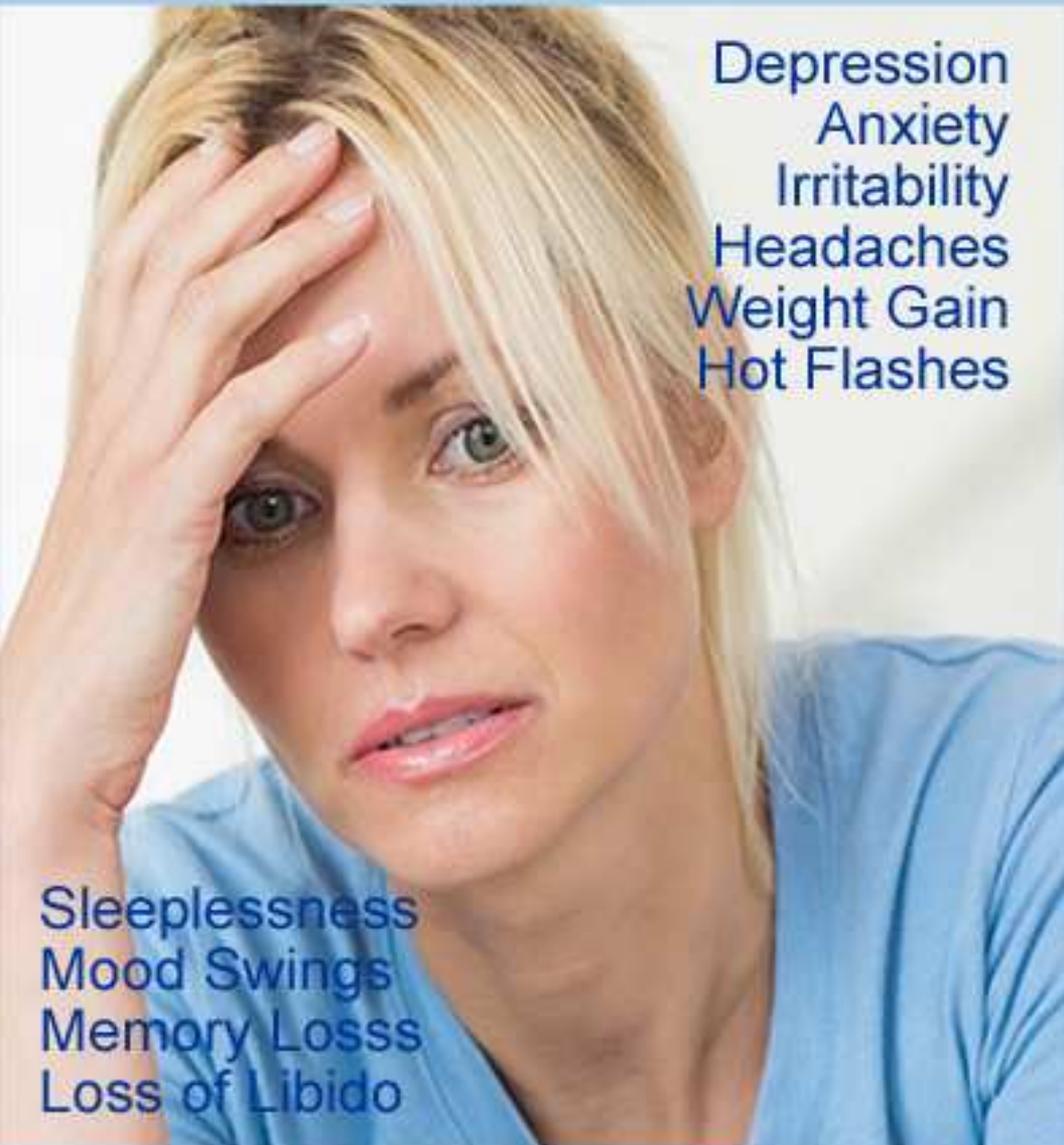


You're Not Losing Your *MIND*



Depression
Anxiety
Irritability
Headaches
Weight Gain
Hot Flashes

Sleeplessness
Mood Swings
Memory Loss
Loss of Libido

You're Losing Your
HORMONES!

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INTRODUCTION



Not knowing all the information in this publication is not your fault. You're not a doctor, not a pharmacist, a lab director, or a cosmetic and hormone test manufacturer.

You don't compound HRT products or own a pharmacy that does. You don't perform hormone testing or own a laboratory that does. You don't formulate and manufacture creams

that contain hormones or own a company that does. Nor do you develop and manufacture hormone tests, or own a company that does. And yes, there can be a few exceptions to these statements but for the most part this is why you don't know what I'm about to tell you.

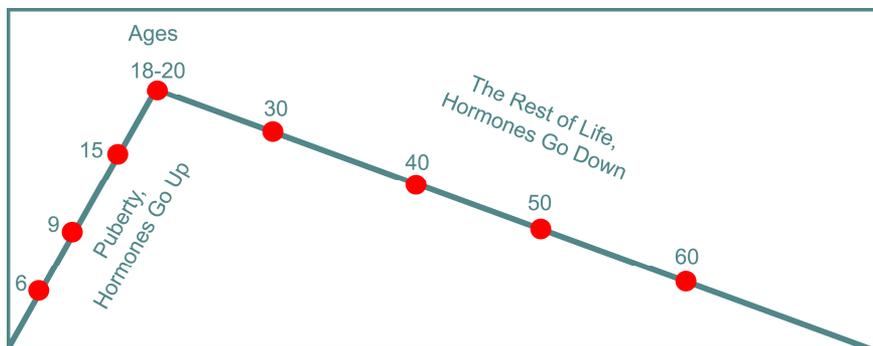
I know all the things because; I know how compounding pharmacies make HRT creams, I owned a hormone testing laboratory, I formulated and manufacture creams containing hormones, and I develop and manufacture hormone tests. I've also been consulting women and men for 20 years and have helped 1,000's of them bring their hormone levels back into balance.

Which is why I know all the problems that occur with each step of each process in doing all these things. I also understand what effect these problems have on the effort of doctors to administer, and you to obtain and use HRT, even if you and doctor don't.

Having been through hormone hell myself and almost losing the love of my life over it, I never want anyone to suffer from a lack of a few chemicals that can so easily be replaced. But getting involved in the Hormone Replacement Therapy industry can be a nightmare in and of itself so I've written this publication to help you avoid the pitfalls of that industry so you get great results and have a happy life.

Sindi Holmlund - researcher, writer, herbalist, chemical free health and beauty products formulator and manufacturer, and developer and manufacturer of real, home hormone tests.

THE LIFETIME HORMONE CYCLE



Your hormones don't start changing around 45-50 year of age, they start changing around 6 years old. Not only do you have a 'monthly' cycle, you have a lifetime cycle.

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. But you will experience different symptoms during different stages of that decline.

Therefore I've broken those years of decline down 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. I have written a booklet about these stages called *How to Customize Hormone Replacement Therapy for Your Body*. That explains them.

HORMONE DECLINE SYMPTOM LIST

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	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

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

HORMONES 101

I'm going to explain, in very easy to understand terms, why all those symptoms happen in the female body. But first, let me define two key terms that I'm going to use in this booklet...Pre-Menopause and Menopause.

Pre-menopause (Def: *pre-menopause* - the time between the end of puberty and when a woman stops menstruating.). During those years, reproductive hormones are declining and it's that decline that causes the symptoms on the Hormone Decline Symptom List.

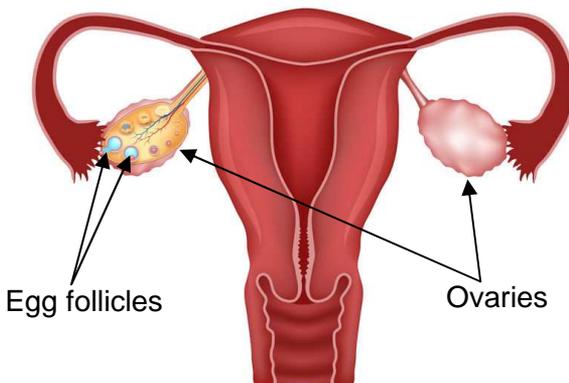
Menopause (Def: *menopause* - meno = menses [menstruation] + pause = to stop or cease) is the time in a woman's life when she is no longer having periods. This is not a 'time of life' and it's not something you 'go through', it's caused because your estradiol has declined so low that you can't build any lining to be shed as a period.

IN THE BEGINNING...

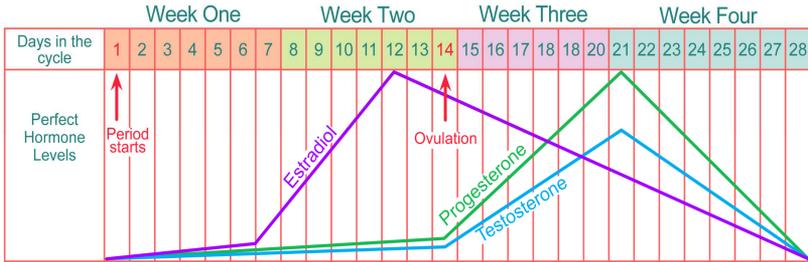
You are born with about 400,000 egg follicles in your ovaries. These follicles, or sacs, contain microscopic, immature eggs.

(Def: *follicle* - any small sac or cavity.)

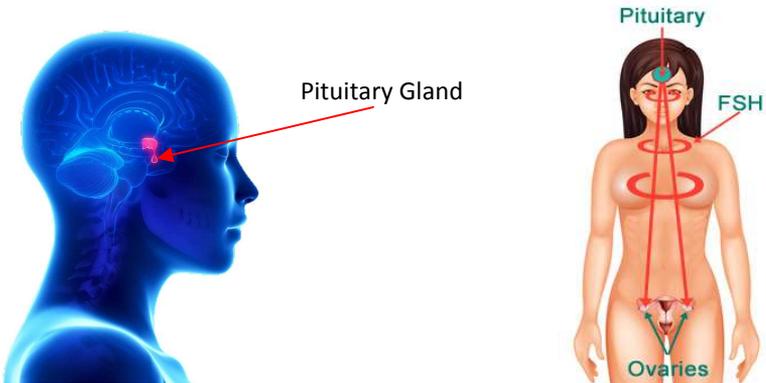
(De: *ovaries* - either of a pair of female glands producing eggs and sex hormones.)



Day one of your menstrual cycle is the day you *start* your period. Your menstrual cycle is supposed to be 28 days long, but due to hormonal changes it can become longer or shorter. But in this publication I'm talking about a 28 cycle.



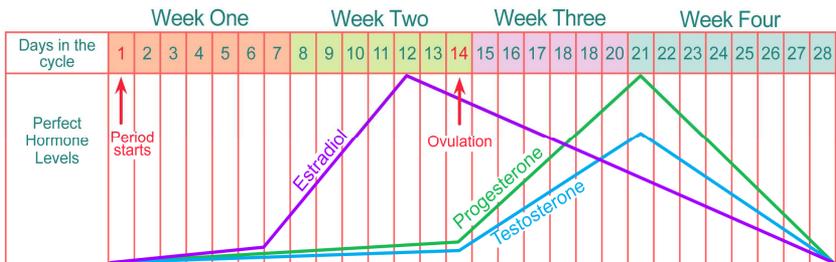
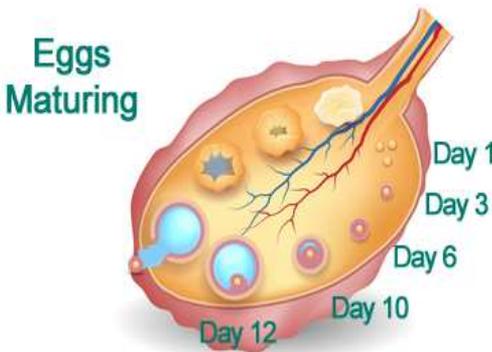
As you can see on the chart below, on day one of your cycle the pituitary gland in your head begins to send increasing amounts of a hormone called 'Follicle Stimulating Hormone' (FSH) down to your ovaries. This hormone stimulates the ovaries to start maturing several hundred eggs.



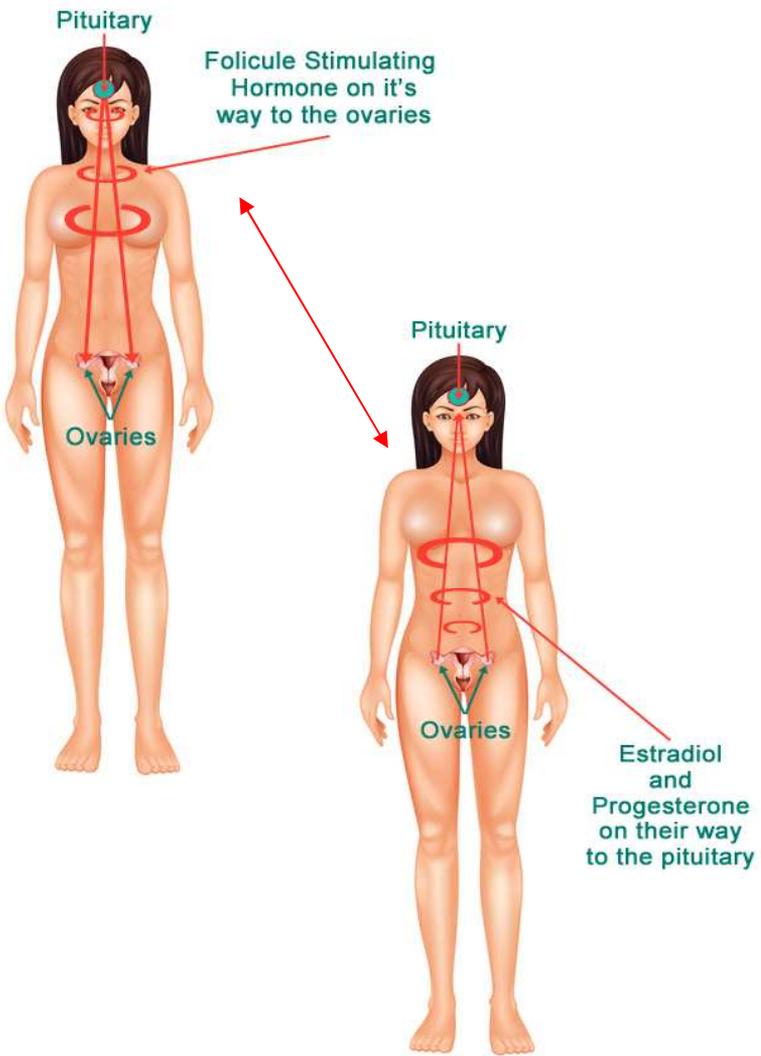
For the first 12 days that the eggs are maturing, they're releasing increasing amounts of estrogen, and a minute amount of progesterone.

(Def: *estrogen* - *estro* = estrus = frenzy + *gen* = something produced. The period of sexual excitement, or 'heat', of female mammals. Estrogen is something that produces a sexual frenzy in mammals compelling them to have sexual intercourse to fertilize an egg and achieve pregnancy.) It's the sexy hormone.

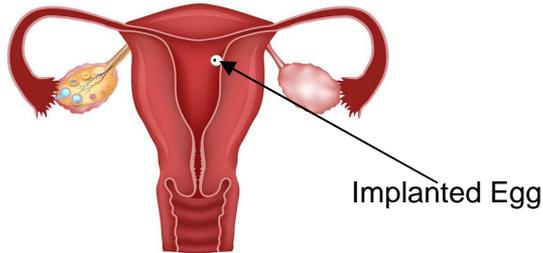
(Def: *progesterone* - *pro* = for + *gesterone* = gestation, pregnancy.), it's the pro pregnancy hormone.



As your pituitary secretes increasing amounts of FSH, it causes your ovaries to release increasing amounts of estradiol and progesterone. A portion of those hormones travels back to your pituitary as a progress report. This is how it keeps track of how the monthly cycle is progressing. The correct amount of hormones tells the pituitary that egg production is on schedule for the next phase of the cycle.



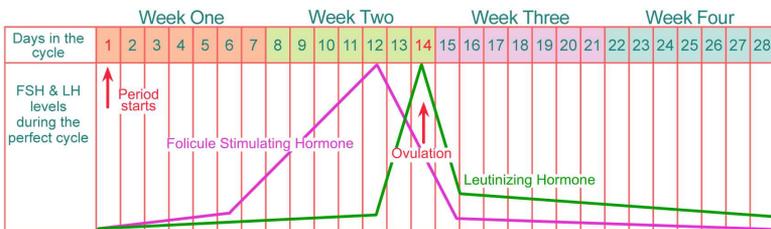
There are three main estrogens, Estradiol, Estrone and Estriol, and they all do different jobs in your body. Estradiol is responsible for building the bloody lining of the uterus, retaining water, swelling the breasts and, in general, getting your body ready to receive, and implant, a fertilized egg into the uterus.



On day 12 of your cycle, estradiol peaks and, as you can see on the chart below, the pituitary stops sending FSH to the ovaries, and for the next two days it surges a *second* hormone called Luteinizing Hormone (LH), which triggers the release of *one* of the ripened eggs. That release takes place on day 14, and is called ovulation.

(Def: *Luteinizing* - to cause to turn yellow. Lutein is the Latin word for 'yellow'.)

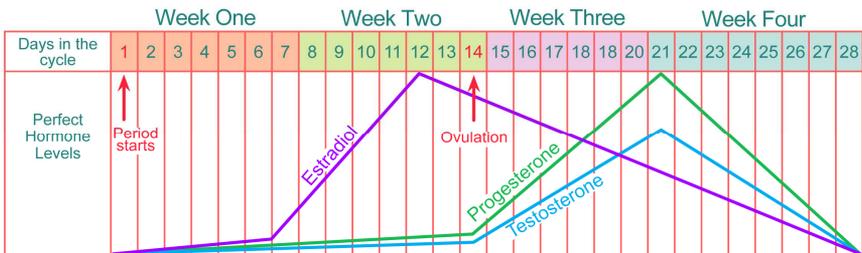
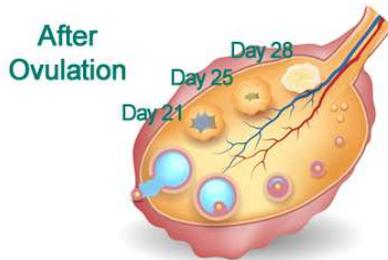
(Def: *ovulation* - to discharge an egg from an ovary.)



After ovulation, the sac that the egg was released from turns yellow and begins to release increasing amounts of progesterone during the third week of the cycle.

The rest of the mature eggs die-off and start to shrink. As they shrink, they release less and less estradiol, and its level starts to decrease. If the egg is not fertilized when it reaches your womb on day 21, both estradiol and progesterone plummet and the bloody lining is shed in what's known as menstruation.

(Def: *menstruation* - to have a flow of blood from the uterus, about every four weeks.)



LATER IN LIFE...

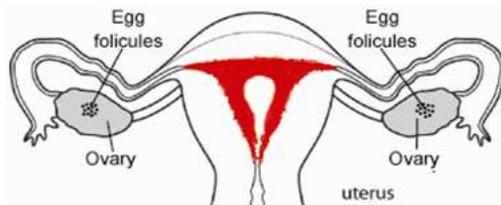
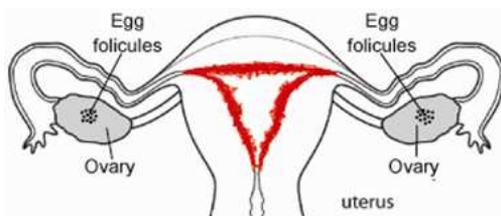
This cycle goes on month after month, year after year, and causes the supply of eggs in your ovaries to decrease. That leads to less and less eggs maturing each cycle, and less and less estradiol being released into your blood. At some point there is not enough estradiol to cause the necessary peak on day 12 that signals ovulation. No ovulation means *no* progesterone the last two weeks of the cycle.

Even though there isn't enough estrogen to cause ovulation, there is still *considerably* more of *it* than progesterone. This causes a situation that has been called 'estrogen dominance' or 'unopposed estrogen'.

UNDERSTANDING ESTROGEN DOMINANCE

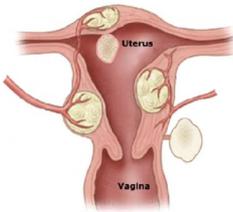
Most of the women I've talked over the years don't actually understand what estrogen dominance is. When asked what it is, they say it means they're making too much estrogen, which is incorrect.

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.

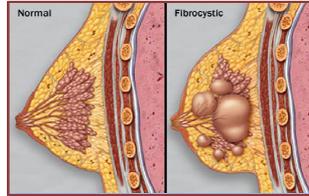


Not only does exposure to all that estradiol over-build uterine tissue, it does the same to other tissues that use it, like breast tissue. If progesterone is not there to stop all the estradiol from reaching these tissues, it can easily cause; uterine fibroids, cystic breasts, and uterine, ovarian, breasts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

Fibroids

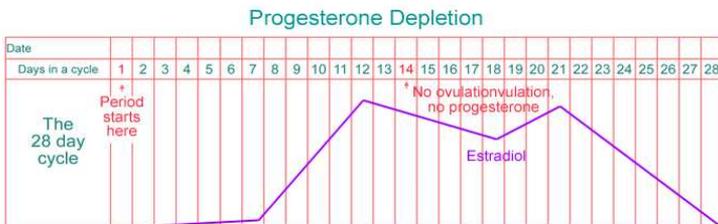


Cystic Breasts



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

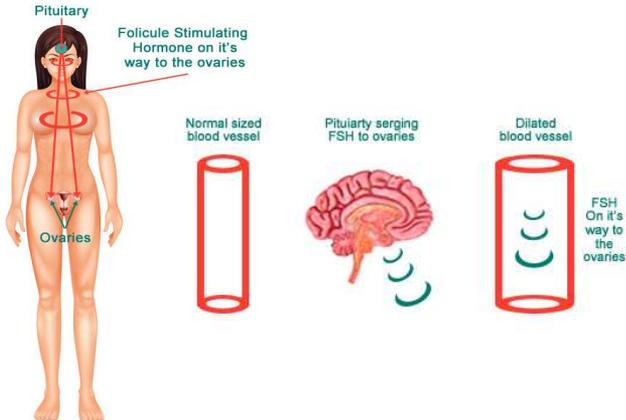
Spotting between periods

Breakthrough bleeding

More than one period in a 28 day cycle

ABOUT HOT FLASHES

Throughout the month, your pituitary gland closely monitors estradiol and progesterone levels to make sure the eggs are maturing on schedule. If they're not, evidenced by not enough progesterone and estradiol in the blood, your pituitary will dilate your blood vessels and surge Follicle Stimulating Hormone down to your ovaries in an attempt to raise production.



As blood vessels dilate, blood is driven closer to the surface of your skin, which causes it to become warmer and turn red. The redness is the characteristic 'flushing' known as a hot flash. If you were to look in a mirror during one, you could actually watch your chest, neck and face turn red.

This process causes more than just a warm or hot feeling and a red face. As your blood vessels sharply dilate, your central nervous system has to speed-up to pump more blood. This can cause symptoms ranging from slight nervousness to an outright panic attack. Breathing also quickens and you may feel the need to take one or more deep breaths all of a sudden. It also causes blood to rush to the brain which can cause slight dizziness to fainting.

At the same time your heart *sharply* contracts and beats more rapidly to speed-up the flow of blood to your widened blood vessels. This can cause anything from a *slight* heart flutter or palpitations, to a *sharp* pain in the chest. If you're not familiar with this process, you could think you were having a heart attack.

Sweating is the body's way of cooling itself down, so after a hot flash you may begin to sweat just a *little*, or to the point where you need to change your clothes.

Hot flashes that occur while you're sleeping are called night sweats. (I've don't understand why they need a different name). Night sweats can be so severe that you can wake up feeling you're unable to catch your breath and think you're having a heart attack. They can cause you to wake up and throw off your covers because you're too warm, fall back asleep and wake-up *again* because you're now too *cold* and need to replace your covers. This can go on all...night...long, and deprive you of sleep, causing irritability and fatigue the next day.

The lack of sleep is not the only reason for changes in temperament. Hormone decline causes a drop in two chemicals in the brain that allow you to feel calm and happy. When these two chemicals are gone you can experience mild to severe mood swings, and/or irritability to the point of violence. This can take a toll not only on yourself but your family, friends and associates. One day you're fine, the next day, if anyone even *looks* at you, you fly into a rage, and the next day all you want to do is cry. Hormonal changes can leave you feeling like Dr. Jekyll and Mrs. Hyde. Many women have told me that they "don't feel like themselves," or that they "don't understand why they have changed so much," or that they "just aren't the same person they used to be."

Your pituitary is like a mother trying to get her child up in the morning. At first she calls in a normal tone of voice. When they don't get up, she raises her voice a bit, but when there's still no child at the breakfast table, she keeps raising her voice until she's yelling.

This is basically what your pituitary does in your body. When ovarian production is down by, let's say 5%, your pituitary only needs to talk in a normal tone of voice, (send a very small amount of FSH to your ovaries) and this doesn't require any dilation of the blood vessels. For years this hormonal conversation between your pituitary and ovaries takes place without you being aware of it. But as estradiol production gets lower and lower, your pituitary starts raising its voice. The louder it talks to the ovaries, the wider it dilates the blood vessels, and sooner or later you will start to 'feel' this conversation as hot flashes, mild at first, but growing in severity over time.

SO WHAT'S A GIRL TO DO?

Replace the missing hormones, but that's *not* as simple as it sounds. HRT can be deadly if you don't know what you're doing. There's so much you need to know to make sure you're safe when using HRT, but the problem is, that information has not been available to you...*until now*.

You need to know several things about the HRT industry, such as:

- The truth about 'menopause'.
- The truth about hormone testing.
- The truth about laboratory 'ranges'.
- The truth about where those ranges comes from.
- What kind of hormones are available, and which ones you should use.
- The truth about how compounding pharmacies make HRT products.
- The truth about estrogen and cancer
- And soooo much more!

Everything you need to know is in the publications below that I've written for you. Please take the time to read them all.

[What You Don't Know About Menopause](#)

[What You Don't Know About Hormone Testing](#)

[What You Don't Know About Compounding Pharmacies](#)

[What Women Need to Know About Hormone Replacement Therapy But No One's Telling Them](#)

[How to Customize Hormone Replacement therapy For *Your* Body](#)

I TRIED BIOIDENTICAL HRT BUT IT DIDN'T WORK!

I've heard this from many women over the last 20 years of helping them regain hormonal balance, and I found that there are several potential reasons why they didn't have success, Like...

- The product was made in a compounding pharmacy.
- They were not using enough.
- They needed estradiol, but were only using progesterone.
- They were instructed to use it incorrectly by their practitioner.
- The product was of poor quality.
- The product contained ingredients that prevented a good amount, or all, of the hormones from being absorbed into the blood stream.
- They were taking birth control pills at the same time.
- They were taking anti-depressants and/or anti-anxiety drugs at the same time.
- The product didn't have any or enough hormones in it.
- The product contained herbal extracts that interfered with hormones.
- They were eating or drinking something that interfered with hormones.
- Or a combination of the above.

NEVER USE HERBS AS HRT

I'm an herbalist and I can tell you that herbs are great for many things, *but not for hormone replacement!*

Hormones are special chemicals that carry *specific* instructions to *specific* cells. Each hormone gives different instructions to different cells. All cells have little slots on their surface and inside of them called 'receptors'. These receptors are how the hormones enter the cells. The receptor sites are like locks and the hormones are like keys. The exact, right key (hormone) needs to fit into the exact, right lock (receptor) for the *correct* instructions to be given to the cell. Herbs cannot do that.



There are 1,000's of plants that contain chemicals that are *similar* enough to hormones in structure that they can fit into their receptors (Soy, Wild yam, Dong Qui, Chaste Tree (vitex), Black Cohosh, Blue cohosh, Red Raspberry, Saw Palmetto, Noni, Goji, Asci, and Ginseng, to name a few). These chemicals have come to be called 'phytoestrogens'. But there is *no such thing* as phytoestrogen, plants *do not* contain estrogen, progesterone, or *any other hormone*. These plant chemicals are *not* hormones and *do not* do what hormones do.

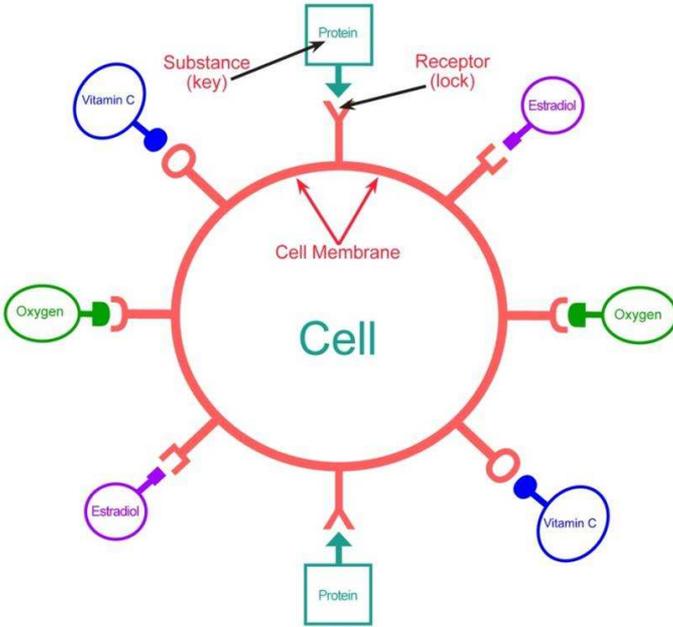
Ingesting these plants, or their extracts, in an attempt to balance your hormones will not work because your body cannot make them into hormones. That can only be done by a pharmaceutical manufacturer. So don't *ever* let anyone who you *think* knows what their talking about, tell you that you can balance your hormones by taking herbs (or any *other* type of supplement).

There are over 115 different symptoms that can occur during hormone decline, but most women only associate hot flashes and night sweats, and the fact that their period stops with it. Hot flashes are your body's way of saying that there are too many receptor sites without hormones in them. They're your body's way of telling you it needs more hormones.

The chemicals in herbs just fill-up the receptor, and in some cases can stop hot flashes, but that's only because there's 'something' in the receptor. The problem is that your pituitary can't tell the difference between wild yam extract, soy, or an actual hormone, it just knows there's 'something' in the receptor and so it stops asking for hormones (stops hot flashing). If you take herbs and your hot flashes stop, you could think that your hormones are balanced...but that is *far* from the case. Taking herbs that block hormone receptors can actually make things worse. If the cells do not get the right instructions, they do not function properly, things start breaking down, and symptoms eventually appear or get worse.

There are also petrochemicals (made from petroleum) that can fit into your hormone receptors and cause cancer. A petrochemical in plastic is the biggest culprit. That chemical is called Bisphenol A (PBA). This

is the most cancer-causing chemical in your environment. It causes birth defects and 5 types of cancer; breast, uterine, prostate, brain and bone (leukemia). See my book *“How My Neighbor Accidentally Cured Her Cancer”* for details.



HOW TO STOP THE SYMPTOMS OF HORMONE DECLINE

There's only one way to stop your symptoms, and that's to halt their decline and bring them back to their optimum levels, and the only way to do that is Hormone Replacement Therapy. You cannot eat, supplement or exercise your way out of this. You need to replace the *exact* molecules your body is no longer making, but desperately needs, and those molecules are not found in foods, vitamins, minerals or herbs. You need to replace your estradiol, progesterone and testosterone (if needed), and the products you use need to be made of 100% plant derived ingredients...NO PETROCHEMICALS!

Any HRT product you use should **not** contain any of the following ingredients:

- Benzyl alcohol (toxic solvent)
- Methanol (toxic solvent)
- Carbomer (petroleum derivative)
- Polyethylene Glycols, PEGs, Peg Stearates (petroleum derivatives)
- Hydroxyethylcellulose (contains a high degree of lead and heavy metals)
- Mineral oil (toxic - restricts absorption)
- Methylparaben or Propylparaben (toxic preservatives)
- Herbs or herbal extracts (are not hormones and interfere with hormones)
- Soy Isoflavins (are not hormones and interfere with hormones)
- Phytoestrogens (are not hormones and interfere with hormones)
- Gels of any kind (prevent hormones from being absorbed)

Any HRT product you use should contain non-toxic ingredients such as the ones below:

- Oils such as coconut, palm, olive, etc.
- Glycerin (plant derived, helps skin retain moisture)
- Steric Acid (plant derived thickener)
- Emulsifying wax (plant derived, holds water and oil together)
- Populous Tremuloides (natural preservative from pine bark)
- Progesterone (bioidentical only)
- Estrogen (bioidentical only)
- Testosterone (bioidentical only)
- DHEA (bioidentical only)
- Cortisol (bioidentical only)

ARE THERE ANY SIDE EFFECTS TO USING BIOIDENTICAL HRT?

The most common 'side effect' of using a quality HRT product, made correctly with non-toxic ingredients and used in the *proper* way, is relief from the symptoms of hormone decline. Two of my customers reported reducing fibrous tumors in their breasts by 50% in just one week...*no exaggeration!* Others have reported feeling saner, sleeping better, breast swelling going down, anxiety, depression and mood swings vanishing, migraines and severe headaches disappearing, PMS being a thing of the past, and *much more!*

There are a few negative things that can happen if you use too much progesterone and/or estradiol. Too much progesterone can cause you to feel like you have morning sickness, and cause your period to be heavier. Too much estradiol and you could experience tender breasts, heavy cramps, heavier periods, sore breasts, and headaches.

HOW DO I KNOW IF I NEED HRT?



First of all, *every* woman will stop ovulating at some point and need to begin 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, 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 are skipping ovulations or have stopped ovulating altogether 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!

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 deficiency of progesterone, 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 would feel normal one minute and then get hot the next. I used progesterone alone and it stopped that 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 that. It took me a few weeks to figure out what was going on, order some estradiol and make a new cream. I put it on and in about twenty minutes my body temperature felt normal again, the hot flashes stopped, and that night I slept seven straight hours and felt better than I had for quite some time.