being secreted into our blood and causing us to sleep.

Cortisol is secreted into the blood in the morning and is supposed to decline throughout the day so that the amount of melatonin we make can clear it from the blood in the evening.

Stress causes a BIG problem with this. Stress causes your adrenal glands to spew tons of cortisol into your blood all day so it's level isn't low enough for the amount of melatonin we make to clear it from the blood, so the only way to be able to fall asleep is to wait many hours for it to clear out of the blood or force it out by using a high strength melatonin cream. NEVER take melatonin orally. It's a hormone and it's metabolites can damage your liver.

Cortisol also tells your body to make insulin which tells your body to store everything you eat as fat, which lowers your blood sugar and makes you crave carbohydrates, which is stored as fat.

Serotonin is another substance involved in a good night's sleep. When your blood sugar is low you don't make a much serotonin. So make sure you do not go to bed hungry. Eat some protein before bed to help keep your blood sugar up.

PROGESTERONE, ESTRADIOL & SLEEP

Over the past 20 years I've been told by sooooo many women that when they use progesterone and estradiol they can finally sleep well, their brain works properly, and they have energy again. This was also my experience. Although I could see that this was true, I never knew exactly why. Well, I've just finished a research project on this subject...*and now I know why.*

These progesterone and estradiol influence a *lot* of substances in the body, but glutamate and GABA are the two BIGGIES because they're the most abundant chemicals in the brain. Without getting too technical here's what they do.

GLUTAMATE

Makes you feel mentally alert, active, and vibrant. Without this chemical you will experience mental fog, forgetfulness, and fatigue.

GABA

Makes you feel calm, peaceful, and relaxed. It settles down your brain activity which allows you to pass through the first few sleep stages more rapidly and get into that deep sleep state. Once in the deep sleep state you are less likely to wake up, you'll stay asleep longer and wake more refreshed from getting a good nights sleep. You should not TAKE a GABA product, just get your progesterone level back where it should be.

Many women have told me that they cannot use estradiol at bedtime as it keeps them awake and have too much brain activity. Now I understand why, **estradiol increases glutamate**, which increases brain activity.

Other women have told me that when they use progesterone in the morning they get sleepy. Now I understand why that happens as well, because **progesterone increases GABA**.

I also now understand why when I have advised women to use the estradiol in the morning and the progesterone at bed time only, they do VERY well. Therefore I'm now advising all women to apply these two hormones in that manner. Estradiol only, in the morning and progesterone only, about an hour before bed.

THE 'D3' CONNECTION

Our brain has TONS of Vitamin D3 receptors and studies have shown that people deficient in vitamin D have sleep problems. Those same studies have shown that when that deficiency is corrected sleep patterns are *significantly* improved.

WHY YOU LOSE YOUR SEX DRIVE

The eggs in your ovaries produce estradiol, but they also secrete testosterone, which is responsible for giving you the 'urge' the third week of your cycle to have intercourse. That's because if you ovulated there's an egg coming down one of your fallopian tubes (you ovulate from one ovary one month, and the other the ovary the next).

As the number of eggs on your ovaries decreases and you start skipping ovulations, you do not get that sharp rise in testosterone in week three.

Testosterone is not only responsible for getting an egg fertilized, it also gives you the feeling in your erogenous zones so you can become aroused enough to have an orgasm. Orgasms are a muscle contraction upward in the vagina that pulls sperm up toward the cervix so it can swim up and find the egg.

EROGENOUS ZONES

In both female and male:

Lips, tongue, neck, clavicle area, back of the neck, ears, behind the earlobe, areola, nipples, abdomen, navel, inner arm, elbow crease, fingers, inner thigh, genital area, soles of the feet, toes.

In female only:

Vulva, clitoris, vagina, G-spot,

In male only:

Penis, foreskin, prostate

Without enough testosterone your erogenous zones do not have as much feeling and it can sometimes be irritating to be touched in one or more of them during foreplay.

If you have stopped ovulating and no longer have as much feeling in your erogenous zone, get your progesterone and estradiol levels back to normal so you can get your sex drive back. It may not be like it was when you were 20 but sex will be a pleasurable experience once again.

HOW DO I KNOW IF I NEED HRT?



First of all, every woman will stop ovulating at some point and need to begin by using bio-identical progesterone. You should suspect that you need to start using progesterone if you experience any of the symptoms listed at the beginning of this publication, or as soon as you start to see changes in your periods.

Your menstrual cycle is *supposed* to be 28 days long. When it gets shorter than that, and your periods get heavier, if you start getting occasional headaches, start putting on weight that will not come off easily, find that movies make you cry easier, or that little things bother you more than they used to, if you find yourself saying, "Is it hot in here or is it just me?", or if now you consider yourself a light sleeper, your hair is starting to thin or you notice more hair in your brush than usual, you're becoming estrogen dominant, if your sex drive and your memory just aren't what they used to be, or you're craving sweets (especially chocolate) more than usual, , it tells you that you're skipping ovulation and entering stage 1 of hormone decline and you need to start using bio-identical progesterone.

If you've replaced your progesterone but you're still having hot flashes, vaginal dryness and/or irritation, you can't sleep and your periods are getting lighter, farther in between, or you're beginning to skip them, you're now experiencing symptoms of **low** estrogen and need to replace it as well. Progesterone only relieves the progesterone deficiency, so if your symptoms are coming from low estradiol, you must replace it too before *all* your symptoms will be relieved.

I found that when I first started having hot flashes, I used progesterone alone and they stopped them for about eight months. Then, something changed, I just felt hot all the time, as if I had a fever, *then* I would have a hot flash on *top* of that! No amount of progesterone changed anything. It took me a few weeks to figure out that I now needed estradiol, order some and make a new cream. I put it on and in about ten minutes my body temperature felt normal again, the hot flashes stopped, and that night I slept better than I had in a *long* time.