

\$3.50

Nature's Balance
Natural Progesterone Crème
Natural Hormone Therapy

Another in the Life Sources' Client Education Series

This pamphlet is complimentary to Life Sources' clients.

This pamphlet may be purchased by the general public from:

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WHAT IS ESTROGEN DOMINANCE?

At a 1976 meeting at the Mayo Clinic called the Consensus Meeting, Doctors concluded that Estrogen should not be given without progesterone...yet this is exactly what doctors continue to do.

Doctors seem to reason that if a woman has had, for example, a complete hysterectomy and no longer has a uterus, she cannot get cancer of the uterus. Therefore, they continue to prescribe unopposed estrogen. This often leads to swollen breasts, fibrocystic breast disease, gaining weight around the middle and hips, loss of libido, depression, weight gain, swollen legs and feet, water retention, hypertension, loss of hair and a host of other problems listed later in this booklet.

Osteoporosis is linked to Estrogen dominance because estrogen slows the loss but *will not* make new bone. Only progesterone and testosterone can make new bone. Without sufficient progesterone, estrogen will actually crystallize the old bone and increase the likelihood of fractures.

Simply increasing calcium intake will not preserve bone loss since the hormones required to trigger the new growth is missing.

Hormone replacement therapy (like the synthesized horse urine Estrus) is an extremely misunderstood treatment at the very least and misapplied and overused (to the detriment of women) at its worst. According to more recent research, HRT is most likely useful for hot flashes at best and dangerous at its worst. According to a recent article in **USA Today** (June 13, 2001) HRT is finally coming under serious scrutiny as an almost useless practice.

Estrogen dominance is one of the main causes of osteoporosis, cancer, ovarian cysts, fibroids and a host of other "female" problems in the U.S. Yet, we persist in prescribing synthetic hormone therapy to women, knowing full well there are better ways to deal with the problem of estrogen dominance. And it isn't limited to the "weaker" sex!

We have the mindset (mostly in the U.S.) that declining estrogen is the hallmark of menopause. It is actually common for women to experience surges of abnormally high estrogen levels during the menopausal and pre-menopausal periods as well as earlier in life. From extensive and complex research, there has been found that there is more of a deficiency of progesterone than estrogen. After researching and referring to much of what **Life Sources** has learned from the late pioneer researcher, Dr. John R. Lee, the use of natural progesterone (*not* progestin) is an aid in dealing with this syndrome.

Estrogen dominance can start early on in a woman's menstrual cycle. Many young women who suffer from this enter menarche with tremendously difficult

periods, and doctors sometimes give these teenage girls (as well as women suffering from fibroid tumors, endometriosis, etc.) more estrogen by prescribing birth control pills to “help” regulate the frequency and severity of their menstrual periods.

Many women will develop the estrogen dominance syndrome much later in life, because of a poor diet, causing liver impairment and/or environmental factors or also as a result of anovulatory cycles before menopause...meaning, menstrual cycles in which no ovulation occurs. (Ovulation is necessary in order to produce the corpus luteum, (which means “yellow body”) which is found on the surface of the ovary after ovulation. Surrounding the ripening egg, the corpus luteum remains after ovulation to produce progesterone for the last half of the menstrual cycle. Without ovulation, less progesterone is produced, which can cause estrogen imbalance in some women.)

What diseases can occur that are related to or affected by excess estrogen and deficient progesterone?

- Acceleration of the aging process
- Allergies
- Breast tenderness
- Decreased sex drive
- Depression
- Fatigue
- Fibrocystic breasts
- Foggy thinking
- Headaches
- Hypoglycemia
- Infertility
- Irritability
- Memory loss
- Miscarriage
- Osteoporosis
- Premenopausal bone loss
- PMS
- Thyroid dysfunction (often misdiagnosed as hypothyroidism)
- Uterine cancer
- Uterine fibroids
- Bloating
- Gallbladder disease
- Autoimmune disorders such as lupus erythematosus and thyroiditis and possibly Sjögren’s disease
- Weight gain
- Migraine

- Menstrual disturbances-irregular and heavy bleeding
- Endometriosis, the uterine tissue disorder, which is helped by the use of estrogen blockers
- Ovarian cysts

The “cause” of Estrogen Dominance Syndrome

Because of the natural hormonal fluctuations of menopause, certain lifestyle choices and conditions can also contribute to estrogen dominance syndrome, especially a low-fiber diet, overloading the liver with internal toxins, and absorbing toxins from the environment.

Is it possible to avoid EDS?

Let’s consider the diet issue again. If you choose to eat foods low in fiber; you are setting yourself up for ‘overloading’ toxins in the liver. So, making a healthy decision to increase fiber into your daily regimen by either eating a high fiber diet consisting not only in lots of fresh vegetables (when available) or taking daily psyllium husk with plenty of (magnetized) water (at least 64 ounces daily) will indeed help! Why? Excess estrogen is excreted in the bowel. When stool remains in the bowel for a longer time, the estrogen is reabsorbed. Studies have shown that women on a vegetarian/high fiber diet have **lower** levels of circulating estrogen. Lower levels of estrogen mean less estrogen stimulation of breast tissue, for example, which reduces the risk of breast cancer. It also ‘eliminates’ (pun intended) liver stress.

What happens when the liver is on “overload”?

The liver is one of the body’s main ‘filtration’ organs. It detoxifies our body and protects us from the harmful effects of chemicals (we surely have enough of these), elements in food, environmental toxins, and even natural products of our metabolism including excess estrogen. Anything that impairs liver function or interferes with the detoxifying process will result in excess estrogen levels, whether it has a physical basis, as in liver disease or an external cause, i.e., exposure to environmental toxins, drugs (pharmaceuticals) or dietary substances.

Estrogen is produced not only internally, but is also produced in reaction to chemicals and other substances in our food including antibiotics. When estrogen is not broken down adequately, high levels of estrogen build up! This can happen not only to women, but to men as well although the effects are more easily recognized in men. Alcoholic men with impaired liver function develop a condition called gynecomastia, with estrogenic characteristics including enlarged breasts, loss of male pubic hair and eunuch-like features.

Further, the estrogen dominance syndrome can be evoked in women by too much alcohol, drugs or environmental toxins, all of which limit the liver's capacity to cleanse the blood of estrogen. It has been found that circulating estrogen levels increase significantly in women who drink. In one study, blood and urine estrogen levels increased up to 31.9 percent in women who drink alcohol. Consequently, breast cancer risks are higher for women drinkers.

What can I do to "reset the balance?"

~ Increase dietary fiber!

~ Use dietary supplements. Lecithin (a phospholipid) and the sulfur-containing L- taurine and L-methionine amino acids are compounds that will promote bile circulation, which enhances estrogen's excretion out of the body. These lipotropic formulas support the liver metabolism of estrogen. A good herb known to support the liver is milk thistle. Some others are; choline (a concentrated form of lecithin), inositol, taurine and methionine. These supplements are found in Life Sources' **Daily Health Enzyme Formula** and **immuzYme**.

~ Use **Nature's Balance** by **Life Sources** (a 100% natural progesterone creme) to balance the excess estrogen, which can be absorbed through the skin. Many progesterone creams contain almost no progesterone.

~ Eat soy foods like bean curd or tofu. They contain phytoestrogens including diadzin and genistein. They act as estrogen blockers at the tissue level, blocking receptors that could promote cancer. (Caution should be exercised to avoid all GMO soy products).

~ Avoid red meat, poultry (chicken and turkey) and, yes, even pork unless it is **certified organic/pesticide/hormone and antibiotic free meat**. Latest studies indicate that these animals are now being injected with dangerously high levels of hormones (to increase size of animal) and, antibiotics to help keep these animals disease free. If you stop and think about this, the levels of hormones already posing major health risk(s), it seems more important than ever to increase daily fiber intake as well as put back the 'friendly' bacteria into the colon (*Life Sources* Probiotics) even adding aloe vera juice twice daily to 'seal up' the porous colon.

Comparison of the physiological effects of estrogen and progesterone.

| Estrogen effects | Progesterone effects |
|--|--------------------------------------|
| Creates proliferative endometrium | Maintains secretory endometrium |
| Causes breast stimulation | Protects against fibrocystic breasts |
| Increases body fat | Helps use fat for energy |
| Salt and fluid retention | Natural diuretic |
| Depression and headaches | Natural antidepressant |
| Interferes with thyroid hormone | Facilitates thyroid hormone action |
| Increases blood clotting | Normalizes blood clotting |
| Decreases sex drive | Restores sex drive |
| Impairs blood sugar control | Normalizes blood sugar levels |
| Zinc loss and copper retention | Normalizes zinc and copper levels |
| Reduces oxygen in all cells | Restores levels of cellular oxygen |
| Increases risk of endometrial cancer | Prevents endometrial cancer |
| Increases risk of breast cancer | Helps prevent breast cancer |
| Slightly restrains osteoclast function | Stimulates osteoclast bone building |
| Reduces vascular tone | Restores vascular tone |
| Increases risk of gallbladder disease | Necessary for the survival of embryo |
| Increases risk of autoimmune disorders | Precursor of corticosteroids |

With the addition of **Nature's Balance** Progesterone Crème to the skin, the above conditions decrease dramatically.

Interestingly, progesterone is absolutely necessary to make the protective myelin sheath around nerve endings and this may be of significant benefit to CFS/CFIDS and MS sufferers.

It has also been noted that some elderly women who were confined to nursing homes with "dementia" suddenly became alert, resumed interest in communication and began carrying on coherent conversations once they received progesterone cream.

Nature's Balance is an all natural Progesterone Crème formulated to provide the user with an easy to use hypoallergenic concentrated progesterone.

Each jar of **Nature's Balance** contains 1,000 mg of natural progesterone in a base of de-ionized water and aloe vera. It is a soothing and naturally fragrant blend women have come to enjoy.

Using Nature's Balance

Nature's Balance should be used for 3 weeks with a week off, repeating the cycle for at least 3 months for optimum results. In other words, use **Nature's Balance** as if you have a normal menstrual cycle (even if you have had a hysterectomy or are currently suffering from any abnormalities in menstruation). The usual amount is from $\frac{1}{4}$ to $\frac{1}{2}$ teaspoon applied to the soft tissue of the forearm, thighs or tummy twice daily. Another effective area is to apply on the neck (near the Adam's apple) where the Thyroid gland is located. This may be increased or decreased as you self-monitor your personal requirements. Complete relief of symptoms may take up to 3 months.

It is not unusual to experience some "health" reactions such as sleepiness, fatigue or slight headaches during the initial use of **Nature's Balance**. This is perfectly normal and should subside within a few days.

Guidelines in Using **Nature's Balance** Progesterone Crème:

Menopause

Massage $\frac{1}{4}$ – $\frac{1}{2}$ teaspoon (20-40mg) into soft tissue (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*) for 25 days per month.

Peri-Menopausal women who have irregular periods and do not know what day of their cycle they are in:

Massage $\frac{1}{4}$ – $\frac{1}{2}$ teaspoon (20-40mg) into soft tissue daily (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*) Start using the cream when you receive it, use it for 14-21 days and discontinue use for 7-14 days, then start again. If your period comes in during the first 14-21 days, then stop using the cream for 7-14 days and start again.

Peri-Menopausal women who have regular periods

Massage $\frac{1}{4}$ – $\frac{1}{2}$ teaspoon (20-40mg) into soft tissue daily (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*) Start using the cream on the 5th or 12th day of your cycle, use it for 14-21 days and discontinue use for 7-14 days, then start again.

Perimenopausal women can use this cream either 14 or 21 days per month. Many women report better relief of menopause symptoms when they use it for 21 days. Please note...you may or may not ovulate when using this cream for 21 days, and pregnancy is still a possibility

Once again, if using the cream for 14 days: use on days 12-26 of cycle (day one of period is first day of cycle, if using for 21 days: use on days 5-26 of cycle.

Menopausal women taking a cyclic estrogen supplement:

Massage $\frac{1}{4}$ – $\frac{1}{2}$ teaspoon (20-40mg) into soft tissue daily (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*) May reduce dosage of estrogen to one-half when starting the progesterone. **Discontinue use of both estrogen and progesterone for remaining 5-7 days of the month.** If your goal is to

get off estrogen, continue lowering the estrogen amount you are taking over a 4-5 month time (start by skipping every fourth day for the 3-4 weeks, then skip every 3rd day for 3-4 weeks, then skip every other day for 3-4 weeks, then off the estrogen completely) until it is no longer needed. Continue using progesterone for 21-25 consecutive days a month.

If your doctor has you on a continual dose of estrogen with no days off...continue to take as your doctor has prescribed and follow the above instructions for weaning

Menopausal women taking a cyclic estrogen and progestin (Premarin & Provera, or Prempro) supplement:

Discontinue the progestin when you start using the natural progesterone cream. May reduce the estrogen dosage to one-half when starting the progesterone. Massage ¼ – ½ teaspoon daily (20-40mg) into soft tissue (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*) approximately 21-25 consecutive days. **Discontinue use of both estrogen and progesterone for remaining 5-7 days of the month.** If your goal is to get off estrogen, continue lowering the estrogen amount you are taking over a 4-5 month time period (start by skipping every fourth day for the 3-4 weeks, then skip every 3rd day for 3-4 weeks, then skip every other day for 3-4 weeks, then off the estrogen completely) until it is no longer needed. Continue using progesterone for 24-25 consecutive days a month.

If your doctor has you on a continual dose of estrogen with no days off...continue to take as your doctor has prescribed and follow the above instructions for weaning

PMS and/or Heavy periods

Massage ¼ – ½ teaspoon daily (20-40mg) into soft tissue (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*) for approximately two weeks per month. Usually from day 12-26 of the menstrual cycle. Normal menstruation should begin within 48 hours or so of stopping the cream.

Teenage girls with acne: same as above

Males:

Apply 1/8 – ¼ teaspoon (5-10mg) to soft tissues daily.

Infertility:

For women who are not ovulating regularly, use the cream for 21 days (start on day 5th day of cycle) for two months. On the third month, since your ovaries have rested for two months, you should ovulate. Start using the cream after you ovulate (you can use various methods to confirm ovulation ie: Basel temp, testing kits, etc). Once you start the cream **do not stop** using until you either get a period, or can confirm that you are not pregnant. **If you do become pregnant do not stop using progesterone cream until your OB doctor instructs you to.** (Usually the second or third trimester) Women who are ovulating regularly will start using the cream after they have ovulated each month.

Massage ¼ teaspoon (20mg) into soft tissue (*face, neck, inner arm, ankles, back of knees, thighs, breast, stomach: alternate daily*)

*****Discontinuing the cream during an early pregnancy can cause a miscarriage.**

Progesterone Deficiency/Estrogen Dominance

A 42 year old women with regular menstrual cycles complained that over the past two years breast tenderness, headaches and fluid retention have increased before her menses. Her fibrocystic breasts and uterine fibroids have continued to worsen. The salivary progesterone level in the second half of her cycle (luteal phase) was found to be low relative to estrogen, which was high-normal. Supplementation with progesterone skin cream during the luteal phase resulted in an improvement in her symptoms.

Testosterone Deficiency

This 73-year-old man complained of excessive fatigue, loss of interest in sex, and general mental lethargy. His saliva testosterone level was found to be low, and use of testosterone resulted in a marked improvement.

Inappropriate Hormone Replacement; A 53 year old women stopped menstruating at age 52, and was convinced to take oral estrogen and medroxyprogesterone acetate (MPA, a synthetic form progesterone) for relief of hot flashes. She complained of weight gain, fluid retention, migraines, and the persistence of hot flashes. Her ratio of salivary progesterone to estrogen was very low, indicating a lack of progesterone and a relative excess of estrogen. Use of progesterone skin cream in place of the MPA allowed her to halve her estrogen dosage. Her flushing stopped, and her other symptoms disappeared. She was ecstatic to report that she felt normal again.

Polycystic Ovaries

A 29 year old woman presented with excessive facial/body hair growth, acne, and weight gain about the waist. She had suffered with these problems since puberty. She had been on several of the popular low fat/high carbohydrate diets, which helped with weight temporarily, but resulted in a rebound shortly thereafter with even more weight gain. Menstrual periods were also irregular. Saliva testing during the second half of the menstrual cycle (luteal phase) indicated high-normal estradiol, low progesterone, and high androgens-both DHEAS and testosterone. Further examination by her doctor revealed cystic ovaries. Dietary modification (removal of refined carbohydrates-pastas, chips, pastries, sodas etc.) and use of natural progesterone has helped restore normal menstrual cycles and resolve the cystic ovaries.

Infertility Saliva estrogen and progesterone levels on day 21 of the menstrual cycle of a 33 year old woman having difficulty conceiving for more than one year revealed normal estradiol but subnormal progesterone output, suggesting a possible reason for her infertility.

Testosterone Deficiency

This 43-year-old had a hysterectomy/oophorectomy two years ago because of endometriosis. She now complains of a low sex drive and weight gain, despite supplementation with oral triple estrogen and progesterone skin cream. Her saliva testosterone level was below normal, and supplementation has resulted in an improved sex drive and a modest weight loss.

Multiple Hormone Insufficiency

This 47-year-old woman complained of excessive fatigue, hot flashes and marked chemical sensitivity. Saliva testing revealed low levels of cortisol (am and pm), DHEA and estradiol, pointing strongly toward adrenal exhaustion.

Age-Related DHEA Decline

This stressed-out, 53-year-old businessman complained of poor recovery from workouts, loss of muscle tone, and flagging energy. His saliva DHEA-S level was low. Oral DHEA supplementation resulted in weight loss, increased energy, an improvement in muscle tone, and an overall improved sense of wellbeing.

Progesterone/Estrogen Insufficiency

This 63 year old woman had never taken hormones since her menopause at age 51. She complained of vaginal dryness with painful intercourse, urethral irritation with urination and a bone density scan revealed osteoporosis in her hip and spine. Both her salivary estrogen and progesterone levels were low. Supplementation with natural progesterone skin cream improved her symptoms to some extent, but complete resolution of her complaints was obtained with the addition of an oral biestrogen (estradiol + estriol). Her bone density will be followed with yearly measurements, and is expected to improve. Appropriate nutritional interventions and a weight bearing exercise program have also been made.

Cortisol/DHEA Imbalance

This 45 year old vegetarian woman complained of hypoglycemia and fatigue. Salivary Cortisol was low whereas DHEA was high. Her sex hormones were relatively normal. Empirical supplementation with DHEA would not have been successful for this patient. Her problem was thought to be related to low protein intake.

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Company Profile

Life Sources is a Nevada Corporation with order fulfillment located in Fair Oaks, California and is a member of the NNFA, National Federation for Health, and the Citrus Heights, California Chamber of Commerce.

The President and Founder is Andrea McCreery, Ph.D. Dr. McCreery is currently developing several new proprietary products to add to the Life Sources anti-aging and chronic illness system.

Her combined talents represent 10 years of research in nutrition, bioenergetics and Targeted Nutritional Intervention-TNI.

Based upon clinical observations, Dr. McCreery has developed several innovative products designed to slow the aging process and naturally combat chronic illnesses. Nutritional counseling is effective with ADD/ADHD, fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, weight loss, arthritis, candidiasis and more.

Life Sources specializes in Vital Hematology as a means of observing cell wall deficient forms in the living blood of clients to recommend nutritional interventions to reverse risk factors for chronic disease and nutritional deficiencies. (If an individual is interested in scheduling a consultation, please e-mail for details and fee schedules to clinic@life-sources.com or call the clinic at 916-536-9930.)

The Life Sources clinic is located at 5006 Sunrise Blvd., Suite 101, Fair Oaks, California 95628. Initial client visit includes the observation of living blood (with a videotape of the observation included), blood typing and nutritional counseling for chronic illness and potential risk factors.

Individuals interested in scheduling a seminar or group demonstration of Vital Hematology should address e-mail to info@life-sources.com.

Dr. McCreery is available for demonstrations to groups, health food stores and/or practices wishing to offer nutritional interventions to their clients and practice.

Life Sources is dedicated to quality and quantity of life and the eventual reduction of health care costs in the U.S. Client support is appreciated.