



AND ALL  
I NEEDED  
WAS A  
LITTLE  
PROGESTERONE

What every  
Women and Doctor  
Should Know About  
Real/Natural Progesterone

## And All I Needed was a Little Progesterone

### Table of Contents

Progesterone.....	2	Other Doctors who have written about Progesterone.....	28
And All I Needed Was A Little Progesterone.....	3	The Opposition.....	29
Progesterone - What Doctors are not Taught.....	4	More Estrogen???	30
Only One Progesterone but many Estrogens.....	5	Advertising About Estrogen.....	31
NATURAL PROGESTERONE - The Real Thing.....	6	Progesterone Protects Against Ovarian Cancer.....	31
Pharmaceutical Companies Create Counterfeit Hormones.....	7	Protects against Water Retention.....	32
PROVERA IS NOT PROGESTERONE.....	8	Acne & Male Pattern Baldness – Hair Loss.....	32
By Age 35 The Typical Women Is Already Deficient In Progesterone.....	10	Cravings for Sweets.....	32
Progesterone Deficiency due to Petrochemical Damage.....	11	Facial Hair - Hirsutism.....	32
Estrogen dominance / PMS.....	12	Helps Brain Function in The Elderly.....	33
Signs Of Low Progesterone And Estrogen Excess.....	12	Menstrual Cramping.....	33
Diet Affects Estrogen Levels.....	13	Muscular aches and pains had gotten better. ....	34
Progesterone Sensitizes Estrogen Receptors.....	13	Restores normal sleep patterns.....	34
Estrogen does not go to Zero at Menopause.....	14	Skin moisturizer.....	34
Progesterone - A Truly Remarkable Hormone.....	14	Helps Thyroid Hormone.....	35
Procreation Effects.....	15	Progesterone for Men.....	35
Precursor Effects.....	16	PMS - mild irritation to out and out rage.....	36
Intrinsic Effects.....	16	Natural Progesterone, Fertility & Pregnancy.....	36
Progesterone Cream Is Very Well Absorbed - Absolute Proof.....	16	Adolescent use of progesterone.....	38
Saliva Hormone Testing NOT Blood Serum Testing.....	17	Natural family planning.....	38
Progesterone Protects Against Breast Cancer.....	18	Birth control pills - a few facts.....	38
Why Progestins Are Used To Counter Estrogen Caused Cancer.....	19	Why the truth about progesterone is not taught.....	39
Progestins increase risk of Breast Cancer!! .....	19	Progesterone cream usage.....	40
Hysterectomy.....	20	Using progesterone if you have migraines.....	44
Helps Use Fat For Energy.....	21	Oral Progesterone? - NO.....	44
Progesterone Protects Against Coronary Spasms - Post-Menopausal Heart Attacks.....	22	Progesterone Side Effects.....	45
OSTEOPOROSIS – REVERSE IT! .....	24	No Need for Government Control.....	45
Progesterone’s Role In Making New Bone.....	24	Drug companies Against Women?? .....	46
Brand New Bones At Age 84.....	25	In Summary.....	47
More New Bone At Age 75.....	25	References.....	47
Cortisone Shot Stopped Bone Growth.....	26	Salivary Hormone Testing.....	48
62 Women With Bone Density Tests.....	26	On the Future of Progesterone.....	48
Depression and Bad Diet Stopped Bone Growth.....	27	Green Barley Juice as a Source of Calcium.....	49
Is HRT for you? .....	27	Facts About Diet.....	50
HRT Addiction .....	28		

## Progesterone

**is the most protective hormone the body produces**  
**is not just the hormone of pregnancy**  
**is the body's natural complement to estrogen**  
**often makes it unnecessary to use estrogen supplementation**

### Progesterone

can relieve many types of arthritis  
 helps the thymus gland  
 helps immunological problems  
 helps the thyroid gland  
 helps use fat for energy  
 improves memory  
 is a mild diuretic  
 is a natural antidepressant  
 is a great skin moisturizer  
 is necessary for fertility  
 has been used to correct emphysema  
 improves the efficiency of the heart  
 maintains a healthy pregnancy  
 maintains cell oxygen levels  
 normalizes blood clotting  
 promotes energy production  
 protects brain cells/brain function  
 promotes respiration  
 relieves anxiety  
 restores libido  
 reverses aging in the skin  
 reverses osteoporosis  
 sensitizes estrogen receptors  
 stimulates new bone formation

### Progesterone protects against

breast fibrocysts  
 breast cancer  
 bulging veins  
 cancer of the uterus  
 cancer of the ovaries  
 epileptic seizures  
 facial hair  
 flushing  
 heart attacks  
 Hot flashes  
 insomnia  
 Irritability  
 Loss of hair  
 Mood swings (PMS)  
 Muscular aches and pains  
 Night sweats  
 Stress  
 Uterine fibroids  
 Vaginal dryness  
 water retention

## AND ALL I NEEDED WAS A LITTLE PROGESTERONE

**Julie U.** - hysterectomy, Estraderm patches, breast swelling, tenderness, lumps, night sweats, mood swings, hot flashes, water retention, headaches, high blood pressure, palpitations, high cholesterol, and aching joints - victory with progesterone and good nutrition.

**Patricia K.** - A nurse, suicidal thoughts.. a new person in one week of natural progesterone

**Amy H.** - irritability, mood swings, cramps, nauseous and dizzy - gone with progesterone

**V.S.** - 13 years of irregular cycles, hemorrhaging, weakness - normal with just a little progesterone

**Janene S.** - BCP's then migraines, insomnia, back and neck tension, hair loss, irregular periods, bad PMS, depression, no libido, couldn't conceive - then victory with progesterone.

**Jan.D.** - I found this product to be quite helpful in alleviating the "hot Flashes" and bloating symptoms I had, emphasis on the word "had". I wish I could give a supply to all of the women I know.

**A.H.** This girl called me yesterday to tell me that natural progesterone was the answer she had been searching for. She had been on every antidepressant there was with no success. She was feeling like she had a mental illness. She said the natural progesterone makes her feel like she "has died and gone to heaven". She was ecstatic!

**These are just a few of the reports from women that are learning the truth about natural progesterone.**

Much of this the information in this booklet was extracted from an interview and seminars by Dr John R. Lee, M.D. His books "What Your Doctor May Not Tell You About Menopause", "What Your Doctor May Not Tell You About Pre-Menopause" and his first book written for doctors "Natural Progesterone, The Multiple Roles of a Remarkable Hormone" are loaded with references, the "..About Menopause" book has 19 pages of references alone. And each reference contains numerous additional references upon which that study was based. The point is, this information is well supported in the medical journals and is backed with numerous clinical studies and should no longer be ignored by the medical community.

## Progesterone - What Doctors are not Taught

In my practice I started using progesterone for women to treat their osteoporosis.....It turned out that in three years time the women typically gained 15 percent more bone. It wasn't just merely a delay of the osteoporosis, the bones actually became better. But the most important thing was the patients told me all the other things that got better. They reported to me that fibrocystic breasts turned back to normal. Those that had acne or hair loss, like male pattern baldness, showed me that their hair was coming back. Things I had never heard of. Fact I thought I had probably slept through a class in medical school, there were so many things I was learning from my patients. But then I discovered all my colleges had slept through the same class. They didn't know anything either. ...We didn't know that progesterone was good to help the thyroid hormone work, we didn't know it was good for the peripheral nerves - the swan cell to make the myelin sheath to keep the nerves healthy. We didn't know that it was a hormone that allowed you to burn fat for energy, we didn't know it was good for bone cells allowing new bone to be made, we didn't know that brain cells needed it ..., we didn't know that back in the 40's it was recommended as a treatment for epilepsy. We didn't know any of these things. We didn't know that rheumatology journals showed that it could be injected into the joints of people with rheumatoid arthritis and is just as good as cortisone or gold and no side effects. That's something to have the people have to tell you that their fibrocysts went away, their acne went away, their myofibrocytist went away, the facytis decreased, and in all of these. **Let me get it clear right from the beginning I'm not saying that the progesterone is the super and only ingredient in the treatment plan, it is a major factor but it is not a panacea in itself.** You all know that there are multiple factors , most of them being nutritional. You have to have the right nutrients there, but then you have to have the right hormone which is kind of like the architect or the manager to direct affairs. If the hormone isn't there having the right nutrients isn't going to work by itself.

... So I was learning that from my patients, and it was not in my books. But it was in the literature. All of these are in the biochemical literature. It's all been there. You don't have to be an astrophysicist and start from scratch here and learn the universe all over. It's in there but it's not in what I was taught, it's not in the curriculum at medical schools, it's not in the text books and it's not in the standard books that doctors read.

These were things that at first I found unbelievable, and yet when I researched them in our hospital library, to find references to see if anyone had studied them, I found that, yes, they had been studied and yes, they were known effects of progesterone.

## Only One Progesterone but Many Estrogens

Progesterone is a hormone made by men and women. It is a very specific molecule made in women primarily by the ovary and in men by the testes. But is also made by the adrenal gland, is even very likely made by hair follicles and by brain cells. There are receptors for progesterone essentially in every tissue of the body from nerves to brain cells to thyroid cells to muscle cells, fat cells and of course the breast, the ovary and the uterus. So you have to realize that when I say the word progesterone I am talking about that specific hormone. In fact when I decided after 12 years to share this information with my colleges and with the class I was teaching I put it on the cover. That is progesterone, a specific molecular configuration. We make it in our body from cholesterol. The reason I emphasize that is the word estrogen does not mean that. Estrogen is a class name. There is no hormone named estrogen. There is estrone, estradiol, estrial. There is about 20-30 different estrogens. Horse estrogen is different from human estrogen and so on. But there is no hormone named estrogen. It is the name of a class like apple is the name of a class. There is no apple named apple, you have Delicious, Pippins, Granny Smith, you've got all these different apples they all have their own name. The same thing with estrogen. So this is one thing that bothers doctors. When you get a chance to talk to doctors they will think of progesterone in terms of a class name that there is a bunch of them, Provera and these artificial things are progesterone but they're not. And they'll think of estrogen as a unique thing and it is not, it is a class. They do different things. Estriol you make in large amount only during pregnancy, it doesn't do anything for hot flashes and probably doesn't do anything for maintaining minerals and bones. Estradiol is the only one that has a receptor in bone structure. So there is only one progesterone and all estrogens are not the same.

## NATURAL PROGESTERONE - The Real Thing

Now I use the word "natural". Had I to do it over again I might use a different word like "real". Because I have gotten in trouble using the word natural. Natural to me means that it's natural to the human body. It's the natural progesterone. Everything else is not natural to humans. But unfortunately since the source of it, it is made using a synthesis process by chemistry from fats and oils in plants. People think that because the original source is plants that somehow it is in the plants or it is natural in the plant. No, that isn't the meaning at all. Back in the 30's when progesterone had been worked out, they knew what it did, it was necessary for pregnancy to survive, that when one ovary made the egg it would start manufacturing the progesterone, and that progesterone would stop the other ovary from making a second egg so that's why generally women have single births rather than twins and only one out of every 300 months do the ovary ovulate eggs at the same time and then you have fraternal twins. The idea came to people that if we could put it into the body ahead of time we could use it as a birth control device. So that was the reason for the search. They hired a scientist to find a source for progesterone. .... In the 1930's Dr Russell E Marker was searching through plants in central America that were known to have some estrogen like effect. In the sarsaparilla plant he found a fat that was very close to cholesterol, kind of half way on the way to progesterone so he devised a series of chemistry steps, 3 steps I think it was, and he ended up with real progesterone. But then he discovered that there wasn't enough sarsaparilla beans. So then he tried the Mexican wild yam, which is a very large tuber, that grows in the ground - it's like a great big squash, blackish greenish squash and it's very greasy and bland in tasting because it has all these fats and oils. Very nice for the scientist, the fats and oils are very similar to cholesterol. The scientist never could figure out how to make the progesterone from the cholesterol, only the human body can do that and we do it with the mitochondria. But this was a molecule that was close and Dr Russell E Marker figured out how to do that. When he died in February of 1995 the New York Times said ... the thing he will be remembered for is back in 1930 he showed the world how to make real honest to God human natural progesterone from the fats and oils of plants. So I hope you all know now that it is not in the plant. There are no plants that make our hormones. It was a discovery in the 30's that you could take the fats and oils in plants and they could be converted into the hormone which is identical to ours. So it is real honest to God natural progesterone.

Science starts with diosgenin (from the wild yam or soy), with 3 chemical steps we have progesterone, and it is the same progesterone that we make. It is not synthetic, it has been synthesized as we synthesize. We synthesize hair, we synthesize skin, we synthesize toe nails, we synthesize progesterone, we synthesize thyroid. That means we do not have to eat it from some other source, we can make it ourselves from other parts. That is all that synthesize means. We make it from parts. You don't have to eat hair, you don't have to eat toe nails and eye balls and things like that and teeth. Your body makes it. It so happens that some scientists figured out how to make progesterone. Synthesize it. Identical to ours. So I hope that clears up that confusion.

*"New evidence suggests that researchers and doctors may have been looking at the wrong hormone for 50 years and that natural progesterone is Nature's answer to hormone replacement therapy. "*

From a British Medical Journal - Oct. 1995

## Pharmaceutical Companies Create Counterfeit Hormones

Now the pharmaceutical companies discovered that they can't make any money with progesterone because being a natural compound it can't be patented. So if you can't patent something you're not going to spend money doing research to show how wonderful it is, and in fact if you try to sell it for any profit someone will come in and undersell you. But Dr Marker discovered that in one acre of Mexican wild yams he could get enough progesterone to meet the worlds supply for a whole year. The price dropped from \$35,000 per ounce down to \$7 an ounce. So it was a very important discovery and it is real stuff and this is where all our hormones come from. From progesterone they can make all the cortisone's, they can make all the estrogens they can make all the testosterone's, they can even make digitalis out of it. **And they discovered that if they modified the progesterone molecule into something that wasn't the same as human or wasn't found anywhere in nature, it was totally synthetic , that is man made and not found in nature, then they could put a patent on it, they could make money on it. And that's where the hormones come from that they sell to the doctors to sell to you. They all come from the plant to progesterone and then to the artificial drug.**

The companies have these huge farms growing the wild yam in Mexico and they make this progesterone, then they deliberately alter it into Provera and Megastrol. Now it no longer has the full range of activity. Plus it's loaded with toxic side effects. That's what they're selling people.

## PROVERA IS NOT PROGESTERONE

If you look up in the PDR where Provera comes from it says it is derived from progesterone which is an admission that it's not progesterone right? Wouldn't you say? But the typical doctor if you ask "What is that Provera", they say "Oh that is progesterone". You don't know, maybe they can't read the PDR..... So a progestin is the word that has been arrived at meaning compounds that have progesterone like properties, but are not progesterone and are synthetic and you can add to that, they don't have the full spectrum of all of progesterone's benefits and they are loaded with side effects. **So progestin is the name of the artificial synthetic drug that is sold by the doctor thinking it is progesterone....**

Real progesterone is the one made from the plants. Doctors know that real progesterone must be used for in vitro fertilizations - provera won't work.... Recent studies have also shown that progesterone protects against coronary spasms and post-menopausal heart attacks and provera does not provide this protection (see additional info in this booklet). The change of one atom in a molecule like progesterone totally changes it's function. Yet the typical doctor doesn't seem to grasp that progestins are not progesterone and that any change in the molecule is going to be a drastic change in what it does. *Fertility doctors do not use progestins, progestins cause birth defects (while progesterone is essential), progestins do not raise progesterone levels in blood or saliva. This along with the many side effects of provera (none of which are caused by progesterone) should be enough to convince every doctor to stop using provera (megastrol and others) and change to real "natural" progesterone.*

I talk with doctors groups and when I show them that progesterone is not provera they have this stunned look on their face, they don't even know what question to ask. They've suddenly entered into a world where their mindset has been turned off and they never say anything. It is the most amazing experience. You'd think if they had such firm convictions they'd say oh so-and-so showed that it was. But when they see the evidence, the molecule is different, the effects are different and these differences are

real. It's amazing.

Just for the fun of it I have been collecting differences, every time I read a study that shows a difference between provera and real progesterone. And these are the things that show up.

**Possible side effects of Medroxyprogesterone Acetate (Provera) from the Physician's Desk Reference (1995):** May cause sudden or partial loss of vision; may contribute to thrombophlebitis, pulmonary embolism and cerebral thrombosis; may cause fluid retention, epilepsy, migraine, asthma, cardiac and renal dysfunction, breakthrough bleeding or menstrual irregularities and depression; may decrease glucose tolerance (warning for diabetics); may increase thrombotic disorders associated with estrogens, may cause breast tenderness, urticaria, pruritus, edema, rashes, acne, alopecia, hirsutism, weight changes, cervical erosions, cholestatic jaundice, mental depression, pyrexia, nausea, insomnia or somnolence. When taken with estrogens, may cause rise in blood pressure, headaches, dizziness, nervousness, fatigue, changes in sex drive, loss of scalp hair, PMS-like symptoms, urinary tract problems.

Progestin: Allows excess sodium and water to get into the system and creates intercellular edema, brain swelling, loss of mineral electrolytes, depression, birth defects, facial hair, all sorts of very bad things. They are only found in progestins. They are not found in real progesterone.

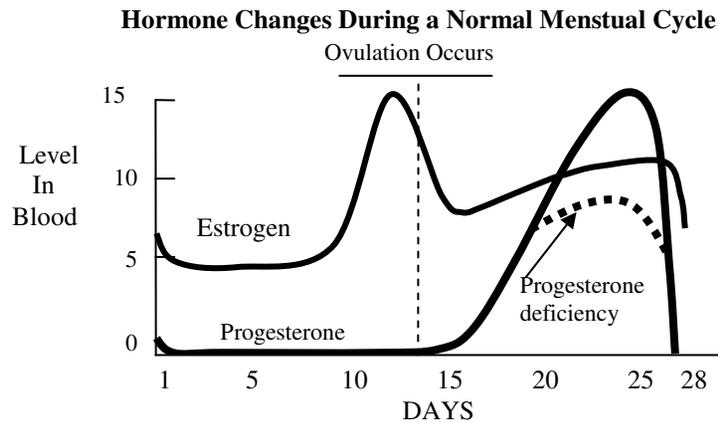
Real Progesterone: Then we get to real progesterone ; protects against endometrial cancer, protects against ovarian cancer, protects against breast cancer, normalized libido, no excessive facial/body hair, return of scalp hair, improves in-vitro-fertilization, improves new bone formation, decreases the risk of coronary artery spasm, essential for myelinization of nerves, essential for males, essential for the other steroids. It's unbelievable, there is only one or two places where they even have somewhat similar effect. They both protect against endometrial cancer, cancer of the uterus. When they use Provera for bones they get a 5%

increase in 3 years and my patients got a 15% increase. So I would choose progesterone.

### By Age 35 The Typical Women Is Already Deficient In Progesterone

It became apparent in my practice when I would measure progesterone levels, that progesterone deficiency is very common malady, long before menopause. This is never taught in medical school. No one ever thinks of measuring progesterone levels. They'll say, "well, after 43 or 44 it's harder for you to get pregnant, and you may have periods till you're 55," but they never say "it's harder for you to get pregnant because the ovary isn't making progesterone."

As shown in the graph below there is essentially very little progesterone made for the first two weeks or so of a women's month and then it rises like a sky rocket to become the dominant hormone during the second half of the month. And then about on day 26 it falls like a rock. That fall of



progesterone is the signal for the uterus to shed the blood that built up. Looking at the Estrogen line you'll see it does not start at zero. You are always making some estrogen. The body always makes some estrogen, even if you were to remove the ovaries the body makes some estrogen. Men make some estrogen, we make it in body fat, so there is always some. But about day 9 or 10, another words 2 or 3 days before the progesterone, the estrogen rises and peaks just before ovulation when progesterone is rising. Then it falls a little bit, maintains a fair level and then it too falls 2 or 3 days before the period. So this is the surge that is

necessary to prepare the uterus to make a nice thick bloody womb lining for the possible pregnancy. But this is an average.

We have now done tests using saliva hormone assay of the progesterone production in women. In fact this was stimulated by the work of Dr Peter Ellison of Harvard. He has been doing this for the last 6 to 10 years, measuring saliva hormone levels in women and what he finds is that many women might make a surge of progesterone and then before it reaches a peak it falls back down again. Another words the ovary was not able to maintain the progesterone production. Dr Peter Ellison had one study, I recall, he used 19 women their average age was 29. He measured estrogen, and testosterone and progesterone every 2nd day through out their whole cycle for like three cycles. Out of the 19 women, average age 29, 6 of them were not making progesterone. And they all were healthy, they were all having periods, they were all normal, they had all thought they were ovulating and they were already deficient. So it became clear from anybody who studies it that this is an epidemic that 's occurring in women that his surge of progesterone does not match what mother nature intended. So **by age 35 the typical women is already deficient in progesterone.** This did not happen in previous years, this is a brand new 20th century epidemic.

### Progesterone Deficiency due to Petrochemical Damage

And I can tell you now it's due to petrochemical damage of the ovaries when the female is 14-17 days old in her mom's womb. It's not the damage that she got at age 35, it's the damage she got 8 months before she was even born. That's when the ovaries are most susceptible to petrochemical toxins, insecticides, DDT, and 600-700 others. Things that out gas out of the carpets, things that out gas out of the plastic dashboards and seat covers that you got, things that are now in salad dressing and other low fat foods, things that are in the fish from the great lakes, it's now affected certain animal populations, the whale in the Saint Lawrence seaway, the alligators in lake Apopka FL, the Florida cougar, the turtles, the frogs the toads, the fish in Scotland, the salmon even in the North Sea now are showing it.

These petrochemicals that we now call xenoestrogens, foreign estrogens, or xenobiotics, foreign to the life of your own cells, these chemicals are all fat soluble, they go into body fat and none are biodegradable. They do not ever get degraded. They end up getting swept out into the channels

out into the lakes and the ocean, and they're showing up now in the penguins down in the south pole. In every creature it damages the follicles in the ovaries and the Sertoli cells in the testicles. It damages the thyroid hormone's ability to do its work. Plus it can cause cancers throughout the urogenital tract. We have a worldwide epidemic of disease related to progesterone deficiency and I have defined a condition called estrogen dominance that results.

### Estrogen dominance / PMS

So now we see, what we've got is an epidemic of estrogen dominance going on. The estrogen can come from the xenoestrogens, it can come from the estrogen the doctors are giving inappropriately. It can come from the more estrogen you make because you're eating more fat, and more sugars and more calories than you truly need, and it can come from the fact that your ovaries are not making the right amount of progesterone.

### Signs Of Low Progesterone And Estrogen Excess

Progesterone Deficiency	Estrogen (Estradiol) Excess
swollen breasts	Craving for sweets
fibrocystic breasts	Mood swings (PMS)
loss of libido	Depression
obesity	Tender breasts
depression	Water retention, edema (swelling, bloating)
low thyroid	Fatigue, no energy
facial hair	Nervous
Hot flashes	Irritable
Night sweats	Anxious
Vaginal dryness	Fibrocystic breasts, Breast swelling
Foggy thinking	Uterine fibroids
Memory lapses	Weight gain in hips and thighs
Incontinence	Bleeding changes
Tearful	Heavy or irregular menses
Depressed	Headaches
Sleep disturbances	Loss of sex drive (libido)
Heart palpitations	low thyroid - cold hands and feet
Bone loss	
Water retention	

### Diet Affects Estrogen Levels

By the way, Dr. Ellison found the other factor in raising women's estrogen levels higher than normal is the total amount of extra calories we eat in this country. If we look at other countries in the third world, the amount of calories they eat barely matches the amount of physical energy they expend. If you reduce the amount of calories you eat, estrogen levels fall. If you increase the amount of calories you eat in relation to the expenditure, estrogen levels rise.

**So what can you do about it?** Pretty simple, you quit overeating, you quit exposing yourself to all the xenoestrogens by eating food that doesn't have all this animal fat in it. What do we call that food? Veggies! Plant food! We get along fine with plant food. We get all the protein, all the vitamins, all the amino acids, all the minerals, everything comes from plants. All we need is a variety of plants. It doesn't matter. You can eat any particular plant you want as long as you eat a variety. You should eat the whole plant, eat the leaves, stems, stalks, roots, the tubers, the flowers, the fruit, the whole works, and eat them as unprocessed as possible. Eat them the way your grandparents ate their vegetables. They had gardens, they went out and picked them. Okay? Then, if desired, you can have your progesterone measured. The measurement should be the saliva test. I didn't have access to the saliva test in the many years that I've been doing this. I learned to recognize estrogen dominance. It isn't that tough. Anyone, who does this any period of time, they'll pick up on it very easily. The woman herself will know. The best laboratory in the world is the woman's body herself. **It's good for PMS which is strictly estrogen dominance.**

### Progesterone Sensitizes Estrogen Receptors

One of the most important lessons I learned. When I give this to a woman who's doctor has her on estrogen, it turns out the dose he has ordered is ALWAYS, two, four, eight, times too much. And I was trying to figure out, is the doctor that dumb? What is happening here? Why is it that when I give progesterone they get estrogen side effects? They get breast swelling, they get water retention, they get headaches, their feet swell, that's estrogen. Well, it dawned on me finally when I looked it up. Turns out when you have the same hormone all the time like estrogen, unopposed by progesterone, the estrogen receptors tune down. Just as if you're working in an office where there's too much noise. After working there for six months you end up not noticing the noise. Then you go away

for two weeks and come back and say, "oh my God, how could I have been working here without realizing all this noise is here?" Every cell that they work on, it does so because there's a receptor, already made that binds and unites with that hormone's molecule, and goes to the nucleus and creates the effects of the message. But it takes binding with that receptor. When you have unopposed estrogen, the receptors tune down. When you add the progesterone the receptors come back to full force again, full efficiency.

**So, I learned that every time I added progesterone to a woman already on estrogen I had to tell her to cut her estrogen at least in half.** Then later she could cut it down even more because the progesterone was handling so many of her problems. She didn't need all that much estrogen. Then I had some ladies who kept cutting it down, cutting it down and pretty soon they weren't taking any, and they were doing fine. **No hot flashes, no vaginal dryness, no problems, they were doing fine** and I said, "how can this be?" I was taught in medical school estrogen goes to zero.

### **Estrogen does not go to Zero at Menopause**

So I went to the library and looked up the original references of people, primary references. Somebody measured estrogen levels for 5 years before menopause and then 5 years after menopause and you know what they all found? Every single one? They found the estrogen only drops about 40-50%! It doesn't go to zero! **Women continue to make estrogen even if they have their ovaries removed!** How do they make it? The fat cells make it. The body fat converts to one of the hormones that the adrenal gland makes, into real estrogen. The greater your need for estrogen, the more it makes. The body's not dumb. The body has this backup mechanism and it works. In fact the tests show that a fat lady after menopause makes more estrogen than a skinny lady does before menopause. Isn't that something? And you have all these doctors giving fat ladies estrogen! There's something wrong here! It became more and more apparent to me, I learned all this from the patients.

### **Progesterone - A Truly Remarkable Hormone**

It turns out progesterone is a truly remarkable hormone. Progesterone is necessary for the creation of all the other hormones - the precursor function and it is necessary for pregnancy and the survival of the fetus - the procreation function. Then progesterone has numerous intrinsic

effects - things we know are benefits of progesterone even though we don't know how it happens.

Up in your hypothalamus in your brain you have controllers, you have nifty little computers up there that are keeping track of the bodies need and the production of all the hormones. It tells the pituitary we need a little bit more progesterone, we need a little bit less of this and a little bit more of that and all of these things can happen. And the ovary carries them out and the adrenal glands carry them out and the pituitary does its show and it is a constant shifting changing scene and the progesterone is at the bottom of it all. Imagine if the progesterone is gone, these things can't happen. So all sorts of things can happen when progesterone is deficient.

**Procreation effects:** Progesterone is necessary for the uterus to develop a nice bloody lining as a nest to be able to nourish the fertilized egg and to sustain it. If you have a fall off of progesterone at that point you will initiate a shedding, like a monthly shedding, and you will lose the pregnancy. So the ovary is very important, it has to make more progesterone at that point. By the 3rd month the placenta is making the majority of the progesterone, as much as 400mg per day. So progesterone is critical for the survival and development of the embryo, development of the fetus throughout gestation and it restores libido. Those are the procreation effects. One of them borders on the magic. I want to tell you a little bit about it. If the mom say had a skin burn and needed a skin graft and the dad said take mine. I have some extra skin here, use that. It probably wouldn't work. You have to have a complete match. All the chromosomes have to be the same, all the blood types have to be the same, the tissue typing has to be the same otherwise the body has a rejection phenomenon, it rejects things that are not identical to the body. Everybody knows this. The fertilized egg has the chromosomes of mom and the chromosomes of dad. The fertilized egg is no longer the same as mom. If the rejection phenomenon cannot be suppressed the embryo that develops will be rejected as being a foreign body. And this is what happens unless you have progesterone. Nothing else will do it for that (progestins—counterfeit progesterone won't work). The people that do in vitro fertilizations when they implant that fertilized egg in the womb they have to prepare the womb with natural progesterone or the fertilized egg will be rejected.

### ***Precursor Effects***

Androstenedione, testosterone, estrone, estradiol, estriol, cortical steroids, and aldosterone. Those are steroid hormones that we make and every one of them is made from progesterone. The change of one atom in a molecule like this totally changes its function. It changes it from being a progesterone to being a cortisone. Isn't that amazing. One atom in that molecule, you change that and you change the function. Now they can be made also by the body in extreme situations by the adrenal gland making more of the male like hormone androstenedione, but it is not as good and not as effective and is not enough. Imagine a woman who is deficient in progesterone and she has a surgery coming up. She needs those cortical steroids. That's why, I have some older women go through minor surgery and their out of it for 3-4 months. Their brains can't work right, they can't get their strength back, it is amazing.

### ***Intrinsic Effects***

These are readily observed, these are benefits of progesterone and we don't even know how progesterone does it. Here are some we know about. Progesterone, counteracts estrogen side effects, it helps the thyroid gland, it's a mild diuretic, it helps use fat for energy, it's a natural antidepressant, it normalizes blood clotting, normalizes zinc and copper levels (reducing moodiness), and maintains cell oxygen levels. Protects against breast cancer, breast fibrocysts, coronary spasms, endometrial cancer - cancer of the uterus, muscular aches and pains, ovarian cancer, and water retention/ edema. Progesterone restores libido and normal sleep patterns. It sensitizes estrogen receptors, is a great skin moisturizer, and it is necessary to stimulate new bone formation

### **Progesterone Cream Is Very Well Absorbed - Absolute Proof**

Bruno de Lignières, M.D. is a doctor in France who has been studying progesterone cream for over 30 years. He has been writing these articles for the European literature, how good it is for breasts. How his patients with swollen cystic breasts get well, like my patients do. I didn't know about him until about 1995 when I was in England and someone had some references from him. And here comes this beautiful study, I think it was in the summer of 1995, a study in which Bruno de Lignières is listed as one of the major authors. His problem was that the doctors in France, his colleges, said Bruno how do you know it is absorbed through the skin? How do you know it gets to the breast? How do you know it changes anything in the breast? Science didn't exist to answer those questions..

Then he met up with Dr Chang and some others and what they did, they went to healthy young premenopausal women who were going to have some benign breast surgery. And they divided them into 4 groups. One group used a placebo cream, just the cream with nothing in it. The next group they used a cream with a little progesterone in it, 20mg of progesterone per day was all they would get and only for 8-10 days. The next group was estradiol and the fourth was going to be half progesterone and half estradiol. Pretty nice. Randomized, double blind, placebo controlled, in vivo - in real live women! Not in rats, not in mice, not in guinea pigs, not in cell cultures, not imaginary, not on a computer - on real people. They were to have the creams for 8-10 days then were going to have their biopsy and then the doctors were going to check to see what happened to the progesterone and estrogen content of the breast. They did it during the first 8 days of the monthly cycle when the normal levels of the hormones are very low. **The group that took the progesterone cream increased the progesterone content of the breast by 100 fold. Proving that it gets through the skin, through the blood stream, through the breast tissue, and it's there just as if the ovary had made it. This is guaranteed, absolute proof there is no doubt that it is very well absorbed.** The estradiol increased by 100 fold too. And here they thought there were giving a tiny dose, and it raised the breast content of estradiol by 100 times and the ones that got half the dose had half the amount. These hormones are slightly smaller than a cholesterol molecule. They're fat soluble, they have the right sort of electromagnetic charge, they pass through skin, get picked up by the fat underneath, it gets into the blood stream, it rides around on the red blood cells. By the blood. What part of the blood? On the good old red blood cells and the calimicrons but not in the watery plasma because fat and water don't mix.

### **Saliva Hormone Testing NOT Blood Serum Testing**

Dr Chuang and Dr de Lignières did one other test, which is the cream on the cake, the topping, they measured the changes in the blood stream. It has been my contention all these years that the real hormone will not show a change in the blood stream because when the ovary makes it, it wraps it in protein so that it will be soluble in blood but the real hormone is not wrapped in protein and is biologically active and is carried in other parts of the blood but not in the serum which is watery. It is carried on fat soluble cell membranes like red blood cell membranes but it is not in the plasma. This is what they found. Despite the 100 fold increase in the breast they did not find any change in the plasma or the serum of the

blood. So don't let a doctor say oh I did a blood test and the progesterone isn't there. You can say you did a blood test but you chose the wrong part of the blood. If you want to do a good test, why don't you do a saliva test? Cause that's what shows up the concentration of the active molecules. So everything I have been claiming all these years turned out to be true on the test by Dr Chuang and Dr Bruno de Lignières.

### **Progesterone Protects Against Breast Cancer**

Breast cancer. Does estrogen increase the risk of breast cancer? These doctors will tell you well we're not sure, we need more studies and everything.

Dr de Lignières and Dr Chang did a test to measure the rate at which breast cells were multiplying. The breast cells they choose were the milk duct cells. These are the cells where cancer originates in breasts. And remember, a cancer cell differs from a normal cell only two ways. One is it is multiplying faster and number two is it hasn't differentiated and become developed into the full mature cell that it is suppose to. So those two things are lack of differentiation and more rapid turn over - the cells multiply. With another controlled test Estradiol raised the proliferation rate over 200%, progesterone with estradiol brought it back to normal. The ones with progesterone by it self lowered the proliferation rate by 400%. Isn't that amazing! What the authors concluded was what they have shown is that **estrogen is truly a stimulant of breast cancer and progesterone is a protector of breast cancer.**

Johns Hopkins University, not a fly-by-night organization, did a 20 year study, was published in 1983 in the American Journal of Epidemiology and they showed that those **women who had good progesterone levels had less than a 5th of the amount of breast cancer and less than a 10th of all the cancers that occurred in women who were low in progesterone.** *This would suggest that having normal a normal level of progesterone protected women from nine-tenths of all cancers that might otherwise have occurred!*

Another test reported in the British Journal of Cancer and financed by a royal grant for cancer. Back in 1975 Dr Mohr went to the top 3 hospitals in London and said every time you do breast surgery on a women with breast cancer we want you to measure her progesterone level and estrogen level. They did that for 20 years. Then they looked up the survival rate of

those who had had at least 18 years since their surgery. The survival rate of those whose progesterone levels were just below normal, not bad but just below normal, was 35-36 percent. The survival rate of those who had normal levels was 68-70 percent, which is obviously 100% better, just by knowing the progesterone level on the day of surgery 18 years before. The survival rate 18 years later is 100% better! There is no doubt! And estrogen had nothing to do with this. If they had continued and followed along and when they found the progesterone begin to drop and they could give progesterone you know what the line would show? No deaths do to breast cancer. I started in 1978, it has now been 18 years, there were hundreds of people in my practice, they've all been on progesterone for 18 years and not one of them to my knowledge has died from breast cancer. And the first three years consisted only of patients who couldn't take the estrogen because they had a previous history of breast cancer or cancer of the uterus. And these are the ones that I've followed the longest. The rest were people who I said why not give it to everybody and so I did.

### **Why Progestins Are Used To Counter Estrogen Caused Cancer**

There was a meeting at the Mayo Clinic in 1976 called the Consensus Meeting. Experts from around the world gathered, and said women should not be given estrogen unless you give some progesterone along with it because they found that progesterone protects against those cancers. The ovary makes both hormones. Mother nature (*God*) did not decide that women should be on estrogen by itself month after month, year after year and yet that's what doctors were doing. They were putting women, post menopausal women on estrogen for their bones and they were creating cancer of the uterus and breast cancer. So when the Mayo Clinic said that progesterone should be given it turns out here was no company selling natural progesterone, real honest to God human female progesterone. They were all making synthetic analogs that worked like progesterone in the sense that they could be used for birth control pills. So they jumped in and started advertising to the doctors, "oh, we have a good progesterone here, use ours" so Provera came in and Megastrol came in and all these synthetics came in. *(As a result, doctors have come to believe that these counterfeit progesterones are real progesterone.)*

### **Progestins increase risk of Breast Cancer!!**

For years now drug companies have been including some progestin with the HRT and BCP (birth control pill) product in an attempt at preventing the substantial cancer risk caused by estrogen alone. (See section on why

progestins are used to counter estrogen.) The January 26, 2000 issue of JAMA (Journal of the American Medical Association) published the study "Menopausal Estrogen and Estrogen-Progestin Replacement Therapy and Breast Cancer Risk" which shows that women on HRT (estrogen and progestin) have a higher risk of breast cancer than women on estrogen alone, ERT! Compared to no hormone use, ERT increases the risk of breast cancer by 1% per year, HRT increases the risk by 8% per year. This means a women on conventional HRT for 5 years has a 40% increased risk of breast cancer!! Wow! Progestins apparently dominate the progesterone receptor sites preventing progesterone from performing its functions one of which is to slow breast cell proliferation (multiplication). Excellent studies done in 1989 and in 1995 reported the same findings. Its time to wake up and use real natural progesterone!!!

### **Hysterectomy**

They hit 40, 42, they notice a little change going on in their periods. They're putting on a little more weight. Their breasts are a little more full, sometimes tender. They have headaches more. They lose interest in sex. Their body's changing and they don't like what's happening. They're not sleeping as well. They go to the doctor and he says, "well my dear, you're approaching menopause, you need estrogen." The doctor never measures the progesterone. What it means to me is they've been low on progesterone for 5 or 6 years already. And these things are happening.

So he puts them on estrogen and after a month or two they come back and say, "I don't think that's working so well, I'm bloating up even more, my breasts are even more swollen....," he says, "oh, that's because I didn't give you ENOUGH." So he raises the estrogen level. Then she starts getting spotting and more blood and starts getting clots along with her period because this is stimulating to the lining of the uterus, to make more stuff. So he says, "oh, this might be cancer, we'd better do a D&C (scraping of the lining of the uterus)." So they have a D&C and they find guess what? Hyperplasia. He MADE the Hyperplasia! That's the whole function of estrogen, is to tell those cells to multiply, divide, make more. He made the Hyperplasia. And he says, "hyperplasia's the first sign you're developing cancer of the uterus, we've got an appointment for you next Wednesday to have your uterus out." Every single one of them went for it. Isn't that something?

Hysterectomy is big business and physically, mentally, and emotionally expensive for women who undergo them. The effects of a hysterectomy are frequent and include fatigue, depression, headaches, heart palpitations, mood swings, hair loss, loss of sex drive, vaginal dryness, and urinary tract problems. Women are then put on estrogen so they have to deal with all the side effects of unopposed estrogen. And when a progestin is added, those side effects as well.

Doctors will save the ovaries because of the hormones they create however they often quit functioning in two to three years. Unless you clearly have a malignant cancer think before you submit yourself to a hysterectomy. The reasons often given for hysterectomies are fibroids, uterine prolapse (the uterus falls from its normal position), and endometriosis. Fibroids and endometriosis can usually be helped with some natural progesterone cream, and there are numerous ways to deal with uterine prolapse. For more information and reasons not to have a hysterectomy, read *The Hysterectomy Hoax*, a book by Dr. Stanley West.

Those with a hysterectomy should use natural hormones. Dr Lee usually had his patients wean themselves off of HRT gradually reducing their dosage over a period of 3-4 months using progesterone at the same time. If hot flashes or vaginal dryness persists he would recommend estriol cream to use intravaginally tapering off that over a couple months.

### **Helps Use Fat For Energy**

Women were reporting that with the progesterone cream they could use up their body fat, their body fat was slimming down, they were able to turn body fat into energy. Estrogen on the other hand turns the food energy into body fat. That's why they give it to steers. You understand, they castrate the steers, put them in feed lots, feed them sorghum and give them estrogen. Steers you see, are sold by the pound. So the function of estrogen is to lard in a lot of fat in with the meat in a quick time, and also to retain water. By retaining water the weight goes up so you get more per pound when you kill the steer for meat. That's the function of estrogen, and that function is prevented when you take progesterone. Progesterone allows you to use the fat for energy.

## **Progesterone Protects Against Coronary Spasms - Post-Menopausal Heart Attacks**

This is also from the American Family Physician. The number one cause of death is cardiovascular disease, number two is cancer and so forth. But the biggie is cardiovascular disease. Now this is brand-new news, just published in 1997. The University of Oregon has a primate research center. Over the years they have developed the ability to do angiograms on Rhesus monkeys. Angiograms that actually show the coronary arteries of Rhesus monkeys. They were able to show that, like humans, those Rhesus monkeys coronary arteries can go into spasms once in a while and they showed that they could trigger these spasms. During stressful situations it is very likely that your coronary arteries will temporarily go into spasm. But then they will relent. It doesn't kill you every time that happens. The pig heart has been the animal model used by the medical profession, conventional medicine, for 30-40 years. The pig heart has coronary arteries that will not go into spasms. The pig doesn't care. So his arteries stay wide open no matter what. But the Rhesus monkey has arteries that will go into spasm. Now what is the point of all of this? There has been an increase in the rate of women dying from heart attacks after menopause. **Prior to menopause it is almost impossible to kill a woman with a heart attack.** A study of 2000 deaths of women prior to menopause, in Kings county in the state of Washington found not one of them had died from a heart attack. But within 5-10 years the rate of dying from heart attack begins to be the same in women as it is for men. A big change occurs. The other thing is when you do the autopsy on the hearts and look at the coronary arteries they're not clogged up with cholesterol like the men's hearts are. The men's hearts will have 90-95% clogging up from a cholesterol plaque. On women it might be 30 to at most 50% clogged. And a 50% clog is not going to kill you! And yet they die. So the question is what is it about the arteries that can kill a woman even though they are only 50% clogged. The answer is they can go into spasm, and when they go into spasm 50% blockage becomes 100% blockage. So they used the Rhesus monkeys and see if they could find out what makes them go into spasm sufficient to kill them. So they first made the monkeys menopausal by removing the ovaries (otherwise monkeys won't become menopausal) then he got the angiogram going and he stimulated a spasm. And he did it on monkeys that he had medicated with estrogen and provera. **Provera is the most common non-progesterone product that doctors are giving to women under the delusion that they are giving them progesterone.** It is a progesterone

like product but it really doesn't do what progesterone does and it has a whole bunch of side effects. So they gave this to the monkeys in doses equivalent to what women would make for their size. They caused the arteries to go into spasm and the spasm would not relent. After fifteen minutes as the monkeys were about to die, they had to use a counter acting drug to cause the arteries to dilate to save the monkeys. So then they took six more monkeys and removed their ovaries and did the same thing but instead of using Provera they used real progesterone. And then they tried to stimulate the arteries to go into spasm. They couldn't do it! The arteries stayed wide open, the hearts were well perfused, monkeys didn't turn a hair, healthy as could be. **And the Provera would have killed every monkey that they gave it to. But progesterone protected against coronary artery spasm.** That was good!

Guess what conventional medicine said? Ah, but they are only monkeys. Here they were using pigs where the arteries won't even go into spasms. Or using mice and rats, and here are monkeys that work just like human hearts and they said, oh they're monkeys and are not humans. They didn't know that Dr Collins, in London at the London Institute of Heart and Lung Research, was doing the same test on real women. He did a treadmill electrocardiogram test with postmenopausal women before they went on any hormone. That measures how well the blood is getting to the heart muscle, how their perfusion is of the heart and he could see how long they could go on the treadmill before it showed any change in the cardiogram. Then he put them on estrogen and provera for three months, had them come back and do the same tests. He found they couldn't do the treadmill very long before the heart showed lots of ischemia. The blood wasn't getting through the coronary arteries. This was been published in the American Annals of Cardiology and reported to the annual meeting of Cardiologists in Massachusetts in spring of 1997. He put these same women on estrogen and real progesterone and their hearts are back to normal again. **He's done the same test on real humans, and he shows that with Provera is a serious risk of coronary artery constriction and spasm and dying from a heart attack. Whereas progesterone is to protect it.** And the scientists in all groups went to their homes and threw out all the provera and put their women on real progesterone in a cream just as I have always been recommending of 15-20mg per day. And one of them wrote me, Dr Hermshire from Oregon, said that if it weren't for your book we would not have thought of testing provera against real progesterone.

## OSTEOPOROSIS – REVERSE IT!

As you know this was the thing that got me interested in this , I didn't know anything about progesterone back in 1976 (after 20 years of practice). All I knew about is that I had patients with osteoporosis. ... **Osteoporosis is a big disease. Probably the most common and most expensive metabolic disorder that happens to women.** And when I was in medical school they called it menopausal osteoporosis, or postmenopausal. But once we got bone mineral density tests and didn't have to rely on simply x-rays we discovered the average woman when she reaches menopause has already lost 30% of her bone mass. **It's not a menopausal thing. It starts when you are 35 years old and you lose bone progressively even though you are having periods.** Right there you know it is not due to estrogen lack, you have plenty of estrogen and you still have it. Granted it accelerates a little bit when estrogen falls at menopause time but then it can recover from that too so it's not such a big deal.

### Progesterone's Role In Making New Bone

There are little cells that migrate through the bone and they are sniffing out areas where there is old bone. Bone that was made 10 years ago. And they find those areas and they dissolve them away. And those are called the osteoclast cells. Kind of like pacman in the arcades, pacman comes in and eats up the old bone. .... And they leave a little space called a lacuna, a little lake - a little emptiness . Along come the osteoblast. They are related to the osteoclast but they are different. And they come in and they put in nice thick new bone. The new bone can be stronger than the old bone that was removed. Isn't that amazing. The osteoblast only do it at the places where the osteoclast have eaten out old bone. So the bone is always being made, unmade and then made again. The timing of making a hard bone like the femur, the leg bone is about 14-15 years for complete turnover. 100% of it is brand new, all the minerals all the vitamins all the parts of it the collagen the whole part - brand new. Continuously made. Which means every year only 1/15 is being worked on. So it is a slow turnover time. Whereas the bones in your back and in your heel have a turnover time of about 5 years, totally brand new in 5 years. But part was 4 years ago, part 3 years ago and so on. So new bone is made, and then it rests until the time for remaking comes around again 5 or 6 or 15 years later. And this is the whole way bones are made. **Progesterone's role** is to stimulate these osteoblasts to make new bone. That is the role of progesterone. What estrogen does is to help slow up pacman, the

osteoclast. It doesn't do anything to make new bone. And you don't have to take my word for it, this is standard - it is being taught now.

### Brand New Bones At Age 84

So what happened in my patients that made me get excited? Well here was a lady, she was 72 years old, pretty healthy, rather petite...and she broke her arm. She was found to have pretty severe osteoporosis. So her doctor sent her to a specialist who said she would have to have fluoride treatment. And she said oh no, I took Dr Lee's class and we know that **fluoride may build up bone so that it looks more dense on x-ray but it is actually not properly made bone and the fracture rate is actually worse and fluoride shouldn't be given for bones.** And he said, well then go see Dr Lee. So she came and she took just the progesterone cream. Her bone density in her lumbar spine went from .6 to over .9 in about 12 years. She sends letters and reports on what her bones are doing. 1.00 worth of bone is good bone for most people. 0.9 is very good for 90% of the people. Once you get down to 0.8 or 0.7 you are in the range that if you fall you are likely to break. She's been doing very well on that. She was a lady who was interested in her health so she was eating well and doing all the right things so all she needed was progesterone. She hadn't had any progesterone in her body probably for 30 years.

### More New Bone At Age 75

So then here is a lady who is in Pennsylvania ... and she woke up one morning at age 71 with a terrible pain in her back due to a spontaneous compression fracture in her back. **Her bone mineral density was down to 0.446**, she had lost well over 50-60% of her bone mass. And she was a health nut, she was eating right, she'd exercise, she looked 10-15 years younger than you would think and yet she has terrible bones. She had had early menopause, went through it in her 40's so she too had taken no hormones and no progesterone for 30 years. Her bones could not make new bone, so she ended up with terrible osteoporosis. ...all of her doctors **told her oh you are 71, you have to go on estrogen, you have to take Fosamax, you have to do all this and that.** She said , oh no, **Dr Lee wrote a book about using progesterone cream and that is what I am going to do. They all told her it was impossible, it couldn't be done.** But she was very stubborn. Her husband made her get a bone mineral density test every 8 months. **In 16 months she had gone from .446 to .550. She had gained over 11 points out of 44, that is over a 25% increase in 16 months.**

### Cortisone Shot Stopped Bone Growth

...then she went into a time when her lumbar bones didn't increase in fact went down a little bit. So I called her... turns out her doctor had given her a cortisone shot that last for 3-4 months by itself. The doctor for some reason thought that would help her bones. And what it does is it competes with progesterone. Both the cortisone and progesterone want to attach to the same receptor site in the bone cell. If progesterone gets in there the message is make new bone, get to work, do what you are suppose to do. If cortisone gets in there the message is stop doing what you are suppose to do. And that is what happen. So the doctor got in there and messed her up for a year. And finally the husband says get the cortisone out of there and just use the progesterone. Since then they started monitoring the hip bone also and they are both improving at the same rate. The people at the hospital starting with the secretary and the radiology department are the ones who are getting interested. ....Then her radiologists gets interested, then the bone specialists who told her it couldn't possibly do anything,, he is beginning to get interested, her husband is now using it in his practice, her son is using it in his practice. Just from one patient who is stubborn enough to do the right thing. **And they have listed this as a 37.9 total increase in the 4 year time. And that means one third of the time they messed it up with the cortisone.** Isn't that amazing. But look at how long it takes for this to be accepted. But don't get discouraged.

### 62 Women With Bone Density Tests

When I retired in 1989 I was following 100 patients. Not all of them would have a bone mineral density test every year. Insurance wasn't paying for it, I don't have the money to pay for it, there is not grant money here, the patients have to pay for it which cost about \$125. The ones that were doing real well whose back aches went away, they knew by the second test that it was working they wouldn't bother with the second and third year to get the test. They didn't want to spend the money, they knew it was working. So I thought getting 62 of them done was pretty good. **So out of the 62 that did have a regular bone mineral density test. Looking at their results you will see that after 3 years by and large they all improved. When you get up at the high ranges the improvement is essentially nil because the bone is already good, all it does is maintain the good bone. But those who had bad bone they had amazing improvement, some of them 20, 30%.** But there are some who did not. This doesn't mean that the progesterone failed. This doesn't mean that the people didn't need progesterone. What it meant was that

there was some other factor that they were also missing. It was probably diet. In one case it was a lady that was being given one of these histamine H2 blockers these things that cut out the acid in your stomach. She is 75 years old, she had had indigestion. .... She hadn't been my patient and she never mentioned about this and I didn't have enough sense to ask in those days and so we wasted a year or two trying to get her bones better on progesterone. Finally I said there has to be some other factor. ... So we took her off those medicines and gave her some bedine hydrochloride and told her to go down to the health food store and get some hydrochloric acid and take one or two of these with every meal (*to help her digest her food*). ... and since then she has gained up over 40% new bone. Isn't that amazing. Just that little hydrochloric acid problem.

### Depression and Bad Diet Stopped Bone Growth

Another lady was from England. She had a hip fracture, she was going to use the progesterone cream and she did the test but she showed no benefit. So I went out to see her. Turns out her husband had died a very long lingering death from cancer of the throat, from smoking and she had gone into a depression and she was sitting at home getting by on cigarettes and tea. Her garden was overgrown, she wasn't getting any fresh vegetables, she wasn't getting out, her curtains were all drawn, she was in the midst of a depression. I got her into some sort of a grief counseling group and she got over that and she got going with the garden she got eating good food and again her bones took off. **So when you have someone whose progesterone does not appear to be working on the bones it just means there is some other factor that you've over looked.**

### Is HRT for you?

Dr. Robert D. Willie Jr. M.D., in Health and Longevity, (Dec. 1996) writes "If you are a menopausal or postmenopausal woman concerned about your heart attack risk or osteoporosis, be just as wary about taking hormone replacement drugs to help prevent such an incident. Several new mainstream studies have found that hormone replacement therapy (HRT), which doctors treat as if it were as harmless as a placebo, can be hazardous to your health. Three studies published in the journal Lancet have found that undergoing HRT, which usually includes a relatively low dose of estrogen and sometimes progesterin, can increase the risk of deadly blood clots as much as 400%." *Increase blood clotting also increases the risk of strokes.*

Dr. Willix also says: "A hormone replacement drug is one that most doctors prescribe to women when they develop the "disease" of menopause - which is no disease at all - to help them avoid heart disease and slow osteoporosis and to relieve symptoms such as hot flashes, depression and insomnia. I've seen the studies. Yes, it's true that it does all those things. But at what price? I can accomplish every one of those things without foisting a drug on my patients by encouraging them to follow a low-fat diet that is high in fruits and vegetables, take supplements, exercise, meditate, use herbs and natural progesterone cream."

**HRT Addiction:** Double-blind studies have been done that showed that synthetic estrogen can be as addictive as heroin, and concluded that women on HRT who have enhanced well-being when their estradiol levels are very high, but feel unwell when their blood levels are normal, may be experiencing reactions similar to those of people on social drugs. In one trial that lasted 3 1/2 years, women had withdrawal symptoms for six months. Not only do they experience a wide range of physical symptoms but they also suffer from psychiatric disturbances." Among these disturbances is depression, to the point that a higher than normal rate of attempted suicide and violent deaths are recorded among HRT-takers.

### **Other Doctors who have written about Progesterone**

An increasing number of doctors are recognizing the advantages of natural progesterone and writing about it.

Dr. Carolyn DeMarco, M.D. in "**Take Charge of your Body**": "Menopausal symptoms and bone loss are mainly caused by a deficiency of progesterone. Synthetic progestins such as Provera are not the answer and, in fact, produce marked premenstrual symptoms. Natural progesterone has the same structure as the progesterone made by the body and appears to be safe and have far fewer side-effects than its distant synthetic relative."

Dr. Robert M. Kradjian, M.D. (Berkeley), in "**Save Yourself From Breast Cancer**": "Natural progesterone protects against breast cancer. It is the synthetic progestins (Provera, etc.) that have been linked with an increased incidence of breast cancer. The administration of natural progesterone is an overlooked and protective therapy, it can reduce breast tenderness and fibrocystic changes."

Dr. Alan Gaby, M.D., in "**Preventing and Reversing Osteoporosis**" (Prima Publishing): "Progesterone is not only much safer than Estrogen, but also more effective against osteoporosis. Twenty years from now, scientists may look back and wonder why we focused so much on estrogen while virtually ignoring progesterone."

Dr. Zoltan Rona, M.D., in the **Canadian Journal of Health and Nutrition** (Alive): "Osteoporosis is a major health problem. Approximately one third of North American women over 65 are affected. Natural progesterone seems to be more important in preventing and treating osteoporosis than the medical approach based on estrogen, dairy products, Turns and prescriptions for calcium."

Dr. Graham Colditz, M.D. Harvard researcher, published a study in the **New England Journal of Medicine** which showed that women who use estrogen for more than five years have a 46% higher risk of breast cancer than women who don't use it. These results came from a sample of more than 121,700 women tracked for 24 years (the Nurses Health Study).

Dr. Christiane Northrup, M.D., in "**Women Bodies, Women's Wisdom**" "I recommend natural progesterone for women who have moderate to severe PMS. Progesterone also works well for women whose major PMS symptom is a migraine-type headache. Synthetic progestins, on the other hand, can actually increase PMS symptoms by decreasing the body's natural progesterone levels and have many known side effects."

Dr Neils Lauersen, MD., "**PMS: Premenstrual Syndrome and You**" (Simon & Schuster, 1983). says that some synthetic progesterones can have masculinizing effects on a woman, while others cause fluid retention. "Natural progesterone (from the wild yam), on the other hand, does not cause masculinization, and is known to reduce sodium and fluid retention."

### **The Opposition**

Timothy Gorski, M.D., "**Wild Yam Cream Threatens Women's Health**". Nutrition Forum Newsletter May/June 1997 Dr Gorski is *the president of a council against health fraud* in the Dallas Texas area. In his article Dr Gorski makes the following statements. "double-blind controlled trials have demonstrated that progesterone supplementation is

no better than a placebo (for pms)"... *"blatantly false is the claim that synthetic progestins are dangerous whereas natural progesterone is harmless. Progesterone in any form may cause side effects"....*

*"medroxyprogesterone has been off patent for some time is generally preferred over progesterone -- which is also produced synthetically - because it is better absorbed when taken orally". ... "it is doubtful that it ever could be as useful as synthetic progesterone" And finally "The last thing American women need is another unproven "natural alternative" promoted by a campaign of deceit at the expense of their life and health."*

*Unfortunately Dr Gorski really missed it when writing his article as the real problem with the particular cream he was criticizing is that it only has 40mg or less of progesterone in the whole jar! Enough for about 2 days! Chances are pms placebo trials he refers to used the counterfeit progesterone. As stated previously, natural progesterone is absolutely identical to the progesterone in our bodies. Medroxyprogesterone is made from real progesterone! Its molecule is not the same. It exists nowhere else in nature. It is not progesterone. No studies exist anywhere showing harmful side effects of real progesterone. (Note: Any natural substance can be dangerous when abused. Folks can drown in water but we must have it to live. Pure water used the way God intended has no side effects. The same is true for real progesterone. Used properly it is helping a lot of women. Common sense goes a long, long way.) So it is clear, there is a battle raging and the battle is over common sense. Why not use the real hormone?*

### More Estrogen???

*Dr. Jerilyn Prior, researcher and professor of endocrinology at the University of British Columbia in Vancouver points out the interesting fact that no study has yet been done that would show a correlation between estrogen deficiency and menopausal symptoms. "Instead", says Dr. Prior, "a notion has been put forward that since estrogen levels go down, this is the most important change and explains all the things that may or may not be related to menopause. So estrogen treatment at this stage of our understanding is premature. This is kind of backwards science. It leads to ridiculous ideas - like calling a headache an aspirin-deficiency disease."*

*Furthermore, Dr. Carolyn DeMarco, M.D., author of Take Charge of your Body and a Canadian physician specializing in women's health issues, says that there is no direct proof that the lack of estrogen causes heart disease or other ailments associated with menopause.*

*As the experts point out, the estrogen "deficiency" hypothesis as an explanation of most menopausal symptoms or associated health problems is not supported by the analysis of estrogen blood levels, by worldwide ecological studies or by endocrinology experts. It is indeed ironic that mainstream medicine, that relies so heavily on "proven" therapies supported by double-blind studies, could be thus misled by an industry on whose expertise they have come to rely.*

### Advertising About Estrogen

Now there is a thing that bothers me about the advertising about estrogen. So I thought I would bring this up. In last weeks issue of the American Family Practice Journal (May 1997). It shows the premenopause hormone level and the post menopause hormone level. It shows estrone, the first estrogen your ovaries make in the process of making estrogens. You see it only drops about 35-40%, isn't that amazing. **The typical doctor will tell you that when you go through menopause you loose your estrogen, right? Wrong.** It just decreases a little bit. (*Progesterone is the hormone that is lost.*) The estradiol, decreases the most but that is fine because the estradiol is the one that is most sensitizing to breasts, the most likely to cause breast cancer. Estrone is less likely and you have plenty of estrone. You look at the series of graphs and where is progesterone? It isn't there! Why would they set up a graph of the important hormones in the changes at menopause and they don't even list progesterone? Your average doctor is never going to learn a thing about progesterone. Here in the Family Practice Magazine they supposedly do all the hormones that are affected by menopause and they don't include progesterone. **So we have a real problem here, the typical sources of information for doctors is totally inadequate.**

### Progesterone Protects Against Ovarian Cancer

This is new, ovarian cancer brand new study, well in 1996. By Emory University in the USA, it was a 7 or 8 year study following over 240,000 women almost a quarter million women for over 7 years just to collect 400 women who have fatal ovarian cancer. Fortunately it is very rare but it's very bad cancer. They wanted to have 400, they thought it would help get some statistically significant results. **They wanted to see what was different about the people who die from fatal ovarian cancer. What was different was that they were all on unopposed estrogen.** Isn't that interesting, wow! **Unopposed estrogen again. That means no progesterone balancing it. That constant estrogen stimulation not only creates breast cancer, not only creates and is the only known**

**cause of cancer of the uterus, but now is the cause of at least 75% or more of fatal ovarian cancer. Just by adding a little progesterone these other things don't occur.**

### **Protects against Water Retention**

Progesterone has so many roles. It causes hydration of proper water in the skin. It protects the cell membranes so the cell membranes can keep sodium out and allow potassium and magnesium to come into the cell. It maintains the intercellular concentration of the good minerals and keeps out the sodium, otherwise if the sodium comes in then the water comes in and you get swelling. *(As mentioned previously. When using progesterone with ERT, the estrogen should immediately be cut in half to prevent estrogen dominance effects.)*

### **Acne & Male Pattern Baldness – Hair Loss**

The women were teaching me that those that had developed some acne and pimples like teenage boys get, here they were post-menopausal women, that their skin had all cleared up. The women showed me that where their hair had been thinning, they now had full, luxuriant hair again. .... The librarian, at the hospital, and I made a team and I would tell her, my patients are telling me progesterone is good for acne, how can this be. We would look up and find yes there were studies that in the absence of progesterone the adrenal gland has to make more of a male like hormone which creates male pattern baldness and also creates the acne. When you replace the progesterone then the adrenal gland doesn't have to make the male like hormone so therefore the affect goes away and then the acne goes away and eventually the hair comes back. *Since hair grows slowly it can take 4-6 months to notice a difference.*

### **Cravings for Sweets**

*Women who find they crave sweets before their period may benefit from the use of progesterone cream. These cravings are often a result of glandular stress which causes the pancreas to produce more insulin. Women have reported the elimination of these cravings after several months of progesterone usage.*

### **Facial Hair - Hirsutism**

*Menopausal and menstruating women have reported that after 3-6 months of progesterone usage their facial hair (and body hair) decreased or completely disappeared. Hirsutism is defined as excessive growth of*

*facial and body hair and is usually due to an imbalance between estrogen, testosterone, and progesterone).*

### **Helps Brain Function In The Elderly**

In my research over the years, learning about progesterone I discovered brain cells concentrate progesterone and testosterone to levels 20 times higher than the blood carries. Now, brain cells wouldn't do this unless the progesterone or testosterone has some function in the brain cell. Why go to the work of drawing that progesterone in, holding it against an osmotic gradient, getting it through the cell membrane into the brain cell unless there is some reason for it?

So now I understood why some of my patients who gave this to their elder mothers and aunts who were in nursing homes, they gave it to them for their bones or because it's so wonderful for skin, it hydrates skin again, makes skin much better, these elderly women all became much more alert and aware. Women who were content to just to lie in bed all day and couldn't keep track of the conversation with their niece or whatever, after a week or so of being on progesterone they're up leading discussions on the headlines and the latest in book reviews.

I had a doctor come all the way from South Hollow Brazil. He gave it to his 92 year old mother and his mother resumed being an intellectual giant again where before she had become a baby-like cripple, and he specializes in the care of the elderly. He came all the way up from South Hollow Brazil to a little town where I live Sabasco California to spend an afternoon talking to me about it. It helps brain function.

### **Menstrual Cramping**

Women with a history of menstrual cramping often benefit from continuous use of natural progesterone cream. Usually within 3-4 cycles cramping will diminish from a few hours to virtually none. Women have reported success using the cream several times daily on cramping days to diminish cramping. The adrenal glands produce cortisone which is a hormone that reduces pain. Cramping often starts when the cortisone is not or cannot be produced. Progesterone helps the adrenal gland make cortisone, which relieves cramps.

### **Muscular aches and pains had gotten better.**

I could never understand this until just July of this year. There was an article in "Science" the journal for the American Cabinet for the Advancement of Science. It was an article about how the Schwann cell makes the myelin sheath that covers and protects all the nerves as they pass through your body. There are little cells every couple of centimeters that makes a covering, an insulation called myelin that protects the nerve from damage and it protects the nerve so it doesn't short circuit and lose it's electric impulse when the nerve impulse comes down. Turns out that progesterone is necessary for Schwann cell to make the myelin sheath. Now who ever new that before?

### **Restores normal sleep patterns**

This is why I recommend a dab of the progesterone cream be given mostly at bed time. Restores normal sleep patterns. It's not a sedative, but women that are low on progesterone are not sleeping very well. And if you give it at 9:00 in the morning they are going to be sleepy during the day. So give it at night and maybe a tiny dab in the morning.

### **Skin moisturizer**

It has been sold for over 35 years as a skin moisturizer. 35 years it's been on the market as a skin moisturizer and not one complaint! One of the beneficial side effects that Progesterone cream users often find that their skin becomes softer and more elastic, and as a result course wrinkles and lines become less apparent over time. Some women have reported success in this area using a little cream around the eyes and neck. The moisturizing effect is often reported to occur in even in areas where the cream is not applied indicating that the hydration effect is also taking place from within.

"Advocates of natural progesterone have reported that it has an anti-wrinkling effect on the skin." Linda Laucella, in "Hormone Replacement Therapy".

"Natural progesterone cream reverses acceleration of the skin's aging process and helps to maintain a youthful appearance." Dee Ito in "Without Estrogen Natural Remedies for Menopause and Beyond".

Natural progesterone cream can also help dry skin and wrinkling on the face and brown spots on the hands and arms. "Taming the PMS Tiger," in Heal Naturally, Feb./Mar.1996

### **Helps Thyroid hormone**

Progesterone helps the thyroid hormone work. Estrogen interferes with the thyroid hormone. This wasn't my discovery, this was described in the 50's in a study in Lancet. It doesn't interfere with the gland, it interferes with how the thyroid hormone is working. So the person acts as if they're low on thyroid but the blood tests of T3 and T4 are okay. But the doctor often ends up giving more thyroid and can overcome this sluggishness of the thyroid by giving more of it. So he thinks he's doing a good job. And he can do that, forcing more thyroid hormone than the cells really need. But then you set up the stage for Hashimoto's thyroiditis. And that was described 30, 40 years ago.

### **Progesterone for Men**

Males make progesterone. They need it to make their testosterone and for the adrenal glands to make cortisone. Males synthesize progesterone in amounts less than women do but it is still vital. You can measure male's progesterone levels, and you'll find that when the woman has this follicle damage I'm talking about, the amount of progesterone she makes is less than that of a male.

Men with BPH (swelling of the prostate) and other male related problems will appreciate the speed of relief with progesterone cream. Dr. Lee recommends that men use 8 - 12 mg of progesterone daily. Progesterone has NO feminizing characteristics. Progesterone is an 5-alpha reductase inhibitor -- it helps prevent the conversion of testosterone into DHT. Progesterone may also help men with complexion and increased energy. Progesterone balances the estrogens that build in a man's body. Furthermore, it may be important in the prevention and/or treatment of prostatism and prostate cancer. Dr Lee has had men contact him telling him that as a result of applying progesterone cream to their wife they were seeing that their symptoms of prostatism such as urinary urgency and frequency decreased considerably. Several men with prostate cancer reported that their PSA (Prostate Specific Antigen) level decreased and they have had no progression of their prostate lesions since using the cream themselves. Another man contacted Dr Lee to say his bone metastases are now no longer visible by Mayo Clinic X-ray tests. After

reviewing endocrinology books in regard to hormone changes in older men Dr Lee found that progesterone levels drop, estradiol levels rise, and testosterone changes in form in older men. This is significant enough to warrant research to determine if the application of progesterone can be used to prevent prostate cancer.

Dr Lee has pointed to research that suggests that too much progesterone in men can prevent sperm maturation possibly acting as a contraceptive. Since both progesterone and testosterone work to build new bone, progesterone can be useful for castrated men (common procedure for prostate cancer) in protecting against osteoporosis as in women.

### **PMS - mild irritation to out and out rage**

The zinc and copper levels imbalance that occurs is the primary mechanism why PMS causes women to convert mild irritation to out and out rage. Ha. When the zinc and copper is out of synch, it is an automatic thing that happens in the brain, you truly go mad. It's not a weakness on your part it's the copper and zinc. **And progesterone helps to restore that, estrogen makes it worse.**

### **Natural Progesterone, Fertility & Pregnancy**

The proper amount of natural progesterone is crucial to a woman who is trying to become pregnant. Natural Progesterone prepares the uterine wall for implantation of the fertilized egg. Without adequate progesterone, the egg will be expelled. Natural Progesterone treatment can also be used to induce fertility when there appears to be ovulatory dysfunction.

- Progesterone makes Possible the Survival of the Fertilized Egg
- Maintains the Secretory Endometrium which Feeds the Ovum & Resultant Embryo
- Progesterone Surge at Ovulation is the Source of Libido or sex drive.

Before you begin the expensive and often unsuccessful process of working with a fertility clinic, we recommend that you read Dr. Lee's first book, "What Your Doctor May Not Tell You About Menopause", which will give you a detailed look at how your hormones work.

Dr. Lee had a number of patients in his practice who had been unable to conceive. For two to four months he had them use natural progesterone from days 5 to 26 in the cycle (stopping on day 26 to bring on

menstruation). Using the progesterone prior to ovulation effectively suppressed ovulation. After a few months of this, he had them stop progesterone use. If you still have follicles left, they seem to respond to a few months of suppression with enthusiasm -- the successful maturation and release of an egg. His patients, some of whom had been trying to conceive for years, had very good luck conceiving with this method.

Because progesterone is essential to prevent the premature shedding of the supportive secretory endometrium, a significant drop in progesterone levels or blockade of progesterone receptor sites during the first 10 - 12 weeks of pregnancy may result in the loss of the embryo (miscarriage).

Women with a history of miscarriage should begin using progesterone cream as soon as they know they have ovulated, to supplement their own progesterone and offset any environmental estrogen effects. (Using progesterone before ovulation can create a hormonal signal that tells the brain not to ovulate)

If you want to be pregnant and you're using progesterone cream, it's very important to keep using progesterone cream until you find out whether you're pregnant. (You can take a pregnancy test a few days after your period would normally be due.) The sudden drop in progesterone levels created if you stop using the cream can cause what is, in effect, an abortion, by bringing on menstruation. Note: The addition of large amounts progesterone after a possible miscarriage might prevent the natural expulsion of the fetus endangering the life of the mother. If a problem is suspected see your health practitioner.

If you find out that you are not pregnant, stop taking the progesterone on day 28 of your cycle or whenever the last day of your cycle normally occurs. If you are pregnant, keep using the progesterone every day in normal doses. It's fine to use it throughout your pregnancy, and it's important not to stop it suddenly until your third trimester when the placenta is making so much that it won't notice if there's a drop of 15 to 30 mg a day. Research by British hormone researcher Katherina Dalton, M.D., indicates that babies born to mothers who used natural progesterone during pregnancy are normal--and, in fact, are larger, calmer, and smarter. Also in her 1968 study she found that none of the women receiving antenatal progesterone experienced toxemia during the pregnancy. In her control group, more than half experienced toxemia.

Used from conception to delivery, applied primarily to abdomen, breast, low back, and upper thighs progesterone will tend to prevent the skin from stretching. The cream is also useful for post partum depression which many women experience after childbirth.

### **Adolescent Use Of Progesterone**

*The general health of girls between the ages of nine and thirteen can be adversely affected by low estrogen levels. When females start to menstruate they often experience emotional outbursts, erratic behavior, excessive talking or non-communicative, sporadic irritability, obsessive eating of sweets, and generally non-cooperative. It is important that that a good diet is maintained. One with plenty of raw organic vegetables is preferred. A good calcium and magnesium supplement (from plant sources - not clam shells) can be helpful. The use of natural progesterone has been seen to alleviate most of the symptoms with a high level of wellness with few or no PMS complaints. (Among other things progesterone is used by the body in the creation of estrogen and also sensitizes estrogen receptors consequentially increasing natural estrogen levels.)*

### **Natural Family Planning**

*Women are blindly using birth control pills or getting their tubes tied without thinking about the long term affects of their choices. It just doesn't make sense when there is a natural option - natural family planning. One of the effects of an elevated progesterone level is an increase in body temperature. Through the use of a basal thermometer women can accurately monitor their temperature which indicates a rise in progesterone (about a 0.4 degrees Fahrenheit increase) and a fall of progesterone, triggering menstruation, corresponding to a decrease in temperature. The Couple to Couple League has used this information along with mucus and cervical indicators as a viable means of birth control. When desired the same information can be used to increase the likelihood of pregnancy. For more information get a copy of "The Art of Natural Family Planning" published by the Couple to Couple League.*

### **Birth control Pills - a few facts**

Most oral contraceptives are a combination of synthetic estrogen and progestins (e.g. the "combined pill"). The Pill does its job by suspending the normal menstrual cycle. The bleeding which occurs each month is actually "withdrawal bleeding", caused by stopping the pill for seven

days of the cycle. The known problems associated with the pill are an increased risk of coronary artery disease, breast cancer and high blood pressure. Its side effects include nausea, vomiting, headaches, breast tenderness, weight increases, changes in sex drive, depression, blood clots and increased incidence of vaginitis. Women with epilepsy, migraine asthma or heart disease are warned that they could have a worsening of their condition. Nancy Beckman in her book Menopause - A Positive Approach Using Natural Therapies points out that "Women on the Pill have a greater tendency to liver dysfunction and allergies."

The Pill is often prescribed to regulate a woman's cycle. But if it suspends a woman's normal cycle - and creates withdrawal bleeding instead of a true menstruation, one wonders what is the point of such "therapy"? Dr. Lee found natural progesterone to be useful for women with irregular cycles, without overriding the body's natural cycle by using hormonal mimics that create an illusion of well-being or normality.

### **Why The Truth About Progesterone Is Not Taught**

You can get paranoid and say somebody is deliberately keeping it out of the curriculum at medical schools, it's not in the text books it's not in the standard books that doctors read. But I think what happened was back in the 40's and early 50's they discovered they could utilize the patented synthetic drugs and they could create birth control pills from the synthetic and not from the real hormone and they could make millions of dollars. They funded more research just for that and there was no more funding for the real hormone.

### **STAND UP FOR NATURAL HEALTH FREEDOM**

Wicked people with plans for one world domination have long term plans to control you financially, to control your health care, to control your access to natural supplements and remedies, to control the very food and water you drink and are already taxing the world through excessively high energy prices. This is documented truth. Search for truth and recognize what is happening before it is too late.. Call it conspiracy because that is what it is. The word conspired occurs 19 times in the Bible, the word conspiracy occurs 11 times. Conspiracies and people conspiring against others and against nations is very real and has been happening for thousands of years..

All that is necessary for evil to triumph is for good people to do nothing. Will you let evil prevail or will you fight for the truth?

What can you do? Number one, pray daily like your life depended on it. In Matthew 6:9-10 Jesus taught us to declare daily "Your Kingdom Come, Your Will be done in earth as it is in heaven". Declare this daily

in faith believing and thank God that He is causing the truth to prevail. Expect to see fruit from your prayers! Let God arise & His enemies be scattered !

Number two get connected with folks that are fighting for your health freedom, support them financially. Here are some links

[Texas Health Freedom Coalition](http://texashealthfreedom.com/) <http://texashealthfreedom.com/>



<http://www.thenhf.com>

<http://www.bolenreport.com>

### **FDA: Failure, Deception, Abuse articles**

[http://fdafailuredeceptionabuse.com/pdf/FDA\\_highlights\\_2010.pdf](http://fdafailuredeceptionabuse.com/pdf/FDA_highlights_2010.pdf)

### **Burzynski: Cancer Is Serious Business video**

<http://vimeo.com/24821365>

## **PROGESTERONE CREAM USAGE**

### *Suggested Use of Natural Progesterone Cream*

To use natural progesterone cream, massage it into your skin until it is noticeably absorbed. It can be applied to any area of the body; however it is best to apply it to thinner, softer skin, such as the chest, inner thighs, wrists/inner arms, palms of the hands, face and neck. Periodically rotate the area of the body where the cream is applied. Before using the cream on your face, determine if your facial skin is sensitive by applying a small amount. Most women use the cream once or twice a day during the days it is used, usually first thing in the morning and/or before going to bed. Using it before bed may improve sleep. In all cases, quantities must be adjusted according to individual need. It is a good idea to use more cream the first month because the initial effect of progesterone is to sensitize estrogen receptors and this may lead to heightened estrogen effects (especially if you are weaning yourself from synthetic hormones) such as breast swelling, tenderness, fluid retention, etc. However, this will only occur at the beginning, and the quantity of cream you use should be adjusted downward after. The best way to tell if enough is being used is whether your symptoms are relieved. For example, cyclic water retention and weight gain occur in the week before menstruation no longer occurs

with sufficient supplementation. Menopausal hot flashes or vaginal dryness will also improve.

**Since every woman's biochemistry and ability to absorb and use the cream are different, the actual dose will vary. Since natural progesterone is notable for its freedom from side effects, such latitude in dosing carries no risk.** Here are some guidelines for usage.

**1. Premenstrual syndrome:** During the menstrual cycle, progesterone and estrogen levels naturally rise and fall. Since every woman is different, some women will require more cream to alleviate symptoms while others can use less. Before menopause, the use of the cream follows the menstrual cycle. Considering day 1 to be the first day of menstrual flow, start using the cream at the time of ovulation usually 12 to 14 days into your cycle. In a 28-day cycle, ovulation usually occurs on day 14. In a 35-day cycle, ovulation would be around day 21. The use of natural progesterone cream follows the natural cycle of production of progesterone by the ovaries, i.e. from ovulation until two days before the onset of menstruation. Dr Lee usually begins by recommending about 20mg of progesterone per day (1/8 tsp R.B. cream) be used between day 12 and day 26 to approximate normal levels. Some women whose cycles are naturally longer will use it from day 10 to day 28. Stopping the cream at day 26 or 28 usually results in a normal menstrual period within about 2 days.

**Irregular bleeding:** According to Dr Lee "Some doctors will prescribe estrogen for premenopausal women with irregular bleeding. However; there is no reason to give estrogen of any sort to a woman who is still having menstrual bleeding. The fact of menstrual bleeding means there is no estrogen deficiency. Menstrual periods may be irregular due to progesterone deficiency. If you have been put on estrogen for irregular periods, taper down the estrogen and start using progesterone cream as described above. If bleeding starts before day 26 (or before it would normally begin), stop the progesterone and start counting up to day 12 again, and then start the progesterone again. It may take three cycles before you achieve synchrony with your normal cycle."

You do not need natural progesterone cream while menstruating. However, women who experience cramps during menstruation have used the cream on the lower abdomen until the symptoms are alleviated. Also,

women who experience hormone related headaches have applied the cream to the back of the neck or on the temples at the onset of headaches.

**Birth Control Pills:** Unfortunately doctors are now putting women with irregular periods and or fibroids on BCP's (like Allese) when what they need is progesterone. (If the doctor would do a saliva test they would know this.) Abruptly stopping the BCP's could leave symptoms like night sweats for a few weeks or months. It may be better to decrease the BCP dosage (similar to estrogen reduction - see below) over several months while using progesterone. The problem is that the progestin tends to be more dominant than the real progesterone preventing it from doing its job. Some women who desire to stay on BCPs have found that regular application of the cream during a seven day period prior to menstruation help to counter the side effects of synthetic progestins.

**2. Menopause or Post-Hysterectomy:** Use the cream on the basis of the calendar using the cream for 14-21 days per month then discontinue use until the next month. A short period each month of not using the hormone tends to maintain receptor sensitivity. For example: Use the cream on days 1-18 then discontinue until the 1st day of the next month. About 20 to 24 mg of progesterone per day should be sufficient (a little more than 1/8 tsp R.B. cream). Women who have severe menopausal symptoms may choose to increase the dosage initially. During hot flashes, many women apply a small dab of the cream to the inside of the wrist. (If symptoms have not receded after several months of natural progesterone use, then a small amount of natural estrogen for a limited time may be appropriate ask your doctor about estriol vaginal cream.) Since many post-menopausal women do not begin supplementation until after a number of years of deficiency, and since much of this fat-soluble hormone will be initially "lost" in body fat, it is wise to use around 40mg (1/8 tsp R.B twice a day.) of progesterone per day on the days used for three months or so to overcome the deficiency state. After this, the dosage can usually be reduced.

Some women may notice that after a week or two of progesterone some vaginal bleeding may occur due to their own estrogen. At that point, a woman may stop the progesterone for a week and then start up again for three weeks, as she would if she were still menstruating. The cycle should be three weeks on progesterone and one week off. During the week off progesterone, there may be some bleeding. This is due to the persistence

of estrogen production, which will diminish over time. This is the advantage of stopping progesterone for one week each month: It allows the estrogen-induced blood buildup to be shed.

Later, when no monthly bleeding occurs, the progesterone can be continued on a calendar basis: 24 days of progesterone and then stopping for the remainder of the month. In cases of persistent spotting or vaginal bleeding (more than three months), consult your physician.

**3. Osteoporosis:** suggested dose is 20-30mg a day (For R.,B. 1/16th in morning, 1/8th at night). If you are menstruating, use according to your cycle (as in No. 1 above); if you are menopausal, use as in No 2 above. It is suggested that you have a bone density test [serial photon absorptiometry (DPA), or dual energy x-ray absorptiometry (DEXA)] before you begin using the cream in order to establish a base line from which to measure changes in bone density. Control tests can be performed at twice yearly or yearly intervals to monitor bone growth.

Although there have been no reports of any significant side effects or health problems associated with natural progesterone use, we encourage you to find a trusted health care provider to work with you as you use natural progesterone. Natural progesterone can increase thyroid activity. If you have a hypothyroid condition, ask your health practitioner to adjust medication. Women with hyperthyroid should not use the cream on their throat.

**With Estrogen supplementation:** Immediately reduce cyclic estrogen supplementation by one-half when starting the progesterone. This is because estrogen receptors in progesterone deficient women may temporarily increase in sensitivity with the addition of progesterone. If estrogen intake is not reduced you are likely to experience symptoms of estrogen dominance during the first month or two of progesterone usage. Gradually lowering the dosage of estrogen will usually prevent the resumption of hot flashes or vaginal dryness. Every two or three months try lowering the dose by half again. This may be done by breaking the pill in half or by taking it every 2nd, 3rd or 4th day and so on. Dr Lee recommends that you have a goal of getting off estrogen all together since post menopausal women continue to make estrogen in their body fat and the progesterone makes the estrogen receptors more sensitive to their own estrogen. He suggests that you experiment with lowering the estrogen

dosage until you find the lowest amount that prevents vaginal dryness and/or hot flashes (his preference is a vaginal cream of estriol).

**With Estrogen and Progestin:** When taking separate estrogen and progestin as a combination (like Premarin and Provera) Dr Lee recommends stopping the progestin and slowly tapering off the estrogen. He states " I have found no ill effects in stopping Provera abruptly." Progestins tend to be more dominant than the real hormone progesterone so it is important to go off it.

### USING PROGESTERONE IF YOU HAVE MIGRAINES

Migraine headaches are often caused by estrogen dominance in women prior to menstruation. If you have premenstrual migraines, try using progesterone during the ten days before your period. Be alert to the aura that usually precedes these headaches. According to Dr Lee, if one occurs, you can apply a small glob (1/8 to 1/4 teaspoon of Renewed Balance ) every three to four hours until your symptoms subside. Only one or two extra applications are usually required.

### Oral Progesterone? - NO

There are companies that are making progesterone pills. See, anybody that wants to can buy this progesterone on the wholesale market. Some people are putting it into pills. Well, I looked up some of the studies that have been done and the skin is 40-70 times more efficient. Which means, if I give somebody 10 or 20 milligrams by a little glob of the cream, and it's all absorbed, the doctor might then give the person 200-400 milligrams orally. Ten to twenty times greater, because when you take it orally, being fat soluble like Vitamin E, beta carotene, Vitamin A and so forth, it goes to the liver. The liver excretes it in bile, metabolizes it, congregates it and binds it to bile and out it goes. So the person only ends up with about 5% of what you gave them. In the meantime you put the liver to all this extra work and you're creating artificial metabolites that aren't the same, you don't know what their function is. There's no reason not to use the skin. The skin is by far better.

### Progesterone Side Effects

Occasionally reports will come out listing the harmful side effects of "progesterone". Unfortunately the synthetic progesterone counterfeits are too often referred to as progesterone when they are not. The real names for these counterfeits are "synthetic progesterone", "progestin" or

"Progesterone Acetate". There are no reports of any significant side effects or health problems associated with the real hormone "Natural Progesterone".

### No Need for Government Control

But then you look at all the things that are sold over the counter that are harmful. The non-steroid anti-inflammatories - all the ibuprofen, the Motrin, all that stuff. It is well known to cause something like 24% of the hospital admissions for bleeding from the intestine. Lots of side effects. They are allowing all that to be sold over the counter. And these medications made to stop the stomach from making acid, these H2 blockers. It is going to be terrible, think of the food that is not being digested because of a lack of acid, it goes on the colon and it ferments into all these terrible products. It's going to increase the rate of cancer of the colon, going to increase the rate of osteoporosis just from the lack of calcium that can be absorbed. It is terrible and they are allowing that to be sold over the counter. And anti-histamines themselves, you combine an antihistamine with a glass of alcohol and you have a driver behind the wheel that is going to have an accident. It's crazy to allow all this. I can't understand how the same regulating agency would allow these to be sold over the counter and then worry about progesterone cream that has been out for 35 years or more and I doubt that there's any side effect recorded. And on top of that the progestins which doctors are using are not only less effective but their risks to the health are much worse. I know that in Australia and in England they made it a prescription only compound. Given the present state of intellectual knowledge that doctors have about it I think it would be a real step back. I think what the government ought to do is to force all doctors to attend 30 hours of continuing medical education, CME credits. ... I don't think that simply sending out a mailing to the doctors is going to do it. If you could encourage the government to have the doctors go through some education on this. But then who is going to give the education? The CME crediting for doctors, doctors are required to get 50 hours every two years. They have to be the accredited classes. ..It turns out that the AMA committee responsible for deciding which classes will receive CME credit is made up of people from the pharmaceutical industry. So you have a real fight on your hands. I am no politician, I don't know what to do, I think there should be a tremendous stink made about this somehow. Because they should be challenged to show that there is a need to change the regulation on it. **But the information is there that progesterone is a very important hormone,**

**that is can be safely replaced, that transdermal application is by far the superior delivery system and that all the alternatives are worse.** I see no reason why any government action is needed at all.

### **Drug companies Against Women??**

Hormone replacement drugs are a huge business for drug companies and unfortunately they are not about to give up their high profit margins on their synthetic counterfeit hormones for the real thing. To them it is a billion dollar business. There is a saying "actions speak louder than words".... **To prove this, the pharmaceutical industry took quick action in attempting to remove natural progesterone cream from the market - so women couldn't easily buy it.** Demanding that natural progesterone be classified as a drug. Claiming literature available from companies that sell the cream was too therapeutic. Demanding that the governments require the same rigorous testing for natural hormones that are required for their counterfeit hormones. And even succeeding in getting one government to believe that natural progesterone can cause damage to a fetus - something that only their progestins will do. Countries affected have been Canada, Australia, New Zealand, and England to some extent. Canada responded with classifying progesterone as a drug - essentially making it unavailable to the women of Canada. Australia and New Zealand responded similarly although we have heard that women in Australia can import it in small quantities for personal use. In the USA the government checked out a few companies selling natural progesterone but fortunately went no further.

*With all the clinical studies that are being brought to the fore front about the benefits of progesterone and the damaging side effects of progestins time must be short before a showdown occurs. At some point, women will unite to demand that they be treated fairly and to demand restitution for being given counterfeit hormones when the real hormones have been available all along. It is time that drug companies learn that women are more important than their profits.*

### **In Summary**

So progesterone is obviously a very important hormone. We didn't go into it very much but now we know the reason that women are deficient. We use to think it was stress and bad diet. But now we think that 90% of it are do to petrochemical pollutants that are in our environment. It happens at a very early age but doesn't show up until you are 35 or 40.

We know that transdermal progesterone is very affective, very convenient, and very safe. Overdoses do not hurt anybody. They might mess up some bodies period, it could cause the period to change as to when it comes in the month.

### **REFERENCES:**

So I was learning all this from the patients. It's not in the books. When I eventually did write a book about it, people said they took it to their doctors who said, "well this doesn't agree with things that I read in my books, it's not in the other books," and I said, "that's right, if it were already described I wouldn't bother." But I was doing something people hadn't done before as far as I know. I wasn't doing it on 1 or 2, I was doing it on everyone. I probably have more experience giving natural progesterone to people than anyone you're ever going to meet. I've been doing it since 1978. I retired in 1989 but my old patients keep me informed and people are calling me all the time since the book came out, I get 50-60 phone calls a day. I'm in more touch with people now more than ever in my practice.

Get a copy of Dr John Lee's books and you'll find pages of references and each reference you look up will contain many references. This information is out there, it just isn't being taught.

1. Lee, John, M.D. What Your Doctor May Not Tell You about Menopause. Warner Books, 1996 (Tel: 1-800-759- 0190).
2. Lee, John, M.D. Natural Progesterone, The Multiple Roles of a Remarkable Hormone. Sebastopol, CA: BLL Books, 1993. (This book was written for doctors.)

Note: In 1999, Dr Lee announced the formation of a non-profit organization, the Progesterone Research Institute (PRI), dedicated to funding supporting and promoting progesterone research. A formal study on the effects of progesterone on bone density, the prostate, its role in preventing and reversing breast cancer and more will be done along with numerous others as funding becomes available.

### **SALIVARY HORMONE TESTING**

The saliva gland, when it makes the saliva, in the process excretes in the saliva all the cortical sterols, all the cortisone, the testosterone, the estrogen, the progesterone, the DHEA, it's all in saliva. Now the amounts of these hormones in the body can be calculated from the level in the

saliva. And it only excretes the biologically active form. So you're getting a direct or proportionate measure of the body levels biologically active hormone by using saliva. Saliva testing is accurate, the saliva can be stored without changing the numbers, it's cheaper, and easier to get.

Several companies have put together mailing kits. You collect your saliva and send it back and they'll tell you what your hormone levels were. You don't even have to go to the doctor. He has enough of an explanation so then you can show it to your doctor and the doctor will be able to learn. You can teach your doctor. They're teachable. Not very, but with effort you can.

Cost is around \$30 per hormone tested, you take saliva samples and send it back and they provide you with the results in around 7-10 days in understandable format.

David Zava ZRT Laboratory 12505 NW Cornell Rd. Portland, OR 97229 (503) 469-0741 <a href="http://zrtlab.com">http://zrtlab.com</a>	Genova Diagnostics 63 Zillicoa St. Asheville, NC 28801-1074 (800) 522-4762 <a href="http://gdx.net">http://gdx.net</a>
Aeron Life Cycles 1933 Davis St. Ste. 310 San Leandro, CA 94577 (800) 631-7900.	<a href="http://salivatesting.com">http://salivatesting.com</a>

### On the Future of Progesterone

There is a revolution underfoot. The revolution is not being driven by the doctors. There are a few doctors who have tried this and—they call me up after they have tried it on patients for about a year, and they tell me, "Everything you wrote in your book turns out to be right. I can't believe it. It is working just exactly like you said, why didn't someone teach us this in medical school?"

The revolution is being driven by the women and it struck me that there is probably no better teacher for doctors than a resourceful, assertive, intelligent women who knows what she is talking about. And when she

goes to the doctor and says, "I tried the estrogen, it made me bloat, it made my breasts swell, it made me feel terrible and I couldn't concentrate, and I have gone on the progesterone cream, reduced my estrogen, I am so much better and I want you to follow me in this..." This is the thing that is going to carry the revolution.

### Green Barley Juice as a Source of Calcium

By Dr. Mary Ruth Swope, Ph.D.

Adapted from "Green Leaves of Barley, Nature's Miracle Rejuvenator"

The American diet is short on minerals because it is short on vegetables and grains. Not only do we eat fewer mineral-rich foods, but those we eat are of diminished mineral content. "Factory" farming methods, besides polluting the soil with industrial chemicals, bleach it of its mineral content.

Barley juice made from barley grass grown in mineral-rich soils has a wider range, higher quantity, and better balance of minerals than any of the foods that are commonly valued for mineral content. With the addition of a small amount of kelp, Barley juice powder contains the widest spectrum of vitamins, minerals and other nutrients that can be found in a single food source. It contains all the 14 minerals, including calcium and magnesium, in organic form and in synergy for good assimilation by the body. It also contains a wide variety of enzymes, including superoxide dismutase, which promotes the repair of cell DNA. Barley juice is also recognized as a very alkaline food, high in beta-carotene and chlorophyll, and containing all the amino acids necessary for complete vegetable protein.

Dr. Yoshihide Hagiwara, a Japanese medical scientist who spent years researching green plants, found green barley to have the richest combination of nutrients. He explains: "In raw vegetables, minerals are bonded in an organic form to enzymes, proteins, amino acids and sugars inside individual cells. Scientifically, these are called "chelated" minerals. This is the form of minerals contained in dried barley juice." Great care is given in the processing of barley juice powder to guarantee that the enzymes are preserved and fully available.. A tablespoon of barley juice powder is equivalent to at least 1 and 1/2 pounds of dark green leafy vegetables.

## Facts About Diet

Dr. John Lee advises women on the benefits of a whole grain diet including fresh vegetables, especially leafy greens, fruits and vitamin/mineral supplementation. Though osteoporosis is often looked at as a disease of calcium deficiency, he believes it is more likely a disease of excess protein. The more animal protein you eat the more calcium you will excrete in your urine, thus creating a negative calcium balance. He advises women to rely more on vegetal sources for their protein needs (approx. 30 grams of protein a day is enough) and to avoid animal protein. Statistics do show that vegetarians' experience half as much bone loss as compared to those whose diet is high in meat and dairy products.

The countries with the highest rates of osteoporosis are North America and the Scandinavian countries, all big milk consumers. Why? Many women are lactose intolerant and aren't able to assimilate the calcium in milk. Secondly, milk is composed of 8 parts calcium and only 1 part magnesium. Our bodies need a much higher ratio of magnesium in order to assimilate the calcium. Plants have a much better balanced mineral relationship and can meet all of our mineral needs. He advises women to get their calcium/magnesium from plant foods first (especially dark green leaf vegetables) and if necessary to use supplements. Also, beta-carotene, zinc and vitamin C help to build the collagen matrix of bone. (Ed.'s note: all of these nutrients are present in green barley juice. However, if you need extra calcium, use a chelated mineral supplement with a ratio of approximately 2 or 3 parts calcium to 1 part magnesium). Those who do not have adequate sun exposure should also take 400 IU of vitamin D daily.

Dr. Lee states, "**There are many tests that show that if you can get people off a high animal protein diet and on to a plant-based diet, their symptoms of menopause will be cleared or made much, much less. And this is so commonly found in studies that it just boggles the mind to think that the average doctor never mentions it to his patient. Most doctors just think of prescribing estrogen.**"

## Too Much Progesterone - Watch Out For The Return Of Estrogen Dominance (This is worthy of repeating)

For the initial months of usage women often find that they benefit greatly from natural progesterone when used in large amounts. Large

amounts can help to get the body quickly balanced. We've had women tell us that their hot flashes totally went away with the use of 80mg of progesterone each day. However, don't use too much progesterone for too long. Dr Lee had the following to say about using too much progesterone. "You will find that when you start someone on a larger amount, like the whole 1500mg jar the first month. She will tolerate it very well. She may tolerate it for 3 months or 6 months but then you know something funny happens. It begins not working or she begins to get estrogen like effects. When you have more progesterone than you need, it doesn't hurt anybody but what it does is to down regulate all of the progesterone receptors. They cannot tolerate the excessive overload that's occurring and they just shut down. And all of the sudden progesterone starts to not be as beneficial as it use to be."

If after a few months you find that you are not getting the results that you did at first, you may need to decrease the amount of progesterone you are using. This can especially be true for pre-menopausal women whose bodies are still producing some progesterone. Women in this case may find that 10-15mg, on the days they use it, is all they need since their ovaries are still producing some. It's also important to take 4-7 days off each month to allow the progesterone receptors to stay sensitive. So the return of estrogen dominance symptoms doesn't mean that progesterone is not working. It may simply be a sign to use less.

THIS BOOKLET IS FOR INFORMATION ONLY. IT IS NOT INTENDED TO DIAGNOSE, TREAT, CURE, OR PREVENT ANY DISEASE, SICKNESS OR CONDITION. IF YOU NEED MEDICAL ASSISTANCE PLEASE FIND A GOOD HEALTH PRACTITIONER.

...."I had irregular periods"  
...."I was very moody"  
...."I had trouble getting pregnant"  
...."I had breast fibrocysts"  
...."My hair was falling out"  
...."I had no libido"  
...."I was retaining water"  
...."and my breasts were swelling"  
...."the doctors said I needed HRT"  
...."then I was told I needed a hysterectomy"  
...."the Hot Flashes and night sweats were too much"  
...."There were concerns of cancer"  
...."my hands and feet were cold"  
...."osteoporosis required estrogen and fosamax"  
...."Epilepsy ruined my life"  
....I was suicidal and thought I was going crazy

**... "AND all I needed was a little progesterone!"**

**"... by age 35 the typical women is already deficient in progesterone. This did not happen in previous years, this is a brand new 20th century epidemic." Dr John R Lee, M.D.**