

How to Customize

Hormone Replacement Therapy



...for ***YOUR*** body

TABLE OF CONTENTS

What's Wrong With HRT?	1
You're The Only One Who Can Do it.	2
The Three Main Factors of HRT	3
#1 - Progesterone is Boss	4
What Happens During the Cycle	5
#2 - You Can't Just Turn It Off	7
#3 - Estradiol = Blood	8
Factors that Influence How Much HRT Your Body Needs	9
Hormone Decline Symptoms	10
Hormone Decline Symptom List	11
Lifetime Hormone Decline Cycle	13
Stages of Hormone Decline	13
Puberty	14
Stage #1	15
Stage #2	16
Stage #3	17
Stage #4	18
Hysterectomy	19
Getting Started	20
Sore or Tender Breasts	21
When to Use	21
About the Creams	22
Measuring Instructions	22
Application Areas	22
Too Much, Too Little	23
Fixing Periods	24
Myths About Topical HRT	25
About Super Chlorides	26
Super Chloride Mixing instructions	28
Frequently Asked Questions And Troubleshooting	29

WHAT'S WRONG WITH HRT?

The way HRT is being administered today is killing women and here's why.

- The tests are inaccurate.
- The results are compared to the wrong age group.
- That causes the prescriptions to be wrong.
- The compounded products are made incorrectly.
- Most women who are prescribed estrogen without progesterone.
- Doctors generally write prescriptions for only a couple of different doses.
- Women are instructed to use the same amount each day.

All of these things sets women up to develop uterine fibroids, cystic breasts and/or cancer.

Doctors administer HRT this way because it's how they were taught to in medical school, and they're taught that because their text books were written by doctors paid for by pharmaceutical companies.

The goal of pharmaceutical companies is to develop, manufacture and sell drugs to make money. Their mentality is not to do things the way the body does or did it, they just want the population to take as many of their drugs every day as possible and they don't care about the people taking them. That's why there's a laundry list of negative side effects spelled out in the drug commercials on television. While attempting to fix one problem, they create 10 more. HRT is no different.

Although HRT in the medical field is 'a-couple-sizes-fits-all' is the norm, in reality each woman is different and there are hundreds of sizes that fit them. The hormonal needs of a 22 year old woman are VERY different from those of a 52 year old one.

You see, doctors aren't taught that hormones start declining at the end of puberty and they don't understand that HRT should be started as soon a drop from 18-20 year old levels is detected. They're taught to focus on later years of around 40-50. Which is why the range of prescriptions is so narrow. But if you focus on those ages substantial damage to the body has been done.

The remedy to all this is for doctors to use Lateral Flow saliva hormone testing, compare the results to 18-20 year olds, prescribe BOTH bio-identical progesterone and estradiol, give each person the same prescription and instruct them on how to find the right dose for *their* body and age, and to use the HRT in a cycle like their body dose it if they are still having cycles.

YOU'RE THE ONLY ONE WHO CAN DO IT

How much HRT your body needs depends on the number and severity of your symptoms. When your symptoms are gone, you have the right dose. There's no way for your doctor to tell you how much HRT your particular body requires. They don't live in your body and have no way of knowing how much HRT is required for *your* body to be symptom free. So any prescription and dosage from your doctor will be very 'general'.

You're the only person on the planet that can tell how much HRT your body requires on a daily basis. You're the only one who knows; how you sleep at night, how you feel when you wake up, and throughout the day, and what happens from day to day as you go through the customization process and apply different amounts of each hormone.

You're the only one who can tell when you need a little more of something in the afternoon, how much to use to prevent a migraine from occurring, how much to use if you wake up in the middle of the night and can't easily get back to sleep, or how much to apply if you wake up feeling irritable, anxious or depressed.

What your mother, sister, friend or colleague needs is not necessarily what *you* need, and that's because of your age and the factors I'm going to tell you about. So don't be disappointed if you use someone else's dose, or what your doctor told you to use and it doesn't work for you.

Which, and how much of each hormone to use varies depending on your age, symptoms, and the day of your cycle. That's why you need to learn about hormones, your cycle, and how to customize and troubleshoot them for *your* body.

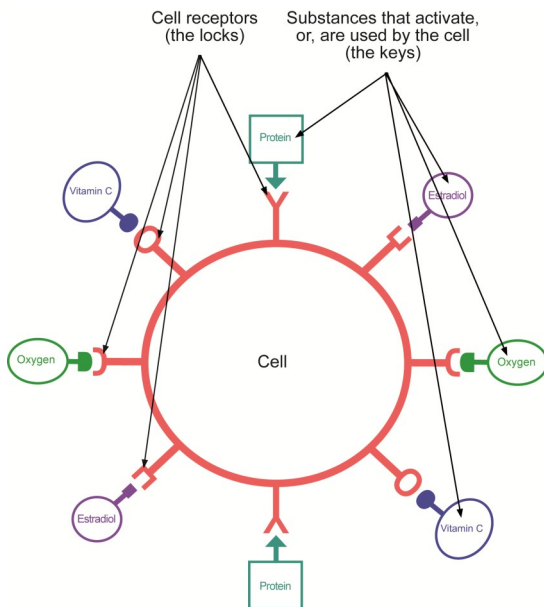
THE THREE MAIN FACTORS OF HRT

Customizing HRT for your body is pretty easy if you understand the three main factors having to do with hormones. If you really learn them, you'll know how to adjust your HRT from day to day, and how to re-establish balance if you get off track.

Factor #1. Progesterone controls how many estrogen receptors a cell makes - the more progesterone in the system, the less receptors a cell that uses estrogen makes. The less receptors that cell makes the less estrogen goes into the cell.

On every cell in the body there are hundreds of places called 'receptors' that act like 'locks', and the substances that fit into them are like 'keys'. Once the right key fits into the right lock, the cell opens, the substance enters and can then perform whatever function it's supposed to.

There are estrogen receptors on many different types of cells, but for our example we will talk about breast tissue cells. The picture below shows a breast tissue cell, some of its receptors, and some of the substances that fit into them.



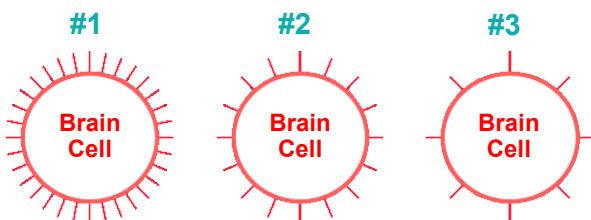
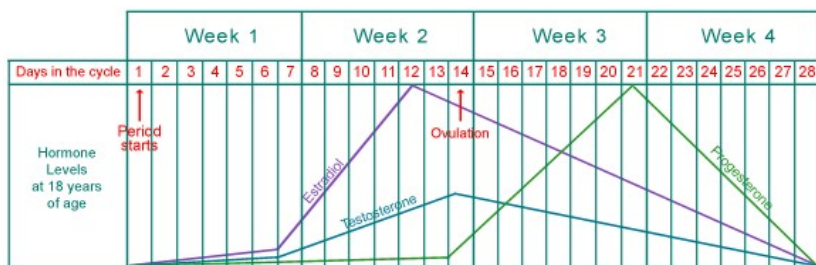
#1 - PROGESTERONE IS THE BOSS

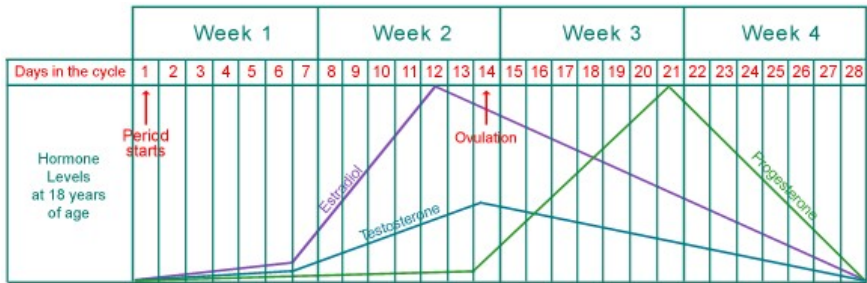
Some of the main cells that use estrogen are; eye, breast (male and female), uterine, immune, brain, skin, blood vessels, testicles and prostate. They need to have just the right amount of estrogen though, not too much and not too little. The number of receptors on these cells is what determines how much estrogen gets into them.

Cell receptors are like batteries, they get used up and the cell needs to make more. Progesterone tells those cells how many estrogen receptors to make. The more progesterone the less estrogen receptors the cells make. The less progesterone the more receptors the cells make.

As you can see from the graphics below, the first 2 weeks of the cycle progesterone and estradiol are extremely low, and the lower the progesterone the more estrogen receptors the cells make. Therefore the number of cell receptors would look something like the #1 brain cell below.

On week 3 of your cycle the progesterone rises very rapidly which suppresses estrogen cell receptor production as in brain cell #2. When progesterone reaches it's peak in the system there are very few estrogen receptors being made as in brain cell #3.





WHAT HAPPENED 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 isn't pregnant). Two of the jobs of progesterone is to hold the uterine lining in place and downregulate estradiol receptors therefore, it has to be very low to allow the lining to shed. It isn't *absent*, it's just very low. Therefore, anyone's instructions to stop using progesterone while menstruating, or for the first 14 days of the cycle is incorrect.

Week #1 - very low progesterone allows the estrogen cells to greatly increase the number of estradiol receptors. That would look like this.

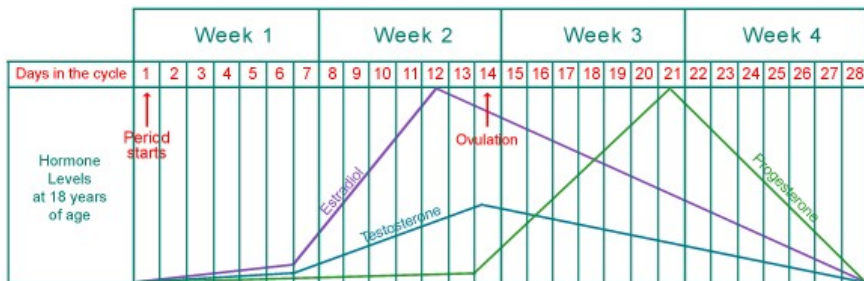


Week #2 - several hundred eggs are maturing and releasing increasing amounts of estradiol. One of the main functions of estradiol is to grow the uterine lining so a fertilized egg can implant and grow.

That second week progesterone is *still* very low and estrogen is quickly 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 the first 12 days.

Week #2 - very low progesterone allows the estrogen cells to make lots of receptors.





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 is declining. As you can see there is still a lot of estrogen being created, 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* estradiol receptors to prevent about half of the available estradiol from getting into the cells. The decline in estradiol and the sharp rise in progesterone slows down 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.

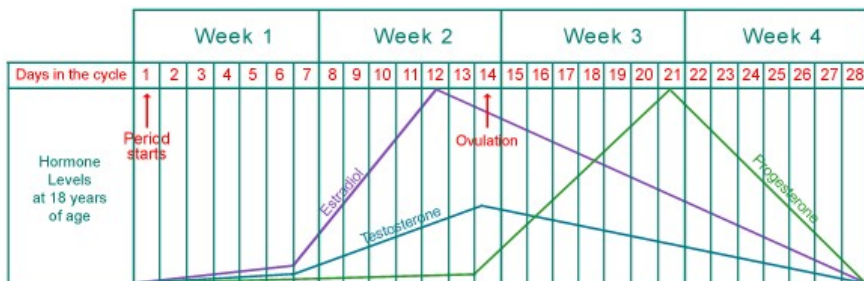


Week #4 - estradiol continues its decline, and if a woman isn't pregnant, progesterone falls steeply too. The continued decline in estradiol all but stops the building of uterine tissue, and the fall of progesterone allows the lining to shed. On day 1 of the cycle the lining starts to shed and does so for the next seven days as the 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 woman starts to skip, and eventually stop ovulation, that's when the trouble begins. Each time they fail to ovulate they 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...



#2 - 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 reabsorbed, and estradiol to bottom out.

All that 'available' estradiol is not supposed to get into the cells, but you can't just turn it off like a faucet. THAT'S why progesterone is so important the last 2 weeks of the cycle. High progesterone causes very few estradiol receptors, so the cells cannot take in what's available.

If you fail to ovulate on day 14, there's no progesterone to lower the number of estradiol receptors and all that estrogen enters the cells for the rest of the cycle. The uterine lining ends up about triple the size it should be, and that what causes the heavy cramping and bleeding, large amounts of uterine tissue being expelled, tender/painful breasts, headaches, depression, anxiety, irritability, chronic fatigue and about 40 other symptoms.



#3 - ESTRADIOL = BLOOD

Although estradiol does a multitude of things in the female body, one of it's main functions is to tell cells to multiply, and one of the main tissues it tells to that to is the uterine tissue. It causes the cells of the uterine tissue and the it's blood supply to multiply so you that if you become pregnant, the egg can attach to the lining and grow. If you're not pregnant, it will shed as your period. Therefore, your period is a great indicator of what's going on with your hormones.

If your periods are normal, your hormones are fine. If you start having heavy periods with a large amount of clots (their not actually blood clots, it's pieces of uterine tissue), it tells you that too much estradiol is getting into the cells and overbuilding the bloody lining. If your periods are getting lighter or you're not having them at all, it tells you that not enough estradiol is getting into the uterine cells, and your uterus is shrinking. In fact, all the tissues in your body that need estradiol are shrinking, and that's what causes you to age.

*Your hormones don't decline because you age, you age
BECAUSE your hormones decline.*

FACTORS THAT INFLUENCE HOW MUCH HRT YOUR BODY NEEDS

Childbirth - women are born with a finite number of eggs in their ovaries and it's those eggs that produce the hormones of the monthly cycle. As the eggs run out, the hormones decline and the trouble begins. When a woman is pregnant she is not maturing several hundred eggs each month. So the more children a woman has had, the longer her egg supply lasts, and the longer she staves off the ill effects of hormone decline.

Genetics - petrochemical pesticides and herbicides in the food supply of a pregnant woman will stunt the growth of the ovaries in a female fetus, and the growth of the testicles in a male fetus. If a woman's ovaries are stunted, she will be born with smaller ovaries and less eggs than a woman whose grandmother and mother didn't have these chemicals in their diet while pregnant.

The ovaries and testicles of each generation will be smaller and smaller as each pregnant woman eats food that has been grown with petrochemical pesticides and herbicides, and since ovaries and testicles produce hormones, they will run out of them earlier and earlier. Therefore, a 37 year old woman whose grandmother and mother ingested pesticides and herbicides can have stunted ovaries and may need as much hormones as a woman 55 year old, *without* stunted ovaries, and who has had 4 children.

Metabolism - also has a lot to do with how much HRT you need on a daily basis. The higher your metabolism, the faster you'll use it up. If you have a fast metabolism you may need to apply HRT 2-3 times a day. If you have a slow metabolism you may only need to apply it once every other day. You will have to determine for yourself what your body needs.

Sensitivity - people have different levels of sensitivity to hormones. Some are very sensitive and need very little. Some are quite resistant and need more than others.

Changing levels - like I said, hormone levels start to decline at the end of puberty (18-20 years of age), so the amount your body makes will be less and less as time goes on. Therefore you'll have to adjust your HRT to keep pace with that decline.

HORMONE DECLINE SYMPTOMS

Declining hormones cause a large variety of symptoms. Some are intermittent, some are daily. The goal of HRT is to stop, and prevent, those symptoms. So go over the symptom list and put a check mark in the 'Have' box next to any symptom you experience at any time during your cycle. As you customize your HRT those symptoms will stop. Once a symptom is resolved, put a check mark in the 'Gone' box next to it. Some symptoms take longer than others to stop, so just work your way through your list and keep adjusting your HRT until there's a check mark in the 'Gone' box next to *all* the symptoms you had.

The reason I've included the symptom list is because most women have no idea that there are symptoms other than hot flashes, night sweats, and no period, having to do with hormone decline. Therefore, if they can't sleep, are depressed or anxious, can't remember where they put their keys, etc. They think something else is wrong and start looking for a practitioner that can help. And, because most practitioners don't know all the symptoms of hormone decline either the woman ends up on some drug, herb, or supplement, that either does nothing, or makes the symptoms worse, instead of actual HRT. This causes the woman to spend tons of time and money going from practitioner to practitioner trying to find out what's wrong.

Not every symptom is due to declining hormones, but many are. Therefore if you have *any* type of symptom, first look over the Hormone Decline Symptom List to see if it's hormonal. A lot of the times it will be. Then all you have to do is adjust your HRT to save yourself a lot of time and money. If it's not on the list, *then* see a practitioner.

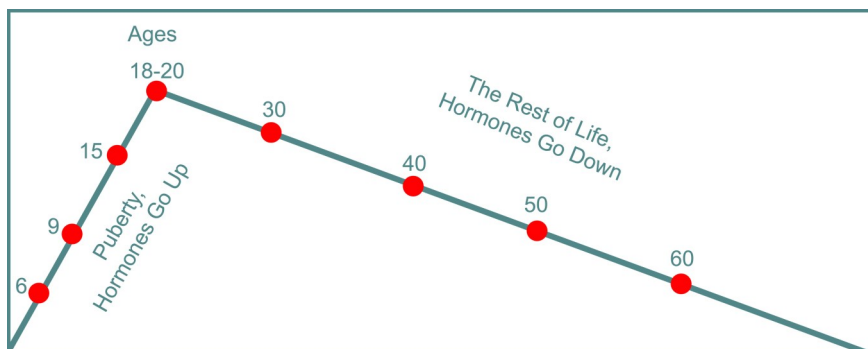
HORMONE DECLINE SYMPTOM LIST

Have	Gone	EMOTIONAL SYMPTOMS	Have	Gone	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			Fibrocystic 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

HORMONE DECLINE SYMPTOMS LIST

Have	Gone	Lowered immune response	Have	Gone	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

THE LIFETIME HORMONE CYCLE



STAGES OF HORMONE DECLINE

As you can see from the chart above, hormones only do two things, they go up during puberty and they start going down at the end of it. As you can also see, the decline goes on for many years, and you'll experience different symptoms as they decline.

Therefore I've broken down those years of decline into four general stages. I said *general*, because a stage doesn't end one day and the next stage begins the next. Each stage runs into the next one on a gradual basis. It's one long event being broken down into understandable sections, and you will need different amounts of HRT during those different stages. In order to be able to adjust your HRT to keep the levels of puberty, you need to know when you're passing from one stage to the next.

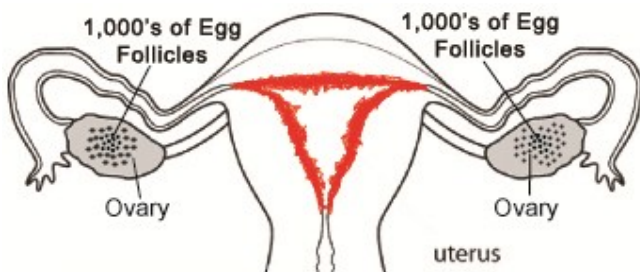
Puberty



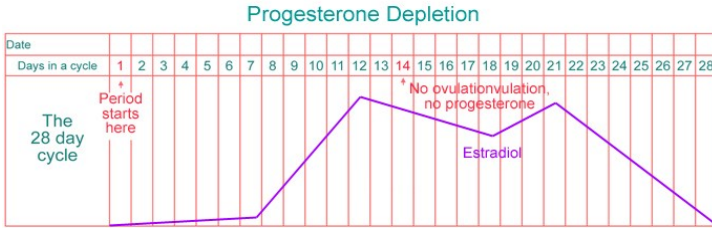
This is what the optimum monthly cycle looks like. See how the hormones cycle up and down during the month? See how the progesterone goes up steeply the third week of the cycle to suppress the manufacture of estrogen receptors? That's why the uterine lining is normal during puberty.

Towards the end of puberty you may start experiencing some PMS (Pre Menstrual Symptoms) a few days to a week before your period such as; weight gain, bloating, fatigue, lower back pain, headaches, cramps, aches, tender, swollen breasts, sugar cravings, and excess sleeping. Many women having PMS use a bit of progesterone from the day it starts until the day they start their period. During puberty the uterine lining is normal and looks like the one below.

Puberty Supplementation - 1/4 teaspoon (1 gram) of progesterone, 1-2 times per day on any day you experience PMS symptoms (any symptom/s from the Symptom list).



STAGE #1



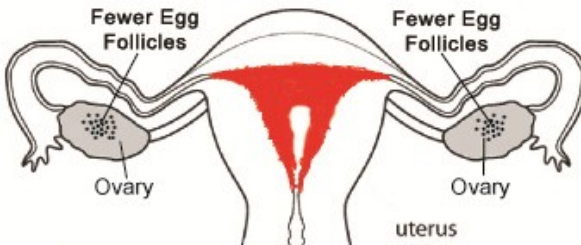
Stage #1 can be recognized by the onset of heavy, clotty periods (they're not actually blood clots, they're pieces of uterine tissue filled with blood).

During puberty, and for some time after, your periods will be normal, (lasting 3-7 days), but as time goes on you begin to skip ovulation and your periods start to change. They will become intermittently heavy with twice as much blood and uterine tissue being expelled. As time goes on and you skip more and more ovulations this will happen more and more often until every period is like this for some time.

Periods like this are caused by the absence of progesterone, which allows the cells that take in estradiol to make twice as many receptors, suck in twice the amount of estradiol, and more than double the uterine tissue and blood.

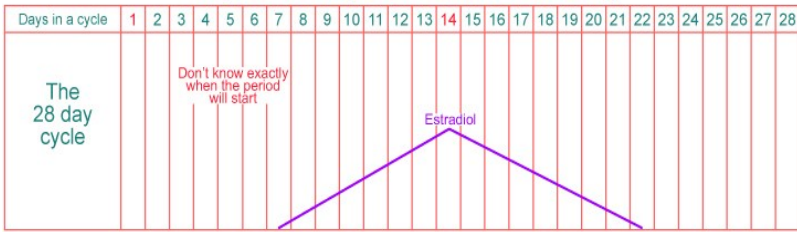
Accompanying these heavy periods can be heavy cramping and other symptoms such as; depression, anxiety, tender or sore breasts, abnormal fatigue, headaches, irritability, pressure in the head and others from the large list of hormone decline symptoms. The uterine lining in Stage #1 looks like the one in the picture below.

Stage #1 Supplementation - 1/8 teaspoon (1/2 gram) of progesterone 2 times a day, the first 2 weeks of the cycle, and 1/4 teaspoon 2 times per day the last two weeks of the cycle.



STAGE #2

Progesterone Depletion & Estradiol Deficiency

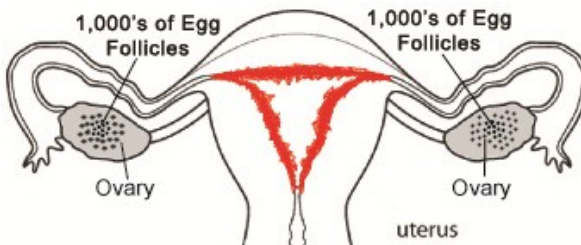


Stage #2 can be recognized by your period getting what *appears* to be normal again. That's because not only are you out of progesterone, you're about 50% out of the eggs that produce your estradiol as well. When estradiol is too low you are unable to build a full uterine lining and you have less bleeding.

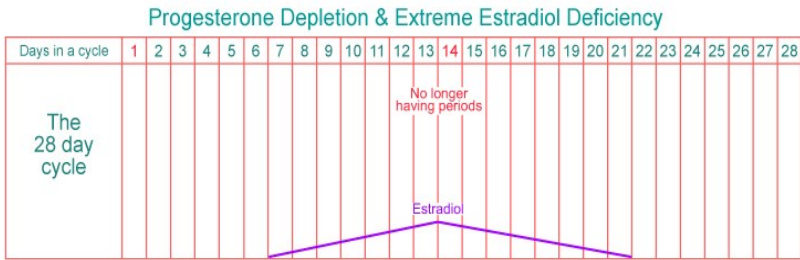
Most women know that there is something wrong in Stage #1 because of the heavy bleeding, but when they reach Stage #2 and their periods become lighter, they tend to think things are getting back to normal. But things are far from normal. In Stage #2 you may be having lighter periods but you will have a greater number of the symptoms from the list and that tells you that your hormone levels are WAY too low. In Stage #2 the uterine lining will look like the one in the picture below.

Stage #2 Supplementation - 1/8 teaspoon (1/2 gram) of progesterone 2 times a day, the first 2 weeks of the cycle, and 1/4 teaspoon 2 times per day the last two weeks of the cycle.

If you have used up to 1/4 teaspoon of progesterone and are still experiencing symptoms from the list, apply 1/8 teaspoon of estradiol each hour until you symptoms subside. If you had to apply it twice then you know that 1/4 teaspoon is how much you need and you don't have to do the trial and error every time you need it.



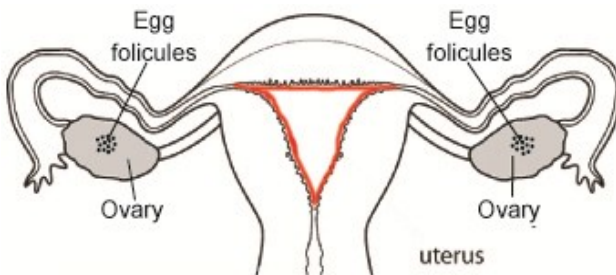
STAGE #3



Stage #3 can be recognized by very light (1-3 days) or skipped periods. As time goes on and you use more and more of the eggs in your ovaries, you will make less and less estradiol and be able to build less and less uterine lining. So little in fact that it can take more than one cycle to build enough lining to have even a short, light period. That's why you start skipping periods. Or you may skip for several months and then have one very heavy period.

During this stage you will be having numerous and pretty severe symptoms from the list. As you go through it, your periods become lighter and you will skip them more and more often, therefore you will need to increase your estradiol dose and use it more often. In Stage #3 the uterine lining will look like the one in the picture below.

Stage #3 Supplementation - 1/8 teaspoon (1/2 gram) of progesterone 2 times a day, the first 2 weeks of the cycle, and 1/4 teaspoon 2 times per day the last two weeks of the cycle. Follow the same instructions for Stage #2 to determine how much estradiol your body needs and how often.



STAGE #4

Progesterone & Estradiol Depletion

Days in a cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
The 28 day cycle																												
														No longer having periods														
														Estradiol														

Stage #4 can be recognized by the lack of periods altogether. This stage is called menopause. At this stage you have so little eggs in your ovaries, if any, that you can't even build enough uterine lining to even have a little spotting during the month.

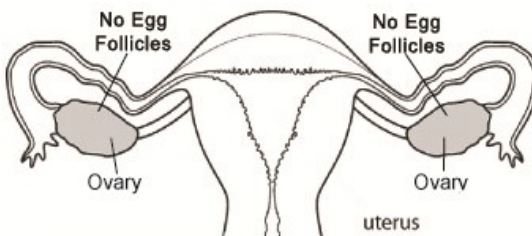
During this stage you will be having numerous and severe symptoms from the list. In Stage #4 the uterine lining will look like the one in the picture below.

Because you are no longer having a cycle, there are two options for HRT use in Stage #4. One is to keep creating a cycle and having periods, and the other is to use just enough HRT to alleviate your symptoms but not have period.

Stage #4 Supplementation

Option 1 - to keep creating your cycle - 1/8 teaspoon (1/2 gram) of progesterone 2 times a day, the first 2 weeks of the cycle, and 1/4 teaspoon 2 times per day the last two weeks of the cycle. Follow the same instructions for Stage #2 to determine how much estradiol your body needs and how often.

Option 2 - 1/4 teaspoon of progesterone 2 times per day and enough estradiol to subdue your symptoms (see Stage #2 instructions), every day of your cycle.



HYSTERECTOMY

There are two different types of hysterectomies.

- **Partial** - with the removal of either the ovaries or the uterus.
- **Radical** - with the removal of both the ovaries and the uterus.

If you no longer have your uterus but still have your ovaries, it is likely that it was removed by a condition caused by the lack of progesterone, allowing too much estradiol into the cells.

- If it hasn't been long since the removal of your uterus and you have tender breasts you are in Stage #2.
- If it's been some time and your breasts are not tender you are in Stage #3.
- If it's been many years since your operation you are in Stage #4.
- If you have neither ovaries nor uterus, you are in Stage #4.



Since there are no accurate hormone test ANYWHERE, you will have to determine how much estradiol your body needs, and monitor your own hormone levels.

When you first start using estradiol and progesterone you should do what's called 'loading', or 'topping up' (which means to means 'to make full again'). The way this is done is to use 1/4 teaspoon of estradiol twice in the daytime and 1/4 teaspoon of progesterone at bedtime only.

Each morning check your nipples and breasts to see if they are tender or sore. If you don't feel anything, press on the sides of your breasts to see if they're getting tender deep inside. When they become tender you know you're 'topped-up' and have gone a little bit over.

At this point, stop the estradiol *only*, *not the progesterone*, until your breasts are no longer tender. Wait one more day and resume the estradiol at a bit lower amount. If that makes your breasts tender repeat the above procedure. Keep doing it until you find how much estradiol stops your symptoms but does not make your breasts tender.

SORE OR TENDER BREASTS



If you've been using progesterone and estradiol for a while and your breasts or nipples become tender or sore, do the procedure of stopping the estradiol until they're no longer tender, wait one more day and resume at a lower dose. Repeat this until you find the dose that keeps your breasts/nipples from becoming tender or sore.

WHEN TO USE THEM

The ideal way to use progesterone and estradiol is to use some of each twice a day. Some women can do this and others can't.

Among the many things that progesterone does is it tells your brain to make chemicals that relax you, and they can make you sleepy if you use too much. If you use progesterone in the daytime and it makes you sleepy, only use it at night before bed.

On the other hand, estradiol tells your brain to make chemicals that increase brain activity and can wake you up. This can be unwanted at bedtime. If you use estradiol and progesterone before bed and you have a difficult time sleeping, use the estradiol in the daytime only.

So you would use estradiol in the morning and progesterone at night.

ABOUT THE CREAMS

Progesterone - 2 oz. jar contains 1,000 mg bio-identical progesterone. 1/4 teaspoon (1 gm) contains 16.66 mg.

Estradiol - 2 oz. jar contains 400 mg bio-identical estradiol. 1/4 teaspoon (1 gm) contains 6.66 mg.

DHEA - 2 oz. jar contains 1,000 mg bio-identical DHEA. 1/4 teaspoon (1 gm) contains 16.66 mg.

MEASURING INSTRUCTIONS

- The large end of the spoon is 1/4 teaspoon.
- The small end of the spoon is 1/8 teaspoon.
- .5 grams is a level (flat) 1/8 teaspoon.
- 1 gram is a level (flat) 1/4 teaspoon

If you want to measure 1 gm, take the large end of your spoon, scoop out a heaping amount of cream from your jar, turn the spoon over and scrape it across the lip of the jar to make it level, that's 1 gm.

APPLICATION AREAS

- You can apply all of your HRT creams at the same time, in the same place.
- You can put them in the same place every application.
- You do not have to, and should not, use your creams vaginally.

Below are the places you can apply them:

- The feet (except the bottom)
- The shins
- The back of the knees
- The top and outside of the thigh (not the inside)
- The upper part of the chest (not the breasts)
- The neck
- The face
- The inside of the arms (from the wrist to the shoulders)
- The back of the hands

TOO MUCH, TOO LITTLE

The problem is that almost all the symptoms on the symptom list can be caused by a lack of either Progesterone or Estradiol, because they're both needed by many of the same systems. But below are some symptoms that are particular to each hormone and will give you an indication of which to adjust.

Too little Progesterone

Tight muscles in the back of the head, neck and shoulders
Headache in the back of your head
Heavy bleeding with clots

Too Much Progesterone

Feeling nauseous (like morning sickness)

Too little Estradiol

Scant, skipped or no period
Headache on top and front of head
Warm or hot flashes

Too Much Estradiol

Tender/sore nipples and/or breasts
Heavy periods

FIXING PERIODS

If you are just starting HRT and are having very heavy periods with lots of uterine tissue being expelled, it can take 2-3 cycles to get them back to normal. So don't worry if it takes a while.

The female menstrual cycle is supposed to be 28 days. If you were no longer having periods, you have started using enough HRT to bring them back, and your periods are **shorter** than 28 days apart you're using too much estradiol (creates the blood), or not enough progesterone (holds the uterine lining in). Lower the estradiol a bit the first two weeks and add a bit more progesterone the last two weeks for the next couple of cycles until you find the amount that causes your periods to be right around 28 days apart.

If your periods are **longer** than 28 days apart, you're not using enough estradiol. Raise it the last two weeks for the next few cycles until you find the amount that causes your periods to be approximately 28 days apart.

If your period starts a day or two early or late it's fine. You just don't want to be starting a week early or a week late.

MYTHS ABOUT TOPICAL HRT

Over the years many women have told me that their doctor, or someone else, told them, or they read somewhere, not to use topical HRT because it gets 'caught up in the skin cells', and can cause overdosing. Or, that topical HRT does not penetrate 'older skin'. Where do people *get* this stuff? Well, I tell you...

I read a study some years ago that stated that topically applied HRT was found in the skin cells. Therefore it was 'assumed' and disseminated that topically applied hormones do not penetrate into the blood stream, but get hung-up in the skin cells.

It makes me really angry when uneducated people make 'assumptions' about something, pass it on like it's fact, and then it becomes main stream misinformation.

OF COURSE estrogen and progesterone were found in the skin cells, that's because there are estrogen and progesterone receptors on almost every cell in the female body, INCLUDING the skin. The fact that the hormones are *in* the skin cells actually *proves* that topical HRT makes it into the blood stream.

The hormones are not absorbed directly into the cells from the cream, they have to be carried, on red blood cells, *through* the blood stream *to* those cells. That's the only way the hormones can get into the skin cells. Also, if they didn't absorb into the blood stream, how would they be able to stop all the symptoms they stop? I've been using, and so have MANY customers, topically applied HRT for 20 years. I, and they, would not be doing that if they didn't absorb. If they didn't absorb we would still be having all the horrible symptoms we had before we started topical HRT.

I mean think logically about this, the creams do not evaporate off the skin, yet they disappear. Where do they go as you rub them in? They go into the blood stream, that's where. This false data has permeated the HRT industry and is the kind thing that causes confusion and skepticism in women who want to use topical HRT.

ABOUT SUPER CHLORIDES

In chemistry you have acids, bases (alkalis) and salts. All 'salts' have the word 'chloride' in their name, sodium chloride (table salt), potassium chloride (used as a salt substitute by people with high blood pressure), Magnesium chloride, calcium chloride, etc. These are all 'mineral salts' and are extremely essential 'electrolytes' (they help conduct the electrical impulses of the body from one nerve cell to the next). Only mineral 'salts' (that have chloride in their name) are electrolytes. Minerals that have; aspartate, gluconate, citrate, carbonate, or anything else are *not* electrolytes.

For your cells to function properly there has to be the proper ratio of potassium chloride to sodium chloride within them. When the potassium chloride is too low, the cells retain the sodium chloride (salt), take in water, and are not able to release their waste material. You'll know when your potassium chloride is too low as you will experience 'water retention' and temporary weight gain.

Water retention is very unhealthy for the cell because the more sodium chloride (and other forms of salt) you ingest the more water the cell takes in and sooner or later it bursts. Not only is this bad for your cells, it over works the immune system cleaning up the additional dead cells.

When you raise the potassium chloride level in the cells sufficiently they release the excess sodium chloride, water and waste materials. Plus you will be surprised how much better you will feel. Your brain, nerves, muscles, and your body in general, will function better. All three of these minerals help you relax, sleep better, and allow any supplemental hormones to work better.

There is only one of several necessary electrolytes we actually get enough of in our diet and that is sodium chloride (table salt). In fact, that's the one we get *too* much of (as well as other form of salts used as preservatives in foods). That's why it's extremely important that the others, *especially* potassium chloride, be supplemented. That's why I formulated Super Chlorides.

Super Chlorides is a blend of potassium, magnesium and calcium chlorides...electrolytes. Super Chlorides do not contain the same form of minerals found in 'Cal-Mag' or 'Calm', and they are not the same as 'cell salts' (which are homeopathic preparations). You will not get the same result with any other form of minerals that you get with Super Chlorides. I'm not saying that you shouldn't use those other mineral forms, I'm just saying that Super Chlorides do something completely different from them, and that they will *not* replace your electrolytes.

When you have enough potassium in your body you will smell a slight ammonia type of smell coming from your skin and your face and lips will tingle slightly. The smell is called 'urea' and it's the waste material of the skin. When you smell it you know that your skin cells are releasing their waste material, and when the skin is doing so you know the rest of the cells in the body are too. And that tells you that your electrolyte balance is back to normal.

Electrolytes are used-up on a daily basis so keeping a sufficient amount in your system will take supplementation 4-5 times per week.

People often ask me if they can put the Super Chlorides in water because they don't drink juice. The answer is yes, but it will taste like bitter, salty water, so don't be surprised. Also, some people who have tried it have vomited them back up. It's also **VERY** important to drink a good amount of water after the Super Chlorides to prevent it from bothering your stomach. You should be aware that drinking the electrolytes can cause bowel movements to diarrhea. This is not a bad thing because you're actually cleaning your bowels at the same time. So when you drink them, make sure you have easy access to a restroom.

SUPER CHLORIDES MIXING INSTRUCTIONS

- Put 1 rounded tablespoon of Super Chlorides into a 8 ounce glass or mug.
- Fill the glass with half water and half juice (grapefruit is the best but any juice will do).
- Stir until dissolved.
- Drink 1/3 to 1/2 the mixture.
- Then drink 8 to 10 ounces MORE water (this is very important, without enough water you can become nauseous or develop stomach cramps).
- Wait 1 hour, if you don't feel sort of tingly in your face and lips, drink 1/2 of the remaining mixture and wait another hour and see if you feel it.
- Keep drinking 1/2 of the remaining liquid until you feel your face and lips tingle. When you feel that, you will know you have enough of these minerals in your system.
- This drink is not particularly pleasant tasting as it's very salty/bitter, but these minerals are SO important that you really need to find a way to drink them.
- This drink (if you drink enough) will also flush your intestines, so drink them when you have easy access to a rest room for several hours.
- DO NOT drink the Super Chlorides before bed.

FFREQUENTLY ASKED QUESTIONS & TROUBLESHOOTING

QUESTIONS ABOUT SYMPTOMS

Q: Why am I having a period twice per month after starting progesterone?

A: A portion of the progesterone is converting to estradiol and that will cause the period to be heavier. Lower it the first two weeks of your next few cycles.

Q: Why am I gaining weight?

A: There are three reasons for that.

1. Estrogen is used by almost every tissue in the female body, skin, brain, breast, uterus, vulva, blood system, joints, bones and eyes, etc. The cells of those tissues have a life span, they live for a certain amount of time, die off, and need to be replaced. Estrogen tells the body to replace those cells. As estrogen declines less and less cells are replaced and the tissues start to shrink. This is why people shrink in height as they age. When you start replacing the estrogen, new cells start growing again, and that tissue gain will show as weight gain.

2. Estrogens tells your body to retain salt and water. When the estrogen is too low the cells dehydrate and lose mass. When you replace the estrogen the cells will rehydrate themselves and you can see that as weight gain. Don't worry, it's not fat. If you overdo the estrogen you can feel puffy, as if you've eaten too much salt. You can use Super Chlorides to overcome this problem because it allows the cells to release their excess salt and water.

3. Estrogen decreases fat metabolism, so getting rid of fat slows down if you use too much. If you are gaining weight very rapidly, reduce the estradiol, raise the progesterone, and drink some Super Chlorides.

Q: Why do I get nauseous when I use progesterone?

A: You have applied too much or you didn't need it in the first place. When a woman becomes pregnant her progesterone and estrogen begin to rise very steeply. That steep rise causes many women to experience 'morning sickness'. If a person (male or female) uses progesterone and does not need it or uses too much they can experience nausea.

Q: How do I stop the spotting in the middle of the month?

A: If you're using progesterone only, use 1/8 teaspoon twice a day the first 2 weeks of your cycle, and 1/4 teaspoon twice a day the second two week.

Q: Why are my breasts tender?

A: Could be two reasons.

1. You're in Stage #1 and do not have enough progesterone. Use 1/8 teaspoon twice a day the first 2 weeks of your cycle, and 1/4 teaspoon twice a day the second two week.

2. You're in any of the other stages and are not using enough progesterone and/or too much estradiol. Follow the suggestion for progesterone in 1. above and stop the estradiol for as many days as it takes for the tenderness to go away, wait one more day and resume it at half the amount. Keep repeating this process until you find the amount that relieves your symptoms but doesn't make your breasts tender.

Q: Why is my period starting early?

A: That depends, If you've just started using progesterone, only, and are now starting your period too early, you're using too much, cut it back each month until the periods come every 28 days. When you first start using progesterone, it usually takes about three cycles before your period normalizes to 28 days again.

Q: Why am I clotting so heavily?

A: It's not actually blood clots, it's uterine tissue. If you were expelling large amounts of this tissue before you started using supplemental progesterone, and the amount expelled has not changed, you do not have enough progesterone. Use 1/8 teaspoon twice a day the first 2 weeks of your cycle, and 1/4 teaspoon twice a day the second two week. Or you could be using too much estradiol if you are using the amount of progesterone as above, cut the estradiol in half the next months and see if it is better the next period. If it's still too heavy, cut it back some more and see how the next period is. It could take 2-3 cycles to normalize your period.

Q: Why do I become dizzy when I apply hormones?

A: It's because progesterone and estrogen normalize blood vessels. When either of them are too low the blood vessels constrict. When you replace them the blood vessels will dilate and rush blood to the head. This can make you dizzy for a moment or two.

Q: I'm 36, why is my face breaking out?

A: There could be two reason.

1. You're not ovulating and have no progesterone, replace it.
2. You may have polycystic ovaries which cause estrogen and testosterone levels to be too high. You can have an ultrasound to have them checked. People with poly cystic ovaries usually have quite heavy periods, with clotting, and may have pain around the middle of their cycle. Using progesterone along with a low carb diet (which is what causes PCO) can greatly improve the condition.

Q: I'm using HRT and now my period is lasting too long?

A: That depends on what Stage you're in, see the directions for each stage on pages 13-17 of this publication.

Q: Why have I become constipated since using HRT?

A: Estrogen can slow the muscles of the gastrointestinal tract. Lower the amount you're using. You could also have a magnesium and calcium chloride deficiency too. Take some Super Chlorides.

Q: I have been getting small sharp pains in by ovaries and breasts, what is that?

A: They are growing pains. Without your reproductive hormones, your body begins to shrink. When you replace the missing hormones it begins to grow.

Q: How long will it take for my symptoms to go away?

A: Once you get your hormones back into balance your symptoms will subside. A lot of the symptoms will vanish in the first few days, but things like hair loss, irregular periods and sleep difficulties can take a few *cycles* to correct.

Q: Why are my ovaries painful since I started using HRT?

A: As you raise your estrogen levels, your Follicle Stimulating Hormone rises and tries to get you to ovulate. This can be felt as tenderness or even pain in the ovaries.

Q: My pelvic area feels heavy and a bit painful, what's going on?

A: Estrogen causes tissue to grow. It will resupply the uterus and vagina with blood vessels and new tissue growth. This can actually be felt as 'growing pains' in some women. The female pelvic bones meet in the front but are not one, solid bone structure. They spread apart during child birth. They also do this a few days before the onset of the period. This can be felt in the lower pelvic area and in the lower back by some women. If you are feeling this, it could mean that you are going to start a period.

Q: Why can I feel changes in my uterus?

A: Estrogen causes tissue to grow. It will resupply the uterus with blood vessels and new tissue growth. This can actually be felt as 'growing pains' in some women.

Q: Why have some of my symptoms gotten worse since I started HRT?

A: That depends on what Stage you are in. Check to see if you're using it correctly on pages 13-17.

Q: I'm menopausal, started using HRT and now I'm having a period.

A: Menopause is caused by the decline of estradiol. If you start using progesterone and estrogen, your body will convert a portion of the progesterone into estradiol. If you're not going to bring your periods back, cut the estradiol down to the point where you're not having symptoms or a period.

QUESTIONS ABOUT APPLICATION

Q: By monitoring my own hormones am I 'self medicating'?

A: You bet, and you should! You know your body better than anyone else because you live in it, so who's better qualified to tell you how you feel each day and what to do about it than you?...*no one!*

The amount of hormones your body is still making changes on a daily basis and those levels vary from person to person. That's why you cannot use the medical approach of 'one size fits all' and use the same amount every day. That erroneous approach is the reason that so many women have heart attacks, strokes, liver damage, developed cancer and even died.

Hormone supplementation is an 'individual' thing. Adjustments need to be made according to *your* symptoms, which can change from one day to the next. You cannot go to a practitioner every day, tell him/her your symptoms and have him/her try and tell you how much to use that day. You have to learn what the symptoms are and how to adjust the hormones yourself. See pages 13017 of this publication.

Q: Do I need to stop using progesterone the first 7 days of my cycle?

A: No! The female body makes progesterone *every day* of the cycle. It just makes very little the first two weeks. One of the jobs of progesterone is to hold the uterine lining in place. That's why it rises so steeply the third week of the cycle. If you're not pregnant by day 21 of your cycle, it drops rapidly, which allows the uterine lining to basically 'fall out'. Stopping the progesterone for the first 7 days of the cycle was Dr. John Lee's idea , but it was not a good one. It's not good for the female body to be without progesterone for a week of the cycle.

Q: Can I put more than one hormone in the same place?

A: Yes, you can put all your hormones on at the same time and in the same place.

Q: Do I rub the hormones in all the way?

A: Yes, rub them in completely.

Q: How long after application can I shower/bathe/swim?

A: It's a good idea to bathe or shower *before* applying your hormones. But if you want to bathe, shower or go swimming after application you should wait about an hour.

Q: Should I put my supplemental hormone products on fatty areas?

A: No. Hormones need to get into the blood stream, where they hook to red blood cells and proteins and get transported to different areas of the body. Applying them to fatty tissue just slows them down from getting where they need to go. You want to apply them to areas of the body where thin skin and the blood vessels are close to the surface.

Here are the best places to apply your supplemental hormone products:

The feet (except the bottom)

The shins

The back of the knees

The top and outside of the thigh (not the inside)

The upper part of the chest (not the breasts)

The neck

The face

The inside of the arms (from the wrist to the shoulders)

The back of the hands

Q: Won't supplemental estrogen work better if I apply it vaginally?

A: No. The hormones don't work 'where' you put them. They work by traveling through the blood stream to the target tissue. But they have to get into the blood first. Any thin skin where the blood vessels are close to the surface will work just fine. You could rub the creams into the top of your head and it would work the same as putting it on your arms, legs, feet etc. You *can* apply them vaginally if you wish but they contain acidic ingredients that can irritate the sensitive vaginal tissue and that area is so warm that the creams melt and most of them end up in your under garments.

Q: Should I rotate the areas where I apply my hormones?

A: It's not necessary to apply your hormones in different areas each time you apply them. Just make sure the area is clean before application.

Q: I heard that hormones don't absorb well through the skin, is that true?

A: Some topical products have ingredients in them that inhibit absorption. Compounded products are made incorrectly which makes them only about 10% effective and doctors have mistaken that for an absorption problem when it's not. The creams don't get 'hung-up' in the skin either. They absorb just fine. This is a myth spread by pharmaceutical company selling oral HRT and want you to use their product.

GENERAL QUESTIONS

Q: Is the progesterone, estradiol and DHEA in your cosmetic products bio-identical?

A: Absolutely!

Q: Where do progesterone, estradiol and DHEA come from?

A: They are synthesized from chemicals found in certain plants.

Q: Can I use estradiol if I've had breast cancer?

A: Yes, but you should make sure that you get a saliva test every 6 months to make sure that your levels are not in the cancer causing range. Also make sure you are taking Biochanin A and Chrysin. Research has shown them to stop the proliferation of breast cancer cells. See *"How My Neighbor Accidentally Cured her Cancer"*

Q: Do I need a prescription to purchase products that contain progesterone, estradiol, DHEA?

A: There are no products that you can obtain without a prescription that the FDA has approved as hormone replacement therapy. However, there are cosmetic products on the market that contain small amounts of progesterone, estradiol, DHEA. You do not need a prescription to purchase cosmetics containing these ingredients. If you wish to purchase hormone replacement products from a pharmacy, you will need a prescription.

Q: Do I need to have a hormone test before I can start using supplemental hormone products?

A: It would be a very good idea but unfortunately there are no accurate tests on the market at this time. If you go to a doctor you will waste a TON of money. See *"What Your Doctor Doesn't Know About Hormone Testing"*.

Q: Isn't it better to take supplemental hormone products orally?

A: No! The reproductive hormones are secreted into your blood stream, not into your digestive tract. When you ingest them they are digested (broken down) and the products from being digested are *very* toxic to the liver and can cause liver damage over time. This information is on the insert of all prescription, oral hormone replacement products.

Q: Will I get pregnant if I start using HRT?

A: The reason that you would need to start using HRT in the first place is that you're skipping ovulations, or are no longer ovulating at all. If you're merely skipping ovulation cycles you can become pregnant on the months you *do* ovulate. The best way to know which months you are ovulating is to purchase an ovulation detector. If you're no longer ovulating you cannot get pregnant. You can still have a period but that does not mean you can get pregnant.

Q: Isn't there some diet, supplements or herbs that can make my body produce it's own hormones again?

A: Absolutely not! You are born with your total supply of eggs and once they start declining, there's no way to force your body to make any more. You cannot eat, supplement or exercise your way around this, so never let some one tell you you can.

Q: I didn't see the uterine lining shed this month. What do I do?

A: 1. If you were shedding the lining on a regular basis before HRT and you're using progesterone only, you have used too much. Lower it each cycle until it sheds again.

2. If your periods were getting lighter, and you sometimes skipped shedding the lining, before HRT, add or raise estradiol.

Q: Why doesn't my doctor know about all this?

A: Because they're trained by the AMA (American Medical Association). They're taught about progesterone and estrogen but they're only taught to prescribe synthetic hormone replacement, and only as much as it takes to stop the hot flashes and night sweats .

Q: How long will it take to get my period back if I want it?

A: That depends on how long it has been gone. The longer it has been gone, the longer it will take to get it back.

Q: Should I have a mammogram, I've heard they're dangerous?

A: NO!!!! NEVER have a mammogram, for several reason.

1. Squeezing your breast tissue flat between two plates **HURTS LIKE HELL!**

2. Squeezing a breast that actually has cancer can allow cells to migrate to surrounding tissue.

3. It's done with radiation, the stuff that *CAUSES* breast cancer.
4. They're unreliable, they can say you have cancer when you don't, and they can say you don't...when you do.

Q: Does coffee affect hormones?

A: The caffeine in *coffee* lowers the estradiol level, but green tea and caffeine beverages raises it.

Q: Do I have to use BHRT for the rest of my life?

A: Not if you don't want to of course, but if you want your body to function properly and your quality of life to stay high for the rest of your life, you surely should.

Q: Are hormones just for relieving my symptoms?

A: Progesterone, estrogen, testosterone, DHEA, etc. perform over 400 hundred functions in the human body and as they start to decline those functions suffer. Yes, replacing your missing hormones will stop the symptoms of hormone decline, but it is not the only reason to use HRT.