

"If I could tell every woman in the world about Bellatude I would."
Constance Johnson



The **NEW** Natural Hormone Revolution

Dr. Teresa Roberson



Rx for
Better Sex
Better Health
Better YOU



"From teenagers to seniors, men and women... everyone can benefit from this book."
Majorie Jenkins - CMR

What's a woman to do...

Recent studies on synthetic hormone replacement therapy show that HRT causes more harm than good; increased risk of heart attacks, strokes, breast/ovarian cancer and blood clots.

The ***New*** Natural Hormone
Revolution:
Making Osteoporosis, PMS,
and Mood Swings a Thing of
the Past

by

Dr. Teresa Roberson
Ph.D., N.D., C.N.C.

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Foreword by Dr. Bill Frazier

Had the information you'll find in this book been available to those who lived fifty years ago and had it been acted upon I am convinced that we would not see our friends and family members suffering from all the painful disorders that have since manifested themselves.

However, due to an unfortunate lack of knowledge, action, or, perhaps, even concern, the people of America, especially women, are now experiencing what some are calling an epidemic. The epidemic's name is osteoporosis. The most sobering fact about this epidemic is that it is largely, albeit inadvertently, self-inflicted and almost completely preventable.

What is osteoporosis? It is a thinning of your bones that can begin as early as adolescence and can eventually lay waste to your hopes, dreams and health. Some adult women don't risk having children for fear that the calcium depletion that takes place during pregnancy may irreparably damage their bodies and put them at risk for an early death or disability. And, because of a lack of proper nutrition, our children, who are the next generation of adults, may grow up riddled with bone and muscle disorders. Improper nutrition is making the strongest links to our future (our children) the ones most likely to suffer the greatest ailments.

If we don't take action now, today, in the next few decades we'll be spending in excess of \$30 billion annually just to treat osteoporosis. The good news is that fracture rates and loss of bone may be able to be reduced by as much as 50% with the correct supplementation and resistance exercises.

Make no mistake, for most people it is possible to prevent, halt, and even reverse much of the bone deterioration that can lead to osteoporosis and other bone density-related disorders through the use of nutrition and natural hormone supplementation.

For many people, especially those who are at high risk for developing osteoporosis, taking simple preventive steps could be more valuable than a cure. Once you are suffering from osteoporosis (one of the most debilitating diseases known to man), you are in a race against time. Unfortunately there are millions of people (not just women) who already suffer from advanced stages of osteoporosis and who no longer have the option of preventing the disorder or stopping it in its infancy. This should frighten all of us. Fortunately, you will soon have the knowledge you need to make correct decisions and take the appropriate actions to prevent this disease from ever occurring or to fight back if it already does.

Another issue that is near and dear to my heart because of my own lovely wife is estrogen dominance. Estrogen dominance has suddenly become the 'watch word' for millions of women. A few short years ago the **American Medical Association** stopped a trial study concerning the effects of estrogen on women because they considered it **too dangerous to continue**. Still, millions of women are being told that the study 'wasn't as bad as the media is making it out to be.' Personally, I would agree. It's not as bad as the media is portraying it. **It's worse.**

Every single day we are bombarded with an increasing amount of foreign estrogens (from breathing petrochemicals to absorbing them from plastics and even consuming them from food sources). No one can escape them (not you, not me, not our children or grandchildren). When you couple the amount of foreign estrogens that everyone absorbs, whether they want to or not, with the millions of prescriptions for synthetic estrogens that are taken by your mothers, wives, sisters, and female friends on a daily basis AND their potential harmful side effects...it's time to worry. More than that, it's time to take action. As Dr. Roberson says, "It's time for a natural

hormone revolution.”

It is my sincere hope that this book will help you lead a longer, healthier life. Furthermore, I hope this information inspires you to teach others what you are about to learn so that the children of the world can grow up healthy and strong. Read this book and then suggest that all of your friends do the same.

Even though you and I don't know each other, I can assure you that neither you nor your family can afford a '*wait and see attitude.*' If you care about yourself, your mother, daughter, sister, or wife, encourage them to begin a preventative maintenance program today. Doing so may be the best investment you could ever make in their lives. Take Dr. Roberson's advice and you can help make osteoporosis, PMS, and mood swings things of the past!

Dr. William Frazier, M.H.P., C.N.C., N.D.

A Word from Dr. Teresa Roberson

Far from being ‘a miracle,’ Bellatude is simply good science. Good science is, in fact, what sets Bellatude natural progesterone cream apart from inferior hormone replacement products. I developed Bellatude over 15 years ago and, with the exception of replacing some of the formula with better ingredients, I haven’t had to change it at all. It’s not that I haven’t tried to make the formula for Bellatude better. I have. It’s just that the formula I researched, put into the hands of hundreds of women I personally knew and used myself was and still is, in my opinion, (far and away) the BEST formula I’ve ever found for doing what natural progesterone is supposed to do. I’m very proud of this fact.

While I was in private practice I focused almost entirely on the health of women. What I observed (both personally and professionally) astonished me. Women from all walks of life, every ethnicity and practically every age beginning just before puberty told me the same things over and over again (paraphrased):

“I feel like I’m going insane during or right before my period.” – Age 36

“It’s like I’m struggling to think... as if my mind were in a perpetual fog.” – Age 25

“My doctor says what I need is estrogen but when I tried that things did get better but then I started reading all of the studies and I’m scared of what it might be doing to my body.” –Age 47

“I’m tired, my sex drive is low and I just don’t feel like myself.” – Age 40

“My periods hurt and instead of feeling like studying I just want to crawl under the covers and hide.” – Age 13

As a woman, a wife, a mother, and a grandmother I wanted and needed something that would allow me to live my life to the fullest extent possible and I wanted the same for my daughters and their children. As far as hormones go... Bellatude has been the answer.

Here is what others have said about it:

“I have been using Bellatude progesterone cream and have definitely noticed how it has helped my hot flashes. In fact, it helped within three or four days. My sleep has also improved because I’m not waking with the night sweats. I will be using it from now on.” – Betty Harrah

“Thanks to my friend that introduced me to Bellatude natural progesterone cream. Thank you for producing this cream that completely got rid of all fibroid cysts. Now I can sleep comfortably again and have peace of mind.” – Martha Lord

“Three years ago, I found Bellatude natural progesterone cream. After using the cream one month I had no cramping. I am now 43 and regular for the first time in my life. I don’t have fibroids in my breast, my hands don’t swell, and no blinding migraines, no depression, or complete brain loss. It is a miracle.” – Melanie Smith

“I would like to take the time to tell you how much I love Bellatude. I read about natural progesterone treatment and decided to give it a try. I have been using it for quite some time now and it has made a huge difference in my life.” – Debra Lozo

A Story Heard All Too Often

Kimberly sat directly across from me and I could see the pain she held inside as she told me about her family's introduction to the horrifying disease called osteoporosis (pronounced: äs-tE-O-pi-rO-sis). Here is her story:

“I guess I really realized how serious osteoporosis was after my daughter and I picked my mother up from the hospital a couple of months ago. Mom had been admitted into intensive care after a neighbor saw her fall onto her lawn while she was carrying some groceries in from her car. Mary, that's Mom's friend, said that Mom was trying to lift-up a bag of groceries from the curb when Mom just sort of crumpled.

She started screaming for help and Mary called an ambulance when she couldn't pick Mom up. The doctors said that Mom broke her hip. The reason was because her bones couldn't bear the weight of the groceries due to advanced osteoporosis. Mom was in the hospital for over a month and she almost died because she ended up catching pneumonia.

After we got Mom home from the hospital, my daughter, Kelly, looked at me with tears in her eyes and asked me if all women got osteoporosis. When I said “*no, not if they take good care of their bodies,*” Kelly asked me what her grandma had done wrong? I had to tell her that I honestly didn't know. Then, Kelly asked me, “*Well, if you don't know what Nanna did wrong, how do we do what's right?*”

I really didn't know what to tell Kelly. For the last 20 years Mom's been buying calcium and both Kelly and I take the same kind she does. Now I've learned that the type we've been taking hasn't been doing us any good. That's scary. How can two intelligent adults be duped into taking a health supplement for decades that has no health benefit – and then give it to our children? Why don't the big vitamin companies tell us what's good and what's not? It's not fair – especially to kids. They've got the most to lose. If they had just told us, we'd have bought the good stuff instead of pouring our money down the toilet. It's just not fair.”

Deception for Dollars

Kimberly's plea for justice and honesty is something that doctors hear everyday. Most consumers are at the mercy of whatever pharmaceutical or nutrition company has enough money to display their ads on television and in magazines. We are a society that has come to mistakenly believe that whatever we see on television is true. Interestingly enough, the same companies that swear up and down that television commercials don't influence consumers to purchase products are the same companies spending upwards of 70% of their advertising dollars for television air time.

One of the reasons the FCC banned tobacco and alcohol ads from television is because consumers could be induced to happily purchase two of the biggest health hazards the world has ever seen. How? Commercials made us believe that smoking tobacco or drinking alcohol would help us attract a member of the opposite sex, be the 'life of the party' or look cool. Even though nothing could have been further from the truth, millions of people believed it – and still do.

In all fairness, the ads in question never said that smoking or drinking were healthy. In fact later, before the ads were completely banned, cigarette commercials even had a disclaimer placed on screen from the surgeon general. Did this help? Maybe. But not enough. The incentive to start smoking was much stronger than a small one or two line warning.

Advertisers are not stupid. They know who their audience is and they know what emotional buttons to push to get your attention and keep it.

You may wonder what could possibly make the warning “*Tobacco use may cause cancer, lung and heart disease, and death*” seem to be a small risk?

The answers are:

Sex. Popularity. Fear of loss. Peer pressure.

Picture this: A dashing, sophisticated, obviously intelligent and sexy man is seen on television, in a party atmosphere, flirting with a beautiful woman who is absolutely swooning over the man because he oozes masculinity. He takes a cigarette from his pocket and lights up. She takes a cigarette from her purse and, being the consummate gentleman, he gives her a light. She smiles. He smiles. She takes his hand and together they walk through open doors, a breeze lightly blowing twin curtains askew, into the night – into the unknown.

Then, as the commercial comes to an end, or somewhere in the middle, a warning fades onto the screen: “*The Surgeon General has determined that cigarette smoke may cause cancer.*”

In your honest opinion, with that commercial fresh in your mind, which do you think is more powerful and vivid in the mind of a teenage boy? The thought of a being with a beautiful girl or the warning that says something about tobacco being bad for your health?

If you thought anything except ‘*the girl*,’ stop reading and close this book.

The point of this example is that, *given enough stimuli and enough reasons (even if the reasons are based on myth or total lies), men and women have the capacity to make some of the most insidiously ignorant choices imaginable.*

At the same time, I’d be the first to admit that these choices often seem ‘right’ at the time. I’ve made some really bad decisions in my life after considering what I thought to be the ‘facts.’ The ‘facts’ I took into consideration weren’t true but they were what I wanted to believe. Thankfully all that my bad decisions cost me was several thousand dollars – not my health.

The same types of advertising that persuaded millions of men, women, and children to begin smoking and drinking – two potentially fatal habits – have also lulled millions more into believing potentially disastrous nutrition myths.

Example:

Answer the following question: What should you eat to help prevent osteoporosis?

What was your answer? I’m fairly certain that you said calcium or something to do with calcium (milk, yogurt, Tums™, etc.). Calcium seems like an obvious answer because of the massive amount of exposure given to the mineral in commercials and magazine articles. Just for the record, 99.7% of everyone I’ve ever queried answered calcium. Calcium is actually a great answer, but there’s more to the answer than just one mineral.

Three more questions:

1) What is a good source of calcium?

Your Answer: _____

2) Which one of the following types of calcium is found most frequently in calcium-fortified supplements?

- A) Calcium Chloride
- B) Calcium Carbonate
- C) Calcium Citrate
- D) Calcium Lactate
- E) Calcium Phosphate

3) Which of the above types of calcium is the most usable by your body?

Your Answer: _____

Most people are completely stumped and fail to give an answer or answer incorrectly when asked the third question. Of those that attempted an answer, 8 out of 10 said that *calcium carbonate* was the most usable form of calcium. When asked why they believed this, they pointed to the fact that the most common form of calcium found in calcium-fortified foods and supplements is calcium carbonate.

They assumed that because food and supplement companies choose calcium carbonate to place in their products, it must be the best for their body.

Nothing could be further from the truth.

FACT: Your health is NOT the main concern of most businesses. A business must make profits in order to survive. To accomplish this, decisions are made as to what material will and won't be used when producing a product. This includes supplements.

Why would a company chose to use an inferior form of calcium to produce a 'health' supplement? Simply stated: it's cheaper — much cheaper. Considering that billions of calcium pills, capsules, and drinks are produced every year, a few pennies saved here and there can quickly add-up to millions of dollars in extra profits. Even though you may prize your health over profits, stockholders love the extra money. Ironically, many of these same stockholders are taking their own supplements out of 'loyalty.' The Bible says that *'The love of money is the root of all types of evil.'* In this case, profits are used to justify bad health. Does this mean that good supplements can't be found? Not at all.

There are a great many companies that produce superior products. However, since their profits are usually smaller (as is the case of *My Nutrition Source*), they aren't normally in 'public view.' Very few of them have television commercials. Instead, they rely on word-of-mouth advertising. So how do you find them? Ask your friends where they shop. Ask their opinions. Don't be afraid to shop through the mail to get the best deals. Finally, be aware of the fact that some of the best supplements are found from alternative sources – not just retail stores.

If health is important to you, you've got to educate yourself so that you can make good decisions.

The two keys to good health are *education* and *action*. By the time you finish this book you'll know how to ask better questions and choose better supplements.

Facts and Figures

I've learned that until a person understands the severity of a situation they are rarely willing to take action. For this reason, **I have compiled a short list of facts that I hope will draw your attention to the severity of one issue (osteoporosis) and how it affects us here in America. As you read through these facts remember... *this is just ONE health issue!***

- Over 28 million people in the U.S. today — an estimated **7 out of 10 women over the age of 45 — have some stage of osteoporosis**. Complications due to this disease are implicated in over 65% of the hip fractures reported each year and have made these same fractures the second leading cause of death of this same age group.
- Of the 28 million people referenced above, **10 million of these individuals already have osteoporosis** while 18 million more have low bone mass which places them at an increased risk for this disease.
- **1 in 2 women and 1 in 8 men over 50 will have an osteoporosis-related fracture in their lifetime.**
- Osteoporosis is responsible for **1.5 million fractures annually**. These include 300,000 hip fractures, 700,000 vertebral fractures, 200,000 wrist fractures and more than 300,000 fractures at other sites.
- **Of the 1.5 million people who suffer from bone fractures yearly, half of them will never walk without assistance and 1 in 4 will require long-term care. Even more frightening is that 20% of those who suffer from such fractures die.**
- Osteoporosis is **not limited to either gender**.
- **A woman can lose 15%+ of her bone mass** (almost 1/3rd of the bone she'll lose in a lifetime) **within the first 5 years of menopause**.
- More than **2 million American men suffer from osteoporosis** and 3 million others are at risk.
- Each year **80,000 of these men suffer a hip fracture and one-third of them die within a year.**
- Osteoporosis can strike at **any age**.
- It is estimated that as a nation **osteoporosis and related fractures costs us \$14 billion each year** in direct expenditures for care in hospitals and nursing homes.

Being Healthy Is Your Decision

Too often we take the health we're blessed with for granted. We assume that because we're healthy now, we'll be healthy tomorrow. For far too many people this assumption is not only wrong – it's deadly.

In today's world of cosmetic surgery, hip replacements, organ transplants, and antibiotics, many of us have become insensitive to the fact that our body is a one-of-a-kind, no substitute home. Unlike a house, the only body you'll ever get (this side of heaven) is the one that looks back at you from the mirror. If you don't take care of it, you'll pay the consequences sometime in the not too distant future.

In order for you to fully appreciate the maintenance your body needs, you must first realize just how complex it is. If you're like most people in America, you own at least one car. Like other car owners you probably have the oil changed on a regular basis, you ask your mechanic to check and fill all the important fluids (transmission, brake, water) and, of course, you put fuel into it. You also change the tires, belts, and wipers when they become worn. In spite of all the things we do to keep our automobiles running smoothly, most of us have no clue as to how it gets us down the road. All we know is that when we turn the ignition key it's supposed to start and carry us where we want to go.

But what we don't know about our vehicles sometimes isn't as important as what we do know. We do know that if we try to drive with a flat tire, our car isn't going to operate at its peak (we also know that the alignment will suffer and, if we drive too far, bright, shiny sparks will eventually start shooting onto the road). When you get the oil changed you may not know what brand of oil is the best for performance, but you do know that Crisco isn't going to work.

Simply stated, we DO know that it's important to take care of our vehicles if we expect them to function properly several years down the road.

As complex as your car is, it has nothing on your body. But, just as you can maintain your car with the proper care, you can and should take care of your body with the same type of attention.

Your body has a few requirements which, if you take care of them and don't have many accidents, can assure you a lifetime of great health and independence.

These requirements are:

- Half your body weight in water every day
- Regular exercise
- Nutritious foods
- Nutritional supplements
- Friends

Does this list surprise you? It shouldn't. These are the 5 basic essentials that each one of us needs to live a healthy, fulfilling life. In this book I'll be discussing how you can use nutrition, exercise, and common sense to help protect your body from many of the effects of aging – specifically focusing on the health of women (from children to senior adults).

Having spoken directly to thousands of people concerning the prevention of disease, I feel fairly certain assuming you're reading this material for at least one of six reasons:

- Someone you know has a health issue.
- You're concerned about your own health.
- You don't want to go through the problems associated with menopause. Problems that include a loss of sex drive, vaginal dryness, mood swings, hot flashes and many more.
- You want to know how to protect your children from developing osteoporosis.
- A family member has been diagnosed with a bone disorder or you have a family history of such disorders.
- You're a medical professional, student or just someone wanting to help others.
- You've heard you should be concerned about osteoporosis, certain cancers and other diseases and you want to know why.

The answers to these questions are in the following pages. So, since I know you're ready to learn, let's get started.

What Is Osteoporosis?

The reason I'm starting the book on the subject of osteoporosis instead of PMS or menopause is because while these are major irritations they won't kill you – osteoporosis can.

Osteoporosis, simply stated, is *a disease that causes your skeleton to weaken and your bones to break*. Whenever you start developing osteoporosis, tiny little indentions or holes start to form in your skeleton. Normally, whenever an x-ray is taken of bones, you see a nice, solid, white pattern that we call the skeleton. In the case of advanced osteoporosis, the x-rays pass right through the skeleton and what you see looks something like a 'paper skeleton' that's been shot full of holes with a B-B gun.

For just a moment, think about the size of a B-B. Compared to your body, it's tiny. It's so small that if you were shot with one B-B it might sting a little, or maybe even hurt, but you wouldn't notice it all that long. At most you might experience a minor tear in your skin that would require the removal of the B-B, ointment and a small bandage. But imagine if you were shot with 100,000 B-B's. It would not only hurt, it would kill you. Why? Because of the massive amount of cumulative damage caused by the B-B's.

The inside of your body isn't much different from the outside. One or two little holes won't cause us much trouble, but if 100,000 little holes develop, we've got a problem.

The 'holes' we're talking about are usually measured (medically) by how much bone mass or density we lose. To keep the seriousness of this in perspective remember that women who don't exercise and properly supplement their diets can lose as much as 2% of their bone mass a year – that's a lot of dangerous little holes.

Almost everyone I talk to are in their 30's, 40's, or 50's. If you're in one of these age groups, consider this: In just a few years, you're going to be part of the largest senior population this nation has ever seen.

Believe it or not, your 70's are right around the corner and, with the way medical and nutritional science is advancing, you'll probably live to be well over 100. With this in mind, consider the following question: *Do you want to live those extra 30 or 40 years in really good health – still being able to ride bikes, walk, play with your children, dance and make love to your partner – or do you want to end up in a wheelchair or bed-ridden wishing that your life was over?*

Osteoporosis is a dangerous, potentially fatal disease that dramatically alters your ability to enjoy freedom and independence. But you don't have to become a statistic. The decision really is yours.

Who Is Affected By Osteoporosis?

Factoring in both sexes, **osteoporosis afflicts nearly 50% (1 out of every 2) of all people over the age of 75.** *“According to a recent NOF report, osteoporosis will affect 41 million Americans by the year 2015, up from the current figure of 28 million Americans (23 million women, 5 million men), unless people take steps to prevent this disease. With osteoporosis, bones thin without any symptoms until they become so fragile that routine activities – a bump, a cough, a hug – can cause a fracture.”* – Doctors Guide to Medical & Other News

As might be expected, women (especially those who have inadequate nutrition, poor exercise habits or a family history of bone disorders) are considered as being in the high-risk category for developing this disease. But osteoporosis is not a respecter of age, gender or race. It can strike anyone, at anytime, with devastating results. Children, teenagers, adults, senior citizens, professionals, homemakers, athletes, doctors, lawyers, teachers – every citizen of our society is a potential victim of osteoporosis.

Risk Factors

Of course, as stated above, there are certain 'risk factors' that contribute to the development or likelihood of developing osteoporosis. If you are a person with any of these pronounced risk factors, you should be aware that you are statistically more likely to develop osteoporosis. However, even if you can't identify yourself as a high-risk candidate, don't be deceived into thinking that you won't develop the disease. There are many people with osteoporosis who have no normally identified risk factors.

There are some risk factors that you cannot change and others you have control over. As you read through the list of risk factors below, see if you fall into any of the high risk categories. If so, you should take immediate action to balance out your risk.

Risk Factors You Have No Control Over

Gender – Are you a man or a woman? Your chances of developing osteoporosis are greater if you're female rather than male. Why? Women have less bone tissue and lose bone more rapidly than men due to hormonal changes, smaller amounts of the steroid hormone testosterone (which aids in building bone mass) and because of the chemical changes experienced during and after menopause.

Family History – If someone in your family suffers from bone disorders, as with most diseases or disorders, you and your children are more likely to develop them. If you come from a family whose members have a history of bone fractures (unless these members are involved in high risk

activities such as sports or certain types of jobs), you probably have less bone mass than would normally be expected and may be in a higher risk category. Also, persons suffering from chronic diseases that affect the kidneys, lungs, stomach or intestines may be more likely to suffer bone disorders.

Body Frame Size – If you have a larger skeleton it means that you have more bone mass and your chances of developing osteoporosis or osteomalacia (a softening of the bones) is less likely. Women who are small-framed and thin-boned are at greater risk.

Ethnicity – Asians and Caucasians are higher risk groups than are African-Americans or Hispanics due to smaller skeletal structures. Even though their risk is smaller, the threat of osteoporosis is still very significant for African-Americans and Hispanics. Don't let a few minor percentage points lull you into complacency and a false sense of security.

Age – Time does more than just make us prone to wrinkles. As you age your bone mass decreases and bones become thinner and weaker. This means that the older you are, the higher your risk is of developing osteoporosis.

Risk Factors You *Can* Control

Hormone Levels – If you are a woman with abnormally low amounts of estrogen or progesterone or a man with a low testosterone count (all of which are bone building and sex hormones) you are more likely to develop osteoporosis. Women who experience amenorrhea (the absence of menstrual periods), should consult with their physician about a possible imbalance in their hormone levels. It should be noted that female athletes whose bodyfat levels decrease to a certain level often experience a lack of menstrual periods. This type of 'induced' amenorrhea does not increase your risk factor for developing osteoporosis.

Although I discuss hormone replacement therapy at length later in this book, I feel compelled to suggest that you begin supplementing with natural progesterone immediately. This suggestion is to both men and women. Natural progesterone cream (such as Bellatude®) will help to balance (modulate) all other bone-building hormones in your body and it has no negative side effects.

Existing Conditions – Those who suffer from anorexia or bulimia are more likely to develop osteoporosis. Knowing this means that you can exert some amount of control over how the conditions may affect you by beginning supplementation, exercise and getting proper health care.

Medications – Certain drugs can cause you to lose calcium, magnesium, and vitamin D. These drugs include, but are not limited to; glucocorticoids, some anticonvulsants, thyroid medications (such as L-Thyroxine), Cortisone, Hydrocortisone, Prednisone, Dilantin, Phenobarbital, and Lasix. Prolonged exposure to steroids used to treat asthma, arthritis, or other diseases, aluminum-containing antacids and certain cancer treatments are also thought to contribute to decreased bone mass.

Lifestyle – Those who work in offices are more likely to develop osteoporosis than those who work outside or on production lines. The same can be said of persons who are '*couch potatoes*' versus those who exercise on a regular basis. The reason is that even simple exercise works to keep the body in better shape and to build better bone. So, if you lead an inactive life (this includes children who spend more time in front of the television than they do outside), you are in a high risk category.

Bad Decisions – If you smoke tobacco or drink excessively, your entire body suffers, including your bones. If you smoke or drink excessively, get help and STOP. These habits can ruin your health and even kill you or someone else (drunk driving).

Diet – One of the easiest and most certain ways of controlling your risk of developing osteoporosis is through nutrition. A diet low in calcium, vitamin D, magnesium, boron and manganese can mean weaker, thinner bones.

Osteoporosis and Men

I interviewed a group of men and asked them the following question: “*Are men more likely to develop prostate cancer or osteoporosis?*” With very few exceptions the men answered ‘prostate cancer.’

Interestingly, a survey funded by the National Osteoporosis Foundation (NOF) found that even though **American men have a greater risk of suffering an osteoporosis-related fracture than developing clinical prostate cancer**, most men think of osteoporosis as a ‘woman’s disease.’

Osteoporosis is not just a ‘woman’s’ disease.

Obviously, osteoporosis doesn’t afflict as many men as women but it is still a very real threat. The misconception about who osteoporosis strikes has blinded men to the fact that this disease can severely threaten their mobility and the independence associated with being healthy.

Dr. Eric Orwoll, one of the nation’s leading medical researchers of osteoporosis in men, had the following to say concerning men and osteoporosis: “*In addition to the 1.5 million men who have osteoporosis, another 3.5 million are at high risk. The men most at risk are those who **smoke, drink alcohol moderately, fail to maintain a calcium-rich diet, have a sedentary lifestyle, or have a family history of fractures.** What’s more, these men not only fail to see themselves at risk, often their doctors have not informed them of this potential hazard.*” – Chief of Endocrinology and Metabolism at the Portland Veterans Administration Medical Center and Associate Professor of Medicine at Oregon Health Sciences University

According to the NOF, osteoporosis threatens the health of over 5 million men in the United States alone. In America, one out of eight men over the age of 50 will suffer hip or vertebral fractures as a result of osteoporosis. **This means that each year 80,000 men suffer a hip fracture caused by this disease. Of these, over 25,000 will die within one year.** Many more will be crippled or partially disabled for life.

Two of the reasons that men don’t experience as many drastic disabilities due to osteoporosis as women are: Men have larger skeletons than their female counterparts and they naturally have more bone-building testosterone. Regardless of the reason why, this additional bone mass acts as a buffer to the damage osteoporosis can cause. Since more testosterone is present in men than women and since most men subject their bodies to more resistant exercises or stress bone loss starts later and progresses more slowly.

However, as more men enter into jobs that demand they be at a desk for eight hours a day (instead of outside) we may begin to see a dramatic increase in male osteoporosis in the next few decades. Fortunately, as has already been noted, men don’t experience the rapid hormonal fluctuations of menopause which usually accompanies bone loss in women.

As dangerous as osteoporosis is to one's independence, you would think more men would be concerned about preventing this disease. Unfortunately this isn't the case. Men, for any number of reasons, don't regard osteoporosis as a serious threat to their health. The following facts make this abundantly clear:

* Less than one in four men takes a calcium supplement daily. This statistic becomes even more sobering when we consider the fact that only one in five men with a family history of fractures or other bone disorders take calcium supplements regularly. This is especially disturbing because the same numbers of men have suffered from a fracture at some time in their lives.

* Less than one in 25 men supplement with natural progesterone. Natural progesterone supplementation can be a very important factor for men as they age. Bone-building testosterone levels tend to drop with age and natural progesterone will act to raise the level of testosterone a man has. This also helps to restore sex drive (libido).

* According to a Gallup poll sponsored by the National Osteoporosis Foundation, only one man in five who claim to know that osteoporosis can be prevented has consulted his doctor about the condition in the last year.

* This same poll revealed that three men out of ten would not seek professional medical advice even if they were to experience a loss in height (*one of the most common symptoms of advanced osteoporosis*).

* When it comes to the medical community doing their part to inform men of the dangers of osteoporosis the statistics aren't much better. **Less than 2% of male patients have been told by their physician that they may be at risk for this disease, even though over 5 million men are in the moderate to high-risk category and over 1 million men already suffer from it.**

* Men who smoke or drink are generally ignorant of the fact that these two habits can lead to bone loss. In fact, only two percent of smokers and sedentary (inactive) persons have been warned by their doctors that their lifestyle puts them at a greater risk of developing osteoporosis.

Don't Be Deceived

As the population continues to age it is estimated that from 1993 to 2050 the number of men over the age of 70 who has osteoporosis will more than double. Once the male members of our society begin reaching these advanced ages, osteoporosis in their ranks will become a very important public health concern. Unfortunately, because of the spotlight placed on post-menopausal women who have or are developing osteoporosis, this disease will continue to be thought of as a 'female problem.' I believe that one of the best ways to re-focus this 'spotlight' is to teach women how to take care of their bodies so that this disease becomes a thing of the past. As fewer women develop and suffer from osteoporosis, the male population and the popular media will have no choice but to focus on osteoporosis as a gender and age neutral disease.

It's difficult to overstate the need for certain realizations concerning osteoporosis. Even with as much exposure as this disease has been given over the last 30 years, an alarming number of women and men still lack a practical knowledge about osteoporosis and its consequences. Since osteoporosis is a disease that develops with no early warning signs, this ignorance can be dangerous or even deadly. Unless it's fully understood that you and your family members may be at risk of developing this disease, you probably won't take much preventive action.

Do not fall into the trap of looking for ‘early warning signs.’ If you do, you’ll probably find that by the time you recognize these ‘signs,’ you’ve already developed the disease. Waiting until you begin to lose height due to vertebral fractures or until you break your hips or wrists is like waiting until an engine explodes to recognize the need for oil.

Again, osteoporosis is a silent disease that progresses without symptoms until a fracture occurs. Prevention must begin before the problem begins.

With this being said, let’s learn....

What Causes Osteoporosis?

Depending on your point of view, advances in scientific and medical technology could be considered either a blessing or a curse. You can directly trace our increased longevity (how long we live) to these advancements. However, these same advances are also indirectly responsible for the number of people we see developing osteoporosis.

How?

Before the mid-1900’s osteoporosis wasn’t the health concern it is today because people simply didn’t live long enough to develop the disease. The life expectancy of American citizens has increased from 45 years to over 70 years, just since the turn of the 19th century.

As we continue to make advancements in food and medical science, and as we become more adept at fighting the ravages of aging naturally (through the use of antioxidants, nutrition, sunscreen, etc.), I think we can expect to live well over 100 years.

The point is this: the longer you plan on living, the greater the threat of developing osteoporosis.

The answer to the question, “*What Causes Osteoporosis?*” is simply this: *Osteoporosis occurs whenever your body cannot produce enough healthy bone to replace the dying bone it gets rid of everyday.*

This results in thin bones that are susceptible to fracturing and breaking. To more completely understand how this thinning begins you need to learn about the life of your bones.

What is bone? Bone, just like the rest of your body, is living, growing tissue. It’s made primarily of calcium (the mineral that makes bone strong) and collagen (a protein that gives bone flexibility). Of all the calcium found in your body, at least 99% of it resides in your bones and teeth.

Bone, like most of the rest of your body, is constantly changing. In fact, with the exception of brain cells, every cell in your body dies and is replaced by a new cell on a continual 10 year cycle. So, for all intent and purpose, you are a new person once every decade.

As old bone is torn down and removed (*resorption*) and new bone is added to your skeleton (*formation*), your body has to rely on the nutritional building blocks you provide for the materials to keep your bones healthy. Technically, the terms used to describe these actions are *osteoblastic* (building up – formation) and *osteoclastic* (tearing down – resorption). Osteoblastic and osteoclastic action is a continual process that occurs everyday and is influenced by a number of factors including; *the nutrients available, exercise, sunlight, disease, and, of course, genetics.*

As would be expected, more bone is added during the preadolescent and teenage years than at any other time.

If you were to be able to peer inside your body and watch bone form, you would see that during childhood bone is built and replaced at a much faster rate than it is broken down and removed – if there is a sufficient amount of materials available for your body to work with. At birth our bones are extremely flexible due to the high amount of collagen present and the relatively low amount of calcium activity. As the calcium in our bones and teeth become more active and we start to grow, our bones and teeth begin to get larger, heavier, stronger and denser. This increase in bone structure continues until we're about 35 years old. The largest increase in bone production occurs somewhere between the ages of 10 and 27. After the age of 35 our bones begin to be broken down and resorbed faster than new bone can replace it. Once this begins to occur we begin to lose about 3% of our bone density every year. **When a woman enters the first stages of perimenopause her estrogen and progesterone levels begin to fluctuate and bone losses of up to 9 percent each year are possible.** This is why over 50% of all women who reach the age of 65 will have osteoporosis and approximately 30% of all men have osteoporosis by the age of 75.

According to Dr. Patricia Shapiro, M.D., *“Osteoporosis affects the trabecular or honeycomb-like bone. The supporting trabecula become thin and brittle until they are no longer able to provide support. Normal activity, such as lifting a bag of groceries, or minor trauma results in painful, debilitating fractures. Estimates are that each year 1.3 million fractures of the hip, wrist, and spine are the result of osteoporosis. Fifty percent of patients with hip fractures are never independently mobile again. Twenty percent die, usually as a result of blood clots to the lung or pneumonia. The medical, nursing home and social costs are in the range of \$10 billion annually and are expected to rise as our population continues to age.”*

Dr. Shapiro goes on to say that the teenage, *“... years are particularly important as 50 percent of our bone formation occurs during these years. Attention to calcium intake should continue throughout life. If we do not have enough calcium in our diet, our body steals it from our bones, accelerating the development of osteoporosis. Calcium alone will NOT prevent osteoporosis.”*

Very Important Points:

- 1) Osteoporosis develops when bone resorption occurs too quickly or if replacement occurs too slowly.
- 2) Osteoporosis is more likely to develop if you did not reach optimal bone mass during your peak bone building years (childhood and adolescence).
- 3) More than just calcium is necessary for proper bone health.
- 4) The time to begin building the foundation for good skeletal health is when you are young.

There are several factors that contribute to how fast and effectively your body can build bone. The reverse is also true. If you suffer from a chronic disease or don't nourish your body properly, it can't build good bones and will begin to tear itself down – literally – at a much younger age. Long-term malnutrition, lack of sunlight, lack of stress/weight bearing exercise and a number of other factors contribute to whether or not your skeleton will be strong and stable or weak and frail. Fortunately, two of the major factors in determining how strong your bones become can be controlled by you. What are they? *Nutrition and exercise.*

Osteoporosis Is Preventable

The headline you just read is 100% correct. Osteoporosis is almost completely preventable! But you have to begin now – TODAY!

If you have children and you care about their health, you'll get them started on a program of prevention as early as possible. I firmly believe that, whenever possible, we should begin supplementing our children's diet with bone building vitamins and minerals as early as the age of 8 - 10 years.

A study by Pennsylvania researchers compared the bone density of girls who began taking calcium supplements in early adolescence (12 to 14) and those who took no such supplementation. The group of supplementing teens, as compared to those who did not supplement, increased their bone mass 4% by the age of 16. This simple 4% increase in bone density could mean a reduction of osteoporosis-related fractures of almost 50% if it is maintained!

Almost all children, at some point in their lives, are going to engage in a contact sport like soccer, basketball, football, hockey (even if these are just 'pick-up games) or martial arts. Even if these activities aren't participated in at school or on a professional level, they are highly competitive, potentially dangerous, accident prone sports. Literally thousands of fractures occur every year because of these games. As you can imagine, having the strongest bones possible when playing these games is not only beneficial to the sport, it's also very health-wise. The first time your child gets a fracture, a broken bone or a compound fracture (where the bone is actually sticking out of the skin), your whole attitude about bone strength is going to change – I guarantee it. Since boys already have stronger bones than girls, *but girls are beginning to play in the same sports*, you can imagine how much more important it is to get your daughters on these supplements – especially since boys really need them.

As important as early nutrition is for your bones, we have to face the fact that very few children are properly nourished during the critical preadolescent and teenage years.

My siblings and I were told to *"drink your milk and eat your vegetables so you'll grow up big and strong."* My Mom and Dad meant well but I can't remember them ever giving us a single vitamin or mineral as we grew. They assumed (wrongly) that the foods we ate were giving us all the nutrition we needed. To put it bluntly, my parents were ignorant of what their children needed to grow healthy and strong.

If you, the reader, are over 30 years old, I'd be willing bet that you also grew up with parents who meant well and tried hard to feed you right but failed because they didn't have the nutritional information available to us today. If you're in this category what this means is that your body has been trying to build solid bone for over 3 decades without enough raw material. By now I shouldn't have to tell you that this type of nutritional deficit can be extremely dangerous.

Responsibility

Question: *Whose fault is it if a child doesn't eat the way he/she should or take the right supplements so their bodies grow up as healthy as possible?*

Answer: Their parents or guardians.

Children are at a distinct disadvantage when it comes to making correct choices.

1. First of all, children don't have the maturity to make the right decisions. Most of the kids I know would eat pizza and drink colas 7 days a week if they could.
2. Children don't have the field of reference that adults do because they haven't lived long enough to realize all of the consequences of bad decisions.
3. Children can't be expected to take care of their health nutritionally because either they can't afford to do so monetarily (especially before they begin working) or they don't have the knowledge needed to make wise nutritional decisions. The teenagers I work with are interested in reading automotive or glamour magazines, learning how to fix engines or style their hair or (hopefully) studying to pass their school courses. It is extremely rare that you will find any child whose favorite reading material has anything to do with Nutrition 101.

Adults (you and I who are old enough and wise enough to heed age old advice and to seek new ways to improve our health) must help the children we influence to make wise health decisions.

Fortunately, you can make the right food and supplement decisions for your entire family and not go broke in the process.

Since we have firmly established that men, women, and children are all candidates for osteoporosis – if the body is not taken care of – it's time to learn...

What Is Needed To Prevent Osteoporosis

I am completely convinced that good nutritional supplements, along with a healthy diet and a good exercise program, will not only help you prevent, halt, or, in some cases, reverse the damage done to your bones, but will also help protect you against a whole host of other disorders.

Each and every second you're alive, over 5,000 events or actions take place in your body. Each one of these actions demands some type of fuel. Digestion requires enzymes; thought requires neurotransmitters; building bone requires vitamins and minerals. If your body lacks anything it needs when trying to perform any of these actions, your health suffers.

Let me make this perfectly clear: Nutrition is not something you should take for granted. Simply assuming your body is being nourished by the foods you consume is ignorant. Why? The foods we eat today fill us up and curb our hunger but, often, they are not nutritionally dense enough to satisfy all of our biochemical needs.

As beautifully constructed as your body is and as well as it can perform, it has a potentially fatal flaw: it has to depend on you to give it what it needs to keep everything running well.

The good news is, when it comes to warding-off osteoporosis, what your body needs isn't that complicated or expensive. Experts agree that all people can take several positive steps to help preserve their bone health. We'll begin our discussion on these steps by briefly addressing exercise and move from there to the nutritional supplements that health professionals agree can give you the upper-hand against osteoporosis.

Establishing an Exercise Program

Before beginning any exercise program, you should consult with your physician or another knowledgeable health professional so that you can achieve the maximum results in the safest manner possible.

Exercise is very important in the prevention and treatment (yes, I did say ‘prevention’ and ‘treatment’) of osteoporosis. But more than that, exercise also helps develop balance, coordination, increased circulation and builds stronger muscles. It can also reduce your blood pressure, help your body metabolize fats better (for a leaner body), raise your HDL (good) cholesterol levels, aid diabetics by affecting insulin sensitivity and carbohydrate metabolism, increase joint flexibility and increase your ability to engage in and enjoy sexual activity. If you’re serious about your health you shouldn’t ignore benefits like these.

Don’t let the idea of exercise intimidate you. No one is going to expect you to run marathons or bench press 300 pounds. There is no need for exercise to be uncomfortable.

By following a few simple guidelines you can soon be incorporating many different types of enjoyable exercises into your daily routines. Not only can these exercises be fun, they can help you develop more stamina and allow you to enjoy many different activities – all while they help you build a stronger skeleton.

Obviously, if you’re going to start exercising for the benefit of your body, you don’t want to do anything that will negate or diminish those benefits. So if you smoke, get help and quit.

Smoking is as unhealthy for your bones as it is for your heart and lungs. It is a well-known fact that women who smoke may absorb less calcium from the foods they eat and have lower levels of bone building hormones than their nonsmoking peers.

Alcohol can also be harmful. If you drink as little as two to three ounces of alcohol a day, you may be damaging your skeleton (along with your liver, brain and several other organs you would rather not do without).

Bones, like your muscles, are formed by living tissue that becomes stronger with regular exercise. Just as muscles get bigger with weight-bearing exercises, so do your bones.

Whenever I speak to most people about weight bearing exercises they invariably think of a popular, very muscular athlete lifting heavy barbells and dumbbells. While heavy weight training and bodybuilding is terrific for your bones, there are other less extreme alternatives.

Any exercise that forces you to work against gravity will help build stronger bones. These exercises include walking, jogging, hiking, dancing, racquet sports, stair-climbing, resistance machines and aerobics (aerobics training should be done only under the guidance of a skilled trainer). *Swimming is not considered a weight bearing exercise.*

If you like to play tennis, golf, basketball, baseball, or any sport that requires twisting or that results in harsh impact, and you think you may *already* have Osteoporosis, you should ask your doctor if these activities need to be curtailed.

The only ‘bad’ news about exercise is that the effects are not permanent. You must make exercise a regular part of your prevention program. The great news is that you don’t need huge

chunks of time to exercise before you can see a benefit. Even moderate exercise can help you tremendously.

According to the National Osteoporosis Foundation (NOF) walking 3-4 miles in 45-60 minutes once every other day is safe and productive. Dr. James Rippe, M.D., the Director of the Exercise Physiology Laboratory at the University of Massachusetts Medical Center in Worcester explains it this way, "*Sporadic exercise adds up. If you take just three 10-minute walks a day during breaks, you're exercising 30 minutes.*" Nice, simple and very healthy.

Exercise and the Older Adult

One of the most enjoyable and rewarding ways to work exercise into your daily routine is to play more physically with your pets and/or children. Those who are advanced in age might want to start increasing their activity levels by walking a little more briskly while shopping or stretching, bending and lifting a little more during housework and cooking.

But no matter what your age is, you're never too old to start an exercise program — as proven by researchers from the University of Dundee in Scotland. They took 49 retirement home residents and divided them into two groups. The first group met twice a week, sat around and talked to one another. No exercise was encouraged. The second group began a program of low-intensity exercises. After seven months those in the second group (the 'athletes') were able to move more easily, had greater hand-grip strength and suffered less depression than their inactive counterparts.

Dr. Maria Fiatarone, M.D., of Harvard Medical School found that men and women, whose ages ranged from 85 to 96, all benefited from a weight-lifting program. After only two months they had developed greater strength, muscle mass, coordination and could walk longer distances. She had this to say about aging and exercise, "*The physical deterioration we have traditionally associated with growing old has nothing to do with chronological age and everything to do with lack of exercise.*"

Realistic Expectations

One final comment I would like to make about exercise has to do with human tendency. To paraphrase an old saying '*No one who fails plans to fail, but they do fail to plan.*' If you're serious about increasing your activity levels, be aware of the fact that almost 50% of those who start an exercise program quit within eight months. The reason most people give for their lack of 'stick-to-itiveness' is that they become disillusioned. In other words, they don't see the results they want as fast as they thought they would. Unfortunately, almost all of us fall into this trap.

Several years ago I saw an interview of a woman who had just celebrated her 102nd birthday. She was asked the question, "*Having lived over a century, what is the one thing that you would like people to know about you?*" I'm certain her answer was not exactly what the interviewer expected, but it made a lasting impression on me. To the question, she replied, "*I don't feel like I've lived more than a century. Inside here (she touched her temple), I'm still a young woman. I feel like I'm still in my thirties. But, all you can see is my wrinkles.*" – [paraphrased]

This woman's statement helps to illustrate an important point: most of us are 'young on the inside,' but we have to make allowances for our older bodies.

It's an inevitable fact: As we age our metabolic processes slow down. Our bodies still adapt to

changes but not as quickly as they did in earlier years. Even though you may remember a time when you could run 10 miles after a night on the town or when losing a few pounds was as simple as doing a few calisthenics, if you're over 35, you've got to face the fact that getting back into shape is going to take more effort and a longer amount of time.

It will take you approximately one month to get back into shape for every year you've been out of shape. When you think about it, that's not a bad trade (30 days vs. 365 days). Although you'll start receiving benefits from your exercise program the very first day, it will take about 60 days before you 'feel' the benefits.

Don't place unrealistic demands on your body. If you do, you'll get discouraged. To help keep yourself motivated when you first begin exercising try to keep these suggestions in mind:

* Check with your doctor before starting any exercise program and then... Start slowly. Don't overdo it. If you can't comfortably carry on a conversation while exercising or if you become breathless, you're overdoing it.

* Exercise with a friend. Not only is this safer, you'll support one another.

* Pick exercises that are fun and vary your activities so boredom doesn't set in. Don't be afraid of changing what you're doing in midstream. Remember, your goal is to build healthier bones and, in the process get more energy, sleep better and realize other health benefits... not to become Mr. or Ms. Universe.

* Be aware of your target aerobic heart rate range. If you don't know what this is, just ask your doctor or a physical fitness instructor. They'll be able to calculate this for you. Don't exceed this range.

Finally, if you're still not certain as to what activity you would like to try or at what level you should start, consider consulting an exercise specialist to help you design a program suitable for your specific needs.

Now that you know how to help your body become stronger, more agile, and healthier through exercise, let's talk about...

To Supplement or Not To Supplement

I would like to make my opinion on vitamin and mineral supplementation very clear. I do not believe the foods that are commonly eaten supply us with all the nutrition we need. In fact, the nutritional inadequacy of our foods is the reason I suggest everyone take a good multi-mineral and vitamin supplement *every day*.

Often, because I am such a supporter of supplements, people ask me how I can be so certain that the body needs vitamin and mineral supplements for good health. This is a fair question since most of us have been raised believing that the foods we eat, especially fresh fruits and vegetables, provide all the nutrients we need. My beliefs concerning the lack of nutritional value we get from the foods we eat were formed after years of research.

You don't have to be a scientist to realize that plants grown in mineral deficient soils can't absorb minerals that aren't present. If the ground isn't mineral rich, the plants won't be either. If the plants you eat are mineral deficient... you will be too.

I've found documents that date back as far as 1936 that confirm what many experts have long suspected: our soils are deficient in various minerals. Unfortunately, as a people, we are woefully deficient in minerals.

Researchers from the United States Department of Agriculture stated the following: *"It is bad news to learn from our leading authorities that 99 percent of the American people are deficient in minerals, and that a marked deficiency in any one of the more important minerals actually results in disease. Any upset of the balance, any considerable lack of one or another element, no matter how microscopic the body requirement may be, and we sicken, suffer, and shorten our lives."*
U.S. Government Document Number 264, U. S. Department of Agriculture

And...

"The alarming fact is that foods (fruits, vegetables and grains) now being raised on millions of acres of land that no longer contain enough of certain minerals are starving us – no matter how much of them we eat. No man of today can eat enough fruits and vegetables to supply his system with the minerals he requires for perfect health because his stomach isn't big enough to hold them."

As an example, if you wanted to obtain 1000 milligrams of calcium from foods you could eat any one of the following:

- 3 cups of Pinto Beans
- 27 ounces of Tofu
- 29 ounces of Sunflower Seeds
- 39 ounces of Mussels
- 43 ounces of Cream Cheese
- 55 ounces of Shrimp
- 15 Oranges
- 50 Baked Potatoes
- 100 Apples
- 196 Prunes

Or you could take 1 calcium supplement each day!

It's no wonder the U.S. Department of Agriculture has reported that, even though Americans have more foods available to them than any other people, not a single person in the U.S. receives 100% of the RDA for at least 10 essential nutrients when on a standard diet.

Adding Calcium-Rich Foods to Your Diet

Even though no single source of food that I'm aware of compares to the quantity of calcium that you can find in nutritional substances, I highly recommend that you eat as many calcium-rich foods as possible. The following list is taken from the book *'Prescription For Nutritional Healing.'* I highly recommend that you read this book as it is a wealth of information.

Sources of Assimilable Calcium-Rich Foods

- Broccoli
- Chestnuts
- Clams
- Dandelion Greens
- Dark Green Leafy Vegetables
- Flounder
- Hazelnuts
- Kale
- Kelp
- Molasses
- Oats
- Oysters
- Salmon
- Sardines
- Sea Vegetables
- Sesame Seeds
- Shrimp
- Soybeans (Organic)
- Tahini (Sesame Butter)
- Tofu
- Turnip Greens
- Wheat Germ

Note: Consume whole grains and calcium-rich foods at different times. Whole grains contain a substance that binds with calcium and prevents its uptake. Take calcium supplements at bedtime. It is best absorbed while you sleep.

The Epidemic of Calcium Deficiency

Recently I conducted an informal survey of 200 women at a health convention concerning calcium deficiency. I asked them what percentage of women they believed to be calcium deficient. The average response was 20%. They were all startled to find out that:

80% of American women are calcium deficient.

A study conducted by Dr. Paul Saltman, Professor of Biology at the University of California, on the calcium intake of adult women who claimed to have healthy diets concluded that they only averaged about 560 milligrams of calcium a day – which is 50% (or less) of what they need.

To make matters worse, Dr. Robert Heaney, M.D., Chairman of the U.S. Office of Technology Assessment's scientific advisory panel on osteoporosis, warns us that, because everyone absorbs nutrients differently: *"Some women absorb only 15 percent of the calcium in their foods."*

The reason for such poor absorption may be our own fault. The average American diet consists of massive amounts of processed foods, carbonated soft drinks, caffeine, high protein, sugar and

salt. This indiscriminate choice of foods can cause a major reduction in bone mass over a lifetime.

Eating processed foods, which are severely mineral deficient and have almost no nutritional value (except for the vitamins which are artificially added to them), can stimulate a biological need for protein. Obviously, we need protein for good health but researchers have known for over 75 years that an excessively high protein intake almost inevitably leads to calcium and magnesium loss. This is because your body cannot store high amounts of protein. Excess protein creates ammonia and various acids that prevent calcium and magnesium from being reabsorbed by your kidneys and depletes your bones of this mineral. High amounts of protein can cause you to have calcium-fortified urine, but not much else.

Another source of calcium and magnesium loss is a high-sodium diet. Eating 3900 mg. or more of sodium per day (about 1 teaspoon) can cause your body to expel up to 30 percent more calcium and magnesium in your urine than if you eat only 1600 mg daily. **The amounts of phosphorus and calcium found in your blood must be equal in order to maintain healthy bones.**

For this reason soft drinks and excessive caffeine intake can also put your bones at risk. The phosphorus in soft drinks can cause a severe imbalance in your blood phosphorus levels. If you have too much phosphorus in your blood calcium has to be drawn out of your bones to equalize the two. Caffeine, which is a diuretic, causes calcium to be lost by allowing more of it to be secreted into your gastrointestinal tract, thus increasing your need to urinate. Finally, some experts believe that the excessive consumption of refined sugars (such as those found in soft drinks, candies, and most pastries) may retard the absorption of calcium. Without a doubt the selection and consumption of sugar-filled foods over those rich in calcium certainly contributes to a calcium deficiency. This is a major concern for younger people (especially small children and teens) since they often consume 4 out of 5 calories in the form of sugar.

You don't have to look too far to see that all of the problems listed above (as well as low calcium diets) are commonplace among girls and women between the ages of 11 and 24. This group, on average, only takes in 900 mg of calcium per day – 25% less than the recommended dietary allowance (RDA) of 1,200 mg per day.

The problem of children and young adults not getting enough minerals on a daily basis extends far beyond the foods that may or may not have enough calcium in them. One major problem is that even if certain foods have enough minerals in them to nourish us, some children refuse to eat them or they aren't readily available.

The problem of refusal to eat certain foods is much more common among females than males. As Dr. Tom Lloyd, Director of the Young Women's Health Study at Pennsylvania State University in Hershey, has said, *"Most boys will eat anything that doesn't eat them first. But girls want to live on designer water and lettuce, so they have a big problem with calcium."* If you have a daughter, she should be taught that unless she attains proper bone mass during adolescence, she will be at a much greater risk of developing osteoporosis later in life.

When deciding for yourself if you should supplement it is very important to remember that nutritional needs change constantly during one's lifetime. Calcium is a good example of this. Your body's need for calcium is greater during childhood and adolescence, (when the skeleton is growing rapidly) and during pregnancy and breastfeeding. Older men (or women who have entered into menopause) need more calcium because as you age your ability to absorb calcium and other nutrients decreases. Older adults may also experience medical problems or be

prescribed drugs that interfere with nutrient absorption.

In my opinion, if you are concerned about your health and that of your family, you should consider adding vitamins along with a major and trace mineral supplement to your meals on a daily basis.

Building Nutritionally Sound Bones – The Calcium Connection

I've been asked many times which vitamins and minerals are thought to be the most critical in helping to prevent osteoporosis. The answer to this question is vitamin D, calcium, and magnesium. These nutrients are known to positively influence bone formation – especially calcium.

Just a few of the ways calcium helps your body...

- Aids the formation, construction and maintenance of both bone and teeth.
- Acts as an intricate component in blood clotting and also helps in wound healing.
- Helps to modulate blood pressure and neurotransmitters.
- Must be present for the production of enzymes and hormones that control digestion, energy and fat metabolism.
- Muscle contraction depends on it.
- It is an essential part of all cells and connective tissues.
- It may reduce the occurrence of premature heart disease when sufficient amounts of magnesium are also present.

As you might suspect, calcium is possibly the most important mineral there is to your body. Without enough calcium you'll develop an irregular heartbeat, your muscles won't contract properly and your skeleton will become weak. You don't have to be medically trained to realize the importance of calcium to your body. All you have to do is study the development of unborn children and the effect that calcium has on their bones after they're born.

From the moment a woman becomes pregnant her body becomes a living construction site. Whether her baby is born strong and healthy or weak and frail depends almost totally on the materials she has available in her body. If Mom isn't healthy, her baby won't be either. Doctors prescribe prenatal supplements to expectant mothers because they know that a baby has more of a chance of being healthy if supplementation is started early.

If you're pregnant or thinking about having a baby, you'd better be thinking about nutrition. Extra calcium should be on the top of your list. Why? Your body uses the vitamins, minerals and other materials that are in your body to form a completely new person. When the skeleton of your baby begins to form, massive amounts of calcium will be needed. This means that your calcium intake should be much higher than normal.

“Calcium is vital to the formation of the infant's bones and teeth. It also is needed for the proper functioning of blood, nerves, and muscles. Both phosphorus and vitamin D influence how well calcium is absorbed and utilized.

Calcium is most needed during the 1st trimester of pregnancy, when the fetus may draw as much as 13 milligrams of calcium each hour from the mother's blood.” – Nutrition During Pregnancy

and Breastfeeding, Richard Berkowitz, M.D., and Rosemary Wein, R.N.

From the moment you're born, your body begins using nutrients that were either supplied to you by your mother or from what you feed it on a daily basis. This constant use requires you replenish what is used. In the case of calcium, failing to 'restock' your body's storehouse can lead to osteoporosis as is explained in the following quote:

"When calcium intake is low, the body draws calcium from the bone to ensure adequate blood levels. If dietary calcium is not sufficient to replace calcium lost from the bones, bone density is reduced, increasing the risk of fracture or shin splints. Calcium deficiencies are primarily a concern for women, because they tend to have lower calcium intakes than men and because they have less dense bone structures." – The Nutritional Needs of Athletes, David T. Lowenthal, M.D., Ph.D., and Yair Karni, B.Sc.

The importance of calcium supplementation was confirmed during a three-year, double-blind, placebo-controlled trial that involved 70 pairs of identical twins. One twin in each pair was given 1000 mg/day of calcium citrate while the other twin received no supplementation. At the beginning and end of the study, the bone mineral density (BMD) of their radius, hip, and spine were measured and compared. The conclusion: At the end of three years, those who were given calcium supplements on a daily basis had developed denser, stronger bones. – New England Journal of Medicine 327:82-87

Scientific research has proven that we also require several companion nutrients (trace and major minerals as well as certain vitamins) to help activate or potentiate calcium. For instance, one of the main functions of calcium is to harden your bones. But, according to Dr. Michael Holick, Ph.D., M.D., Director of the Vitamin D Laboratory and Professor of Medicine at Boston University School of Medicine, without vitamin D, your bones won't harden. Since your body doesn't naturally produce calcium (or any other essential nutrient) it has to be supplied from an outside source like supplements.

The primary nutrients you should look for in a nutritional supplement to help support the health of your bones are:

Vitamin D 400 IU
Calcium 1000 mg
Magnesium 500 mg
Boron 1 mg

Your bones also need other trace minerals (fluorine, copper, molybdenum, zinc, phosphorus, silicon, etc.) to build healthy bones. Fortunately, trace amounts of these minerals can often be found in adequate amounts in fruits and vegetables. For example, you can get enough germanium by either taking a trace mineral supplement or by eating ginseng, onions, garlic or shiitake mushrooms. Also, most people can get enough fluorine from cabbages, carrots, beetroots, onions and potatoes and phosphorus from nuts, seeds and whole grains.

By properly supplementing your diet you can help to protect yourself from bone fractures and possibly even stop, prevent or reverse osteoporosis.

A report in the New England Journal of Medicine (327:1637-1642) revealed that daily supplementation with calcium and vitamin D3 was shown to reduce the risk of hip fractures by 43 percent and the risk of nonvertebral fractures by 32 percent in as little as 18 months.

Even though magnesium isn't as popular in the media, your body relies on it for several biochemical reactions, including the activation of over 300 enzymes and bone building. In fact, your bones contain about 60% of all the magnesium in your entire body. As important as magnesium is to building healthy bones, most people actually have less of it than they do calcium (scary isn't it?). This is probably because we eat too few dark green leafy vegetables and those that we do eat have been adversely affected by mineral depletion of the soil due to erosion and the overuse of fertilizers such as NPK or other chemicals.

If you supplement with calcium it's important to remember that a balance of magnesium is necessary to ensure optimal absorption of both minerals. This is extremely important. (Example: 1000 mg. Calcium + 500 mg. Magnesium).

Finally, if you don't have enough Vitamin D your body can't absorb calcium properly. Normally vitamin D can be synthesized in the skin through exposure to sunlight. As more of us are working night shifts and sleeping during the day and because the elderly are often house bound vitamin D supplementation is becoming more important. Those that live in regions that have extended winter months may need even more vitamin D than normal because of a lack of sunlight.

Now that you've learned what nutritional supplements are needed for healthy bones, it's time to learn how to choose supplements to help prevent bone loss.

Choosing Supplements to Help Prevent Osteoporosis

It should always be remembered that whenever you're choosing a supplement, quality and bioavailability (the amount of any substance your body actually absorbs and can use) is what you should look at first. Price should always be last. This means you must take care not to choose the wrong type of supplement based on sales hype. Carefully choosing your supplements will allow you to get the most value for your dollar.

In terms of absorption and bioavailability, citrates, lactates and gluconates are all good sources. But, in my opinion, MCHC (microcrystalline hydroxyapatite calcium) – especially for men and women over 40 – is the best choice for maximum bone building.

With that being said, the following chart, which is based on the latest research, can be used to help you determine your need for three of the most important bone building nutrients.

Boron is not listed because it does not have an RDA**. However, many health professionals suggest that you supplement with at least 1 milligram per day.

Supplementation Chart

Children (7 – 10 years)

Calcium – 800 mg

Magnesium – 400 mg

Vitamin D – 400 IU

Children (11 – 24 years)

Calcium – 1200 – 1500 mg

Magnesium – 600 – 750 mg

Vitamin D – 200 IU

Adult Female

Calcium – 1000 – 1200 mg

(Pregnant or Nursing Women 1600 – 1900 mg)

Magnesium – 500 – 750 mg

Vitamin D – 200 IU

Adult Male

Calcium – 1000 mg

Magnesium – 500 mg

Vitamin D – 200 IU

** Remember: The RDA is the minimum amount of any nutrient known to keep a disease or disorder from developing. The RDA is **not** the optimal amount for maximum health benefits.

What To Do If You Think You Already Have Osteoporosis?

Many of the women I speak to believe they may already be developing osteoporosis. If you are one of these women the first thing you should do, nutritionally, is to start supplementing with a full-spectrum vitamin and mineral supplement. Normally, you can find these supplements in a capsule or powdered form. These (as well as liquids) are better absorbed.

Your last choice should be pills because most of them are very hard for your body to absorb and use. *The faster your body can break down any given substance, the faster it can take advantage of the nutrients within it.* A good example is protein.

Assume that you had a piece of beef and a protein shake – both of which contained 20 grams of protein. Which source of protein would be easier for your body to take advantage of: 1) The piece of beef or 2) The shake?

Of course the answer is the shake. Why? Because your digestive system would have to work at breaking the beef into a liquid state before it could release the protein whereas the protein in the shake would already be in liquid form.

Further, I suggest that any woman who has entered into perimenopause or full-fledged menopause obtain a baseline Bone Mineral Density (BMD) exam. This is the most accurate way of determining your bone density. Normally this test is accompanied by a full medical exam that is designed to diagnose osteoporosis and will include your medical history, urine and blood tests and x-rays. The actual BMD test is nothing to fear. It's quick, painless and very accurate. Best of all it doesn't require you to get stuck with any needles. This test can also be used to help you assess your risk for future fractures.

Before you have this test performed you should be certain to tell your doctor why you think you may have osteoporosis (family history, loss of height, recent fractures, pain in your bones or back). After this test is performed, if you are diagnosed with osteoporosis, your doctor may suggest that you begin taking Calcitonin (a naturally occurring hormone that helps to regulate calcium and bone metabolism), Alendronate (a biophosphonate that reduces bone loss while increasing bone density) or hormone replacement therapy (HRT). However, before starting an HRT program you should read the next section '**On The Subject of Hormones.**'

If you would like to find a bone density testing center near you, contact:

National Osteoporosis Foundation
1150 17th Street, NW Suite 850
Washington, DC 20036
1-800-231-4222

If you are entering into perimenopause or are in menopause, your doctor may make a recommendation that you begin estrogen and progesterone replacement. The most common form of perimenopausal estrogen replacement is low dose birth control pills. During menopause many physicians suggest that women supplement with approximately .625 mg/day of estrogen. However, I would like to point out that there are a great number of knowledgeable healthcare professionals who believe that natural progesterone therapy is indicated rather than estrogen (or in combination with) before and after menopause. Two natural progesterone proponents are medical physicians Dr. William Regelson and Dr. John R. Lee. Before deciding which therapy you should begin (should therapy be indicated after you've consulted with your doctor) I would recommend reading the section I've included in this book as well as the two following books, which are available from most bookstores:

The Super Hormone Promise
by Dr. William Regelson, M.D.

What your Doctor May Not Tell You About Breast Cancer
by Dr. John R. Lee, M.D.

Whereas Dr. Lee's book deals almost solely with progesterone and the effects of estrogen dominance, Dr. Regelson's "*The Super Hormone Promise*" has several chapters dealing with a wide variety of hormones including: Progesterone, Estrogen, Testosterone, Pregnenolone, Dehydroepiandrosterone (DHEA), and others. I highly recommend both of these books.

A note concerning hormones:

As stated above, many health practitioners recommend hormone replacement therapy (HRT) for women at high risk for osteoporosis, women whose ovaries were removed before age 50, who have experienced natural or surgical menopause, who have a family history of osteoporosis or who have below normal bone mass for their age.

As with all medical procedures, the decision to use HRT's (especially synthetic) should be made after discussing the benefits, risks and your own situation with your doctor. The same advice stands for men with low testosterone levels.

Now that I've broached the subject of hormones, I'd like to spend some time explaining how supplementing with one of them – specifically natural progesterone – may increase the quality and longevity of your life.

Hormones Make You Who You Are

As you read this section make a mental inventory as to the number of women you know. As you make this list remember to go beyond your immediate family and friends. How many of your co-workers, members of your church and social clubs are women? Don't forget the women you know from local restaurants, those who are civil servants, the medical staff of hospitals, etc.

Now that you've got a fairly large number of women in mind, think about this: Within five years of their fortieth birthdays almost every one of these women will be prescribed a hormone replacement therapy (HRT) that relies heavily on the use of estrogen combined with some form of synthetic progestins. They will be told that HRT will help prevent osteoporosis.

Unfortunately, this is a lie. Most hormone replacement therapies (especially those that rely heavily on estrogen replacement) do little or nothing to prevent osteoporosis. Even worse, they can have devastating side effects.

I'm convinced that the majority of women subject themselves to unnatural and unnecessary hormone replacement therapies because they are ignorant of how their bodies really work and what these therapies can do to them physically. Still, I am sympathetic to the fact that women (including me) are faced with the task of making some very daunting decisions as we age. I am also aware that we're often asked to make these decisions by our physicians who, if we're completely honest, we depend on to 'make a good suggestion.' Unfortunately, these doctors, many of them female, often know just a bit more than the patient herself about potential dangers versus health benefits of HRTs.

The lack of any real knowledge concerning hormone replacement therapies on the part of a family physician shouldn't really surprise any of us. It has been my experience that many doctors receive the lions-share of the information they have on treatments of any kind from sales reps instead of from hard scientific evidence.

Indeed, Dr. John Lee, M.D. points out in his book *Natural Progesterone* that hormone replacement therapies became popular after "Doctors were subjected to massive advertising campaigns via journal advertisements, promotional symposia disguised as 'continuing medical education' (i.e., CME, a requirement for physicians these days) with appropriate credits, personal visits by drug salesmen bringing boxes of free samples, and medical articles of studies spawned by generous grants from the industry, all touting the putative bone benefit of estrogen and the protective effect (against endometrial cancer) of progestins. In the past few years, Prior et al [J.C. Prior and V.M. Vigna– Ed.] have provided reliable evidence that osteoporotic bone loss occurs in women with progesterone deficiency despite adequate estrogen levels. Yet, physicians continue to be taught that 'estrogen is the single most potent factor in the prevention of bone loss.' The strength of the estrogen-fixed mindset represents a victory of advertising over science."

I would like to note that I firmly believe that physicians attempt to make the very best decisions they can concerning our health. However, they are only human. Like anyone else they have a limited amount of time to spend learning about new developments. So, it is up to you and me to help them make good decisions for us.

Dr. Jeckyl & Ms. Hyde

Maybe it's your sister, your mother, your grandmother – maybe it's even you!

No matter who it is, you're positive of one thing... no one is happy about it.

Every month when your menstrual cycle is about to begin, you change. You become irritable, angry, depressed, you cry and you want to scream. You gain water weight, your face breaks out – you just wish you weren't a woman.

Then, after a few years, your body is ready to go into menopause.

“Finally,” you think, “I'll get some relief.”

Suddenly, out of the blue, your body seems to rebel against you all over again. Your sex drive drops to all time lows. Your skin doesn't seem to be as soft and supple as it used to. You're just plain tired. To top it all off you wake up in the middle of the night sweating, your heart races and you feel like you're on fire – *Hot flashes!*

Your Body Really Isn't Insane

Does any of the above sound familiar? It probably does. Literally millions of women experience the discomforts brought about by a largely preventable imbalance called estrogen dominance.

Estrogen dominance (i.e., progesterone deficiency) is a hormonal imbalance that afflicts nearly 1 out of every 2 women at some point in their lives – beginning around puberty. This imbalance can cause a multitude of discomforts including:

- Weight Gain (especially around the thighs and hips)
- PMS
- Menstrual Cramps
- Migraines
- Acne
- Irregular Menstrual Bleeding
- Breast Tenderness
- Hot Flashes
- Bloating
- Constipation
- Vaginal Dryness
- Facial Hair
- Depression
- Decreased Sex Drive
- Fibroid Tumors
- Endometriosis
- Memory Loss
- Foggy Thinking
- Cold Hands & Feet
- Osteoporosis
- Mood Swings
- and more...

The good news is that you don't have to live with estrogen dominance. Supplementing with natural progesterone can help. But, first you should understand what causes the problem.

Estrogen Dominance and Why It Occurs

Unlike progesterone there is no single hormone called estrogen. Estrogen is actually the name of a class of hormones that includes estriol, estradiol and estrone. Estradiol is the most potent of the three.

Normally, estrogen and progesterone work together to help a woman's body prepare to conceive and to support the resultant life of her baby. During the first half of the menstrual cycle estrogen causes the body to increase the storage and production of fiber, sodium, water and other nutrients. Progesterone increases during the second half of the menstrual cycle and causes the uterine lining to grow in case a pregnancy occurs. Natural progesterone (not synthetic) allows the survival of your unborn baby. If there is not sufficient progesterone at the time of fertilization then successful implantation and growth of your child cannot occur. Many women have problems conceiving due to low progesterone levels. To correct this problem fertility specialists commonly prescribe natural progesterone (not synthetic – ONLY NATURAL) so that implantation and fertilization can take place.

If impregnation doesn't occur once your body has prepared itself for a possible pregnancy then progesterone levels drop and the body flushes out this excess material (this is commonly referred to as a period). This cycle continues until your childbearing years are over and you enter into menopause.

During the time just prior to menopause (perimenopause) your ovaries start to shut-down and your adrenal glands begin to produce less and less progesterone. After menopause, your body can still produce 40% – 60% of its natural estrogen but may only produce 1/20th of the progesterone that was created prior to menopause. Since there is not a sufficient level of progesterone to balance the estrogen produced... **estrogen dominance occurs** – as do all the side effects associated with perimenopause and menopause.

While the term 'estrogen dominance' is used in relation to the physiological status of your body during which all of these effects are noticed the term shouldn't be taken to mean your body has 'too much' estrogen in general. Instead the term should be understood to mean the symptoms associated with PMS, menopause, et cetera occur because there is too little progesterone as compared to estrogen. You should know that when it comes to estrogen dominance you are not in the minority. The fact is that estrogen dominance occurs in almost all women who have entered into perimenopause or full-fledged menopause.

To make matters worse, many, many women who begin experiencing symptoms associated with estrogen dominance being taking synthetic estrogen buffered with some form of synthetic progesterone (i.e., progestins). While this may relieve some of the associated symptoms, it can also increase the imbalance.

Xenoestrogens

Even if you aren't taking synthetic estrogen, you may still fall prey to exaggerated estrogen dominance if you're exposed to xenoestrogens. As peculiar as the name is 'xenoestrogens' aren't a brand name of the newest class of estrogen drugs. Xenoestrogens are foreign estrogens created by petrochemicals and other environmental pollutants that are extremely common in cities across America. These foreign estrogens can interfere with natural hormone production as well as with thyroid function.

Xenoestrogens are found in everything – from commercially prepared beef, chicken, and dairy products (one of the most widely known uses of estrogen is for the fattening of cattle) to carpet, hair spray, lotions, mineral oil, perfume, plastic utensils, room deodorizers, shampoos, skin creams and soaps. Also, many pesticides commonly used on commercially grown fruits and vegetables have estrogenic properties.

Once in the body these harmful estrogens are then deposited in our fatty tissues and on estrogen and progesterone receptors where they are known to interfere in the proper utilization and production of natural progesterone & estrogen. Furthermore, they have been implicated in the promotion of other more serious health problems such as fibrocystic breast disease and breast cancer.

Pregnant Horse Urine

Although I do not wholeheartedly support much of what the popular media dispenses as ‘news’ today I do have to commend various reporters on their excellent attempt to expose the rising dangers of synthetic hormones. It seems as though each month brings with it another report of some new disorder that is caused by or is exacerbated by synthetic hormone replacement therapies. Today, more and more women are demanding to know exactly what they are being asked to put into their bodies. The article ‘Hormone Replacement Increases Cancer Risk’ (which can be found in the 1995 edition of Good Medicine) told some women much more than they probably wanted to know about exactly what Premarin is, how it’s produced and it’s effects.

“The most popular estrogen product is Premarin, from Wyeth-Ayerst Laboratories. Although doctors sometimes describe it as “natural” for women, it is actually a horse estrogen. On farms in North Dakota and Canada, 75,000 mares are impregnated and then confined from the fourth month through the end of their eleven-month pregnancy so their urine can be gathered in a collection harness. After they give birth, the mares are reimpregnated. Their foals usually end up as horse meat, and the urine estrogens are packed into pills. The trade name “Premarin” is simply a condensation of the words “pregnant mares’ urine” – hardly a natural substance for human beings to swallow. While Premarin contains estradiol and estrone, two types of estrogen which are made in humans, it also contains an enormous amount of equilin, a horse estrogen that never occurs at all in humans.

Estrogen supplements can have serious side effects. They are particularly risky for women with clotting disorders, undiagnosed vaginal bleeding, liver disease, a past history of breast cancer, or a strong family history of breast cancer.

They increase the risk of uterine cancer, unless progesterone (or a synthetic progesterone-like drug) is added to the regimen. They increase the risk of breast cancer, whether progesterone is added or not. Women taking estrogen supplements have 30 to 80 percent more breast cancer risk than other women.”

Not surprisingly, farms that specialize in collecting the urine from pregnant mares are called PMU (pregnant mare urine) farms. PETA (People for the Ethical Treatment of Animals) has been an outspoken opponent of these farms. Indeed, their research has revealed that in order to produce the drug Premarin, horses are put through a form of torture.

To capture the hormone-dense urine needed to produce Premarin, pregnant mares are tied to the front of stalls that measure only 1.5 to 2 meters by 2.5 meters long. For up to six months as their bodies produce more and more estrogen the animals cannot turn around or even lie down. They are barely able to take more than a step or two in any direction. Lameness is common. Adding to their misery is the fact that they are made to wear large urine collection bags day and night. These bags regularly rub against their legs and cause gruesome chaffing and sores. Further their water is restricted regardless of thirst. This partial dehydration serves to concentrate the urine so that more estrogens can be collected from less liquid.

A short time after giving birth these mares are separated from their foals, impregnated once again, and put back on the 'pee line.' This cycle continues until the mare is no longer fertile.

For more information on PMU Farms visit: <http://www.premarin.org>

Is The 'Cure' Worse Than The Problem?

Okay, now that you know how horses are treated so that pharmaceutical companies can create one form of synthetic HRT, you might want to know what could happen if you subject yourself to a synthetic hormone replacement therapy.

Are the benefits of traditional HRTs worth the risk? Only you can weigh the pros and cons and make that decision. To help you do just that read on and you'll see some of the possible side effects of these therapies.

Would you want to personally go through any of the following? Would you want your daughter or mothers to?

Side Effects of Synthetic HRTs

- Abdominal pain
- Abnormal withdrawal bleeding
- Bloating
- Blood clots
- Breakthrough bleeding
- Breast enlargement
- Breast tenderness
- Cardiovascular disease
- Certain cancers
- Change in cervical secretions
- Change in menstrual flow
- Change in sex drive
- Change in weight
- Darkening of skin
- Depression
- Dizziness
- Excessive hair growth
- Fluid retention
- Gallbladder disease
- Growth of benign fibroid tumors in the uterus
- Hair loss
- Headache
- High blood pressure
- Increased risk of endometria
- Increased risk of gallstones
- Intolerance to contact lenses
- Irregular bleeding
- Migraine
- Nausea
- Rash
- Reddened skin
- Severe allergic reaction
- Twitching
- Vaginal bleeding (more common at higher doses)
- Vaginal yeast infection
- Vomiting
- Yellowing of eyes and skin

A warning for a popular estrogen replacement products states:

While taking estrogen, get in touch with your doctor right away if you notice any of the following:

- Abdominal pain, tenderness, or swelling
- Abnormal bleeding of the vagina
- Breast lumps

- Coughing up blood
- Difficulty with speech
- Pain in your chest or calves
- Severe headache, dizziness, or faintness
- Skin irritation, redness, or rash
- Sudden shortness of breath
- Vision changes
- Weakness or numbness of an arm or leg
- Yellowing of the skin or eyes

Cancer and Hormone Replacement

As you probably know, Hormone Replacement Therapy (HRT) has been the standard treatment for aging females for years (whether they really needed it or not). Today, around 17 million women take one form of synthetic hormone replacement or another. Ask any woman that you know if she's been 'educated' as to the 'benefits' of hormone replacement during and after menopause and she'll undoubtedly say 'yes.' Education as to the potential benefits of HRT is BIG business – BILLIONS OF DOLLARS BIG.

Even so, health advocates for women have been warning of the possible (some said probable) dangers of synthetic hormone replacement therapies for decades. Even Kenneth Noller, a Tufts University OB-GYN has clearly stated that “*Estrogen replacement therapy certainly is not the panacea it once appeared...*”

While many of these advocates have been summarily dismissed as harbingers of doom by the traditional medical community, in early 2015 the BBC reported on a study conducted by the University of Oxford and other research centers in both the UK and Spain that concluded: “Women on HRT pills should be aware that there is a small chance of an increased risk of blood clots and possibly stroke.” My question is this: *Why is a ‘small chance’ of debilitating or deadly side effects acceptable when life and death doesn’t hang in the balance??*

The synthetic hormones that have been traditionally prescribed as somewhat of a panacea for menopausal ailments have been being scrutinized for over a decade now. Women are no longer just ‘taking their doctors word’ about hormone replacement. The following announcement by the Journal of the American Medical Association (JAMA) shocked physicians and scared women around the world.

JAMA-EXPRESS – July 22, 2002

Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women Principal Results From the Women's Health Initiative Randomized Controlled Trial

Results: On May 31, 2002, after a mean of 5.2 years of follow-up, **the data and safety monitoring board recommended stopping the trial of estrogen plus progestin vs placebo because the test statistic for invasive breast cancer exceeded the stopping boundary for this adverse effect and the global index statistic supported risks exceeding benefits.** This report includes data on the major clinical outcomes through April 30, 2002.

[Emphasis mine – Ed.]

The conclusion of this study didn't surprise many. As early as the year 2000 an article written in USA TODAY revealed the following:

“Schairer [epidemiologist at the National Cancer Institute – Ed.] and her collaborators analyzed data from 46,355 women in a nationwide breast cancer screening program. Lean women who

were on estrogen for less than eight years had the same risk of developing breast cancer as those who had never been on it. But women who took estrogen for eight to 16 years had a 50% higher risk of breast cancer than those who had never used it. And those who took it longer had a 60% increased risk.

That medical professionals have known the potential risks of synthetic hormone replacement therapies for years as is seen from the following quote:

“In postmenopausal women who used estrogen from ages 50 to 60, the cumulative risk of developing breast cancer by age 70 increased by 23%, compared with women who had never used HRT. The risk increased by 67% in women who used HRT containing estrogen and progestin for 10 years.” (Nursing, v31 i2 p35)

Headlines From Across the Country

The headlines that started showing up in the early 2000's should serve to alert you as to just how big the breaking news about synthetic HRT was and still is. For instance:

- **Troubling drug study raises questions that go unanswered**
USA TODAY – Our view:

Women taking hormone therapy deserve better guidance.

For 16,000 women enrolled in a federal study of hormone replacement therapy, the advice this week was clear. After new research showed that the popular drug therapy does more harm than good, federal investigators sent study participants letters and told them to stop taking their pills.

Too bad 6 million other U.S. women taking similar combinations of progestin and estrogen can't get such clear guidance. For them, the answer to the urgent question, "Should I quit too?" is non-existent, garbled or suspect. Clarity isn't likely soon.

- **CORRECTED: Range of Alternatives to Hormones Confuse Women**
By Maggie Fox, Health and Science Correspondent, July 18, 2002

WASHINGTON (Reuters) – **A study released on Tuesday that shows estrogen replacement therapy may cause ovarian cancer puts one more nail in the coffin of the use of hormones in menopause.** but women have many choices -- they're just not as easy as popping a pill.

Gynecologists say they have been besieged with calls from patients worried that they may have to stop taking hormone replacement therapy, which is an extremely popular way to treat immediate symptoms of menopause such as hot flashes and vaginal dryness, and to protect against bone-thinning osteoporosis.

Hormone replacement therapy is taken by an estimated 13.5 million women in the United States alone, nearly 8 million who take estrogen only and up to 6 million who take a combination of estrogen and progestin.

Over the years, doctors have stopped prescribing HRT to prevent heart disease, because studies have suggested that, despite hopes, it does not.

Last week, a large study published in the Journal of the American Medical Association affirmed this, showing combined **HRT in fact raises the risk of heart attack and also of stroke, breast cancer and blood clots.** [Emphasis mine – Ed.]

- **Estrogen Hormone Therapy Ups Risk of Ovarian Cancer** (Reuters)
By Allison McCook, July 16, 2002

NEW YORK (Reuters Health) - The image of hormone replacement therapy, battered by last week's revelation that the risks can outweigh the benefits in the long term, received another blow from researchers on Tuesday.

They report that women who take estrogen-only hormone replacement therapy (HRT) for a long period of time have a **higher-than-average risk of developing ovarian cancer.**

Some experts in the field directly blame what they call "unnatural" hormone formulas such as PremPro for this country's alarming and continually rising breast cancer rates.
[Emphasis mine – Ed.]

- **Hormone study dismays**
By Amy Mayron, July 14, 2002

St. Paul Pioneer Press – The news last week that menopause hormone medications may increase the risk of breast cancer and heart disease has Minnesota women second-guessing their treatment regimens and flooding their physicians with calls for advice.

The tone of Twin Cities women calling doctors' offices last week included panic, confusion and skepticism. Most women wanted to know whether they should still take their hormones, while others were angered by the research findings, unwilling to give up a drug that has eased the discomfort of menopause. Men were also calling with concern for their wives.

"I think it's just big news for every woman over 35," said Dr. Karen Margolis, a Hennepin County physician who conducted local trials for a national study on the medications. "Almost every woman in every shape or form has something to think about with these results."

The study found that long-term use of Prempro, a combination of estrogen and progestin, put women at higher risk of developing fatal illnesses. It sent shockwaves through the medical community, which has long advocated estrogen treatment for menopausal women.
[Emphasis mine – Ed.]

- **Here come the legal wranglings over Prempro**
By Rita Rubin, July 22, 2002

USA TODAY – Law firms across the country are rushing to capitalize on the just-released findings of a government study that links a top-selling brand of postmenopausal hormones with increased risks of health problems.

Less than a week after scientists announced that Prempro, a top-selling brand of postmenopausal hormones, caused more harm than good, at least two law firms filed complaints seeking a judge's certification for class-action lawsuits against Wyeth Pharmaceuticals, the drug's maker.

Those firms and several others have revamped their Web sites to attract women who think their health problems stem from taking Prempro. Type "Prempro" into the Google Internet search engine and "sponsored links" by some of the law firms will pop up.

"The first morning after we filed, we had a bank of six phones just lit up constantly all day long," says Hal Kleinman, a lawyer with a Chicago firm that filed a lawsuit Monday.

Researchers halted the government study three years early because women on Prempro, a combination of estrogen and progestin, were more likely to be diagnosed with breast cancer, heart attacks, strokes and blood clots in the legs or lungs than women on a placebo.

[Emphasis mine – Ed.]

- **Study: Estrogen therapy raises ovarian cancer risk**
By Rita Rubin, July 16, 2002

USA TODAY – In the latest study to challenge the safety of postmenopausal hormones, **National Cancer Institute scientists today report that women who take estrogen are more likely to develop ovarian cancer than those who don't.**

And the longer women take estrogen, the greater their ovarian cancer risk, the study found. Women who took estrogen at least 20 years had more **than triple the risk of women who had not taken it.**

Just last week, the government announced it halted a study comparing estrogen plus progestin with a placebo. The study was stopped more than three years early because the risks, namely breast cancer, outweighed the benefits of taking the hormones.
[Emphasis mine – Ed.]

All one has to do is use an internet search engine and look up 'estrogen dominance' or 'synthetic hormone replacement' or 'hormone replacement therapy' to find a plethora of articles written by medical journalists that show (as recently as April 2015) that this is still a problem for women (over a decade AFTER it was first exposed).

Martha Fankhauser, a University of Arizona clinical pharmacist who specializes in women's health issues, sums up the 'new' information about hormones thusly: "***I am convinced these types of hormones are actually toxic to women, and we will find out that toxicity is the real cause of the risks the study has uncovered.***"

For millions of women, finding a quality alternative to synthetic hormone replacement is no longer a question of 'want' vs. 'need' – it is a matter of life vs. death.

Drugs, Drugs and More Drugs

As threatening as synthetic hormone replacement therapy can be, the risks for women suffering from the symptoms of improper levels of progesterone might grow each time she visits her doctor. One of the reasons why is because traditional medical doctors are typically trained to 'treat the symptom' rather than the cause. To make matters worse, we've all been conditioned by our 'pharmaceutical happy' society to expect near miracle 'cures' within a matter of days – sometimes hours. This makes us more susceptible to the idea of taking additional drugs to assuage our discomfort – especially when combined with the fact that the discomforts women suffer from progesterone imbalance can be very unpleasant.

The positive side of drugs is that a hundred years ago, most cancers were a death sentence. Today, many types of cancer can be treated very effectively (although the treatment often results in such severe disorders that additional treatments are needed to correct what the original treatment caused). Less spectacular disorders such as vaginal yeast infections and bladder infections are often ‘cured’ by taking one little pill! How wonderful.

While there is no doubt that the science of pharmacology has saved countless lives the irresponsible use of drugs has caused untold suffering in our society. Medical practitioners regularly see patients who have liver dysfunctions (tumors, jaundice, vomiting, toxicity, etc.) because they’ve come to think of a headache as a deficiency of ibuprofen or acetaminophen.

Unfortunately, while synthetic hormones are the drugs most often prescribed to treat the symptoms resulting from a natural progesterone and natural estrogen imbalance, they are only the beginning of the prescriptions that many women eventually take.

It’s not uncommon for women whose progesterone levels are low (or who are taking synthetic hormones that elevate estrogen levels to greater than normal levels) to manifest symptoms of mental disorders. If this occurs then different drugs are prescribed to reduce or suppress the assumed disorder.

In fact, any woman who visits her physician and complains of irritability, mood swings, anger, depression, loss of sexual desire or any number of symptoms associated with low progesterone levels is almost assured to leave the office with at least one new prescription for the latest drug to ‘deal’ with a particular symptom.

Prescriptions for psychopharmacological drugs have soared to astronomical heights in the last few years. This is especially true for tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs or MAO Inhibitors), and serotonin selective reuptake inhibitors (SSRIs).

Some of the antidepressants that I’m aware of which have been used to suppress the mood swings associated with the fluctuating hormone levels associated with PMS, perimenopause and menopause are:

- Adapin
- Anafranil
- Asedin
- Aventyl
- Celexa
- Desyrel
- Effexor
- Elavil
- Endep
- Janimine
- Luvox
- Norpramin
- Pamelor
- Paxil
- Pertofrane
- Prozac
- Sarafem
- Sinequan
- Tofranil
- Wellbutrin
- Zoloft

Not only are many of these drugs addictive, they can also have a host of potential side effects – some of which mimic or are less desirable than the symptoms of imbalanced natural estrogen/progesterone levels.

These side effects include:

- Abnormal Dreams
- Agitation
- Anxiety
- Psychosis and Mania
- Back Pain
- Bronchitis
- Chills
- Convulsions
- Dependency
- Diarrhea
- Disturbances of appetite
- Dizziness
- Drowsiness and Fatigue
- Excessive sweating
- Extreme Agitation
- Hallucinations
- Headache
- Hostility and Aggression
- Insomnia
- Joint Pain
- Liver Problems and Failure
- Muscle Pain
- Nausea
- Painful Menstruation
- Pruritus (skin inflammation)
- Rash
- Rhinitis (inflammation of the nasal mucous membranes)
- Sexual Dysfunction
- Suicide
- Tremors
- Urinary Tract Infection

Does any of the above sound familiar?

By now it should be obvious that treating the symptoms of a disorder that has already developed isn't as good as preventing the disorder from developing in the first place. In most every case, disorders can be prevented from developing if your body is 'in balance' internally. Internal balance (as I hope you've come to realize) can alleviate most, if not all, of the symptoms associated with PMS, perimenopause, and menopause.

Fortunately, nature has provided us with an answer. Today, using advanced extraction and fermentation processes, we are able to harvest natural progesterone from specific plants. Unlike synthetic progestins, the natural progesterone available to us matches exactly the chemical formulation of your body's own progesterone. As such, it causes no negative side effects.

Let's learn more...

Bellatude® - Nature's Natural Solution

Considering that most women begin taking HRT regimen in their late 30's or early 40's and that our life expectancy is (currently) over 70 years, the chance that a woman using synthetic HRTs will develop breast cancer is very high.

Many women are surprised to learn that Western societies, despite our superior medical technologies, have the biggest problems with estrogen dominance. The fact is that in some countries hot flashes are so rare that there is no word to describe them. Why? One of the reasons could be because of diet. There are 5000+ known plants that produce sterols that have progestogenic effects. Normally, these foods might result in a balance between estrogen and progesterone. However, because of the way we process our food in the West, many of the naturally protective compounds are destroyed. Common sense would seem to indicate that the solution is to reintroduce these natural sterols into our bodies. In fact, this is just what research is proving.

Natural progesterone supplementation has been documented to be a viable way to decrease the discomfort normally associated with decreasing production of progesterone by the ovaries and/or the increase of estrogen during the menstrual cycle from the teenage years through menopause. Furthermore, natural progesterone has been used for a number of different disorders and, although women predominantly use it, it isn't a 'female only' substance. Natural progesterone has been used in the prevention and maintenance of bone loss in both men and women. It is well documented that men who suffer from prostate cancer or low testosterone levels may experience the development of osteoporosis much more quickly than their more balanced peers. Natural progesterone supplementation can be used for these men as it has the same bone-building benefits as testosterone and will not promote feminizing effects.

Natural progesterone has been used since 1938 with a number of positive results. For instance, women suffering from PMS have reported that supplementation of this type has improved or eliminated irritability, water retention (edema) and other related symptoms. Other benefits have included a reversal of osteoporosis, fibroid reduction, enhanced thyroid activity, and a reduction of estrogen intake to mention only a few.

Natural progesterone can and should be used as a strategic management tool for PMS, menopause, osteoporosis, irregular menses, fibrocystic breasts, endometriosis and other 'female' problems. It is extremely rare that I find the need to recommend the use of estrogen for anything other than vaginal dryness. Even then I prefer a natural form of estrogen rather than synthetic.

By and large, natural progesterone alone helps to safely restore healthy hormone balance. This is why I developed Bellatude.

What Is Natural Progesterone?

Natural progesterone comes from Mexican wild yams and it matches exactly the chemical formulation of your body's own progesterone (technically this is called being a bio-identical hormone). This is why it has no side effects. Natural progesterone is so safe that even young girls (9 – 13) can use it. This is important because low estrogen levels can adversely affect the general health of girls between these ages, for a year or more before the onset of menstruation. Low estrogen levels can cause blood calcium levels to drop so low that young girls often develop symptoms associated with menarche (which are usually accepted as normal behavior) as well as compulsive consumption of sweets – this type of eating disorder contributes to obesity as well as malnutrition.

During puberty the maturing ovaries require calcium to produce estrogen thus diverting calcium from metabolic requirements. Introducing natural progesterone at this time will alleviate most of the symptoms just mentioned. Continued use of natural progesterone through the teenage years will maintain a high level of wellness with few or no PMS complaints.

While natural progesterone can be found in many different forms (pills, suppositories, and transdermal creams) **the superior absorption of transdermal creams are the choice for most women.** Again, this is the reason I created Bellatude as a cream that goes on effortlessly, doesn't stain and has no discernable residue because it's absorbed almost immediately.

Herbal extracts and active phytonutrients often have a molecular size that is much smaller than other substances. According to several different studies these substances have been proven to have maximum bioavailability in transdermal systems. The reason transdermal absorption is preferred over pills is because it avoids metabolization by the liver where many substances are altered chemically before entering into general circulation throughout the body.

Clinical researchers of transdermal (through the skin) delivery systems have noted an increased bioavailability factor (versus oral) of 400% – 4000%.

When choosing a natural progesterone supplement, practicality is always an important factor. Being able to conveniently carry and store your supply of progesterone may mean the difference between using this beneficial supplement and forgetting about it.

Another factor to consider is the accuracy of the delivery system. Poor absorption often necessitates a much higher quantity of a specific component than a supplement that is able to deliver specific amounts of product into your body.

Dr. John R. Lee suggests that 20 to 30 milligrams of natural progesterone per day will help you to maintain adequate levels of this hormone. He also notes that *"the best way to tell if enough is being used is whether your symptoms are relieved."* – *What Your Doctor May Not Tell You About Menopause*. Bellatude provides you with an average of 20 mgs. per dose.

Potential Health Benefits of Natural Progesterone

- Protects against fibrocystic breasts
- Improves sleep patterns
- Restores sex drive
- Improved brain function
- Diminished muscular aches
- Improvement of skin disorders such as acne, seborrhea, keratoses, rosacea, psoriasis, etc.
- Acts as a natural antidepressant
- Helps to process fat as energy
- Creates a natural thermogenic effect
- Protects against endometrial cancer
- Protects against breast cancer
- Helps to normalize blood sugar levels
- Helps to protect against osteoporosis by building bone
- Helps thyroid hormone action
- Acts as a natural diuretic
- Helps to normalize copper and zinc levels
- Promotes proper cell oxygen levels
- *and much more...*

Possible Side Effects: None.

Natural Progesterone and Sex Drive

I often tell my clients (male and female) that sex isn't a problem as long as you're having it often enough. For far too many married couples... frequency is a definite concern.

As men and women age sexual desire often diminishes. This is unfortunate and unnecessary. The lack of libido (sex drive) is principally caused by one of three problems:

- 1) A fluctuation of hormones (normally a decrease)
- 2) Common physical disorders (vaginal dryness, decreased elasticity of the vaginal walls, etc.)
- 3) A poor body image.

Of the women who are sexually active in America, the majority will experience two or more of the problems listed above in their lifetimes. As both a woman and a health care advocate, this concerns me. While everyone can live without sexual intercourse life is much more enjoyable with it – especially in the context of a married, monogamous relationship.

Sex is an important part of married life because physical intimacy between a man and a woman is so – *personal*. If one partner isn't performing adequately sexually then both suffer. Both assume partial responsibility and both feel guilty. If you are a woman who is suffering from vaginal dryness, decreased elasticity of the vaginal walls, or simply a lack of desire, you'll be very glad to know that the administration of natural progesterone may help.

Sex Changes as Hormones Change

Sex is more complicated than we'd like to believe. It isn't simply a matter of 'insert object 'A' into slot 'B.' In fact, an intricate tapestry of biochemical reactions precedes the act of loving intercourse. Knowing that sex is as much psychological as it is physiological (especially for a woman) it's easier to make the connection as to why fluctuating hormones affect libido.

We all know that the change in hormone levels during specific times of the month are often followed by (or in conjunction with) what we call premenstrual syndrome (PMS). Although PMS does not affect all women the majority do have to suffer through a variety of distractions. Women who enter into perimenopause (the period of time just before menopause is entered into) and menopause have dramatic shifts in the level of hormones their body produces. The shift from a higher level of natural progesterone to a very low level of the same hormone, more often than not, causes a loss of sex drive and can bring about depression.

One of the harbingers of things to come is vaginal dryness not caused by physical or mental stress. Nearly all women experience vaginal dryness at some point in their lives due to outside stresses. But, the reduction of intimate lubrication (vaginal 'wetness') that proceeds from the change of hormone levels is something that most women feel helpless to prevent. It is dreaded because proper lubrication is necessary for sexual pleasure, orgasm, sexual confidence and security, and overall sexual fulfillment.

Something most women aren't told is that taking synthetic estrogen (which increases the total amount of estrogen in your body to astronomical heights as compared to the levels of natural progesterone) can dramatically suppress libido. Fortunately, supplementation with natural progesterone (preferably when synthetic estrogen isn't used) counter-acts estrogen dominance, increases natural lubrication, allays vaginal atrophy, improves libido, and, for many women, intensifies sex drive.

Natural progesterone is such a critical link to a woman's sex drive that many women state that it restores their libido almost immediately. Linda Atkins is one of the many women that I've heard from after they've started applying natural progesterone on a daily basis.

“My name is Linda Atkins and I'm fifty-eight years old. I was experiencing post menopausal symptoms for several years even though I was taking synthetic hormone replacement therapy. I still had mood swings, hot flashes, and loss of libido. Since I've been using Bellatude natural progesterone cream I feel like a new woman! Speaking about increased libido, I can say with excitement that I feel like my husband and I are on our second honeymoon!!”

What About Men?

Believe it or not, natural progesterone is for men also. Although a burly, Harley-riding, crew-cut sporting, beer guzzling, lumberjack doesn't like to hear this, he has 'female' hormones too.

Actually I think it's unfortunate that we've categorized hormones into 'male' and 'female' because both sexes have the same ones floating through their body – just in differing amounts. Taking supplemental natural progesterone doesn't make a man any less masculine any more than taking appropriate amounts of additional testosterone makes a woman less feminine. With that in mind, don't be shocked when I tell you that natural progesterone can definitely increase the health of a man (it builds strong bone) as well as his sex drive.

It's true. But, there's more. Scientists have known for years that men who use natural progesterone have higher sex drives and stronger bones but now researchers are finding that it may also protect against prostate cancer! What man wouldn't want protection from that disease?

While men synthesize less natural progesterone than their female counterparts, it is still an important supplement because it is the primary precursor of both adrenal cortical hormones and testosterone. That's right, without enough progesterone a man will not produce the correct amount of testosterone.

Speaking of testosterone, progesterone, which is a 5-alpha reductase inhibitor, is believed to inhibit testosterone from being converted into DHT. DHT or dihydrotestosterone is believed to be the primary cause of prostate enlargement because it can cause prostate tissue to grow abnormally large. Men who are over the age of 45 should have their DHT levels checked regularly. This leads me to another great benefit of supplementing with natural progesterone. Men who suffer from a swelling of the prostate (prostatism) often get relief very quickly (within the first couple of weeks) once they begin supplementing with natural progesterone.

If you're a man (or you know a man) who is considering supplementing with natural progesterone, I highly recommend that you do it sooner than later. If you're fearful that you'll lose any masculinity by doing so, let me assure you that natural progesterone has **NO feminizing characteristics.**

Natural Progesterone or Estrogen: Which Is Better at Preventing Osteoporosis?

I'm happy to report that there are very positive benefits offered by natural progesterone to those concerned about the prevention and treatment of osteoporosis. However, the same cannot be said about estrogen.

First and foremost, it should be understood that estrogen is a necessary and vital group of hormones for the life of a woman. But, when speaking of estrogen in this manner I'm referring to the naturally occurring forms rather than the synthetic types that are commonly prescribed. Secondly, when estrogen is used it should be used for what it is known to do, *not for what we know it does not and cannot do.* Thus, as an example, estrogen can be used to alleviate vaginal dryness but it should not be used to help reverse osteoporosis because it cannot do so. The presence of estrogen does not increase new bone formation. Conversely, as I've already stated, natural progesterone does positively effect the formation of new bone.

Regardless of the facts to the contrary, many people still believe that estrogen replacement will help to rebuild bones. Nothing seems to be further from the truth. In 1991 Scientific American's

updated medicine text stated that *“Estrogens decrease bone resorption”* but *“associated with the decrease in bone resorption is a decrease in bone formation. Therefore, estrogens should not be expected to increase bone mass.”*

On the other hand, Dr. Lee found that a major factor *“...in osteoporosis is the lack of progesterone, which causes a decrease in new bone formation. Adding progesterone will actively increase bone mass and density and can reverse osteoporosis.”*

To further prove this theory, Dr. Lee conducted a study of 100 women who used transdermally applied natural progesterone, and documented bone density increases as high as 22% over 3 years. – The Lancet, 11-24-90

As an endnote to the estrogen-osteoporosis controversy I'd like to quote again from Dr. Lee's work, *“Since it is clear that (1) estrogen can retard but not reverse osteoporosis, and (2) estrogen can not protect against osteoporosis when progesterone is absent, the addition of natural progesterone should be beneficial in preventing or treating postmenopausal osteoporosis. Further, since some estrogen is produced endogenously in postmenopausal women, it is possible that progesterone alone is sufficient to prevent and/or reverse osteoporosis. This is, in fact, what occurs. I have, since 1982, treated postmenopausal osteoporosis with transdermal natural progesterone cream included in a program of diet, mineral and vitamin supplements, and modest exercise, and demonstrated true reversal of osteoporosis even in patients who did not use estrogen supplements.”* – Dr. John R. Lee, Natural Progesterone, P.86-87

What Should I Expect When Using Bellatude Natural Progesterone?

The two most frequently asked questions that I receive are *‘what will natural progesterone do for me and when will I notice results?’* Obviously, results will vary since we are all biochemically unique individuals. However, many women experience some very positive results – differences in their mood or physical attitude – within minutes or hours of applying natural progesterone. In others the effects won't be noticed for a few cycles. Either way, you can rest assured that these compounds are reacting with your biochemistry to create the balance your body needs.

Sometimes women who use natural progesterone compounds that contain niacin notice a slight rash at the application site. This does NOT happen with Bellatude. The best way to find out the benefits you'll experience from progesterone supplementation is to try Bellatude for yourself. But, for your peace of mind, you might also want to get the opinions of others who have already tried it.

Health Professionals Give Their Opinions

Finding opinions on natural progesterone isn't difficult. The following are indicative of what we found while casually browsing through different articles.

“I recommend natural progesterone cream to all of my patients because, among other advantages, it helps to prevent and eliminate fibroid tumors.” W. C. Bryce, M.D., California

“My interest in natural progesterone cream came from personal experience and need. I have had great results for my patients both for PMS and menopause.” Serafina Corsello, M.D., New York

According to an article in Fertility and Sterility, transdermal supplementation of natural progesterone is very well absorbed, *it reduces breast cell proliferation, and, if administered monthly, will reduce the risk of breast cancer.* – Volume 63, No. 4, 4/95.

What Do Users of Bellatude Say About It?

While testimonials are anecdotal and should not take the place of scientific studies, they may provide us with a reasonable understanding of what is taking place in the body of the user due to outward, observable results.

As far as natural progesterone is concerned, positive testimonials have been wide-ranging and plentiful. Here are some testimonials that I've received:

“After having a hysterectomy, the doctor put me on Estrogen. I was on Estrogen for many years, not knowing what I know now about the effects of it. I also developed fibrocystic breasts and had several lumps removed. I had migraines, so severe that I would go to the hospital and stay 4-5 days and still come home with the migraine.

Once I found out about natural progesterone I began doing research into hormones and I found out that it was what my body needed – not estrogen. I realized that taking Estrogen only made my health problems worse and I became very angry with my doctor. I did make the mistake of going off estrogen cold turkey... big time HOT FLASHES occurred. After much research, I realized I should have tapered off my estrogen instead of just quitting, for, as with any drug, it takes time to get it out of your body.

The doctor who did my hysterectomy retired and a woman took over the practice. She would always comment about my fibrocystic breasts each time I went for a check-up. I told her I was using Bellatude natural progesterone and had quit using the estrogen. She did not like the idea and always made comments to me about my needing estrogen, but I have always told her no.

Prior to my most recent visit, I had a mammogram several days before so that she would have the results. During the office visit she never mentioned my fibrocystic breasts and I really didn't think much about it until two weeks later when I received a report from her saying I no longer had fibrocystic breasts. I feel she did not want to confront me in person with this information because she did not want me to say that it was the natural progesterone that had given my body what it needed to heal itself of the cysts.

I attended a seminar on natural progesterone and heard the speaker describe the problem that caused me to have a hysterectomy. I now know that if I had known about natural progesterone, I would not have had to have a hysterectomy because natural progesterone would have given my body what it needed so it could heal itself.

I also have arthritis and had to resign from my job because of the pain. I was unable to even hold a glass in my hand because of the pain. My arthritis doctor would say to me, “You need to take estrogen” and I would say no. He would say “Why not take just a little bit. It will help the arthritis and rebuild your bones.” “That not true,” I would tell him. “Estrogen slows bone loss but doesn't regenerate, natural progesterone on the other hand will regenerate bone.” He would look at me over his glasses and shake his head and ask, “Then how about taking Fosamax?” My answer would be no. I declined to take Fosamax because I've done my research and I don't like the side effects it can cause.

I had phlebitis once and now know that too much estrogen probably caused it. But the doctor who first put me on estrogen did not tell me that too much of it could cause such a problem.

I now know that being estrogen dominant (having too little natural progesterone to balance all the estrogen my body was normally creating and that I was taking through synthetic HRT) caused all the female related health problems that I had to contend with for so many years. My advice to any woman is learn about your body and how it works and don't rely on just what your doctor tells you, like I did. Take control and be responsible for your own health.” – Shirley Gentry

“I have been using Bellatude progesterone cream and have definitely noticed how it has helped my hot flashes. In fact, it helped within three or four days. My sleep has also improved because I'm not waking with the night sweats. I will be using it from now on.” – Betty Harrah

“I am writing to thank you for producing such a wonderful product. It has changed my life. If I could tell every woman in the world about Bellatude I would. Hopefully this testimony will help.

In 1994 I was diagnosed with progesterone deficiency. Before this time I developed hypothyroidism. I had hypoglycemia constantly. In 1994 I gained 15 pounds and continued to gain weight. I had constant hot flashes, which confused me since I was only in my early 30's. I had insomnia, dry skin, memory problems, energy loss, sore breasts, endometriosis, and the list goes on. In 1995, I had surgery to remove the endometriosis. My doctor prescribed progesterone suppositories. They were irritating and too strong. I soon quit using them. I suffered constantly until I was introduced to your cream in the beginning of 1999. I used it for 2 months and found the results to be astounding. My energy slowly started to come back. By month three I was full of energy. Slowly all the other symptoms started disappearing. I no longer am burdened by all of these symptoms, and have much more energy. I look ten years younger (sometimes people think I'm my husband's daughter and my teenage daughter's sister), but the best thing is I feel better! One symptom that was alarming to my family was constant mood swings. Those are a thing of the past. This past February, I went to the GYN for a basic check up. She told me, “Your uterus seems great. Very soft. No sign of endometriosis.”

I am so very thankful for Bellatude. I continue to suggest it to others for I know it will help anyone suffering with these symptoms. Again, THANK YOU, THANK YOU, THANK YOU!” – Constance Johnson

“In December 1976 I was diagnosed with large lumps in both of my breasts and had surgery right away. The doctor thought it was cancer; however, Thank God, it wasn't. He did remove them, and I then was diagnosed again with severe fibrocystic disease. I had to have mammograms every 6 months until the last 4 years.

Thanks to my friend that introduced me to Bellatude natural progesterone cream. Thank you for producing this cream that completely got rid of all fibroid cysts. Now I can sleep comfortably again and have peace of mind.” – Martha Lord

“At the age of twenty-one I hemorrhaged and had seven pints of blood replaced. I was diagnosed with Endometriosis and sent home to take birth-control pills non-stop for nine months. They said this would simulate pregnancy and make me better. I tell you, it only made me hate myself; and everyone around me hated me also. Well after two months of this, I decided that I needed learn to help myself. So after researching this issue I found that I didn't have to let doctors decide how to 'mistreat' me. I learned over the years that I could have a DNC about every five years and the endometriosis would be more tolerable. I did still experience sever cramping, as well as,

depression, headaches, swelling in my hands, a total lack of energy, irritability, and severe bleeding for 20 to 40 days sometimes. My bones would ache, I would get thoughtless and brainless for about 3 days, and I also had fibrocystic breasts and had a tumor removed that was the size of a silver dollar. I truly felt that a hysterectomy might be my only choice, but I didn't want to have the endless problems that comes with that decision so I held on.

Three years ago, I found Bellatude natural progesterone cream. After using the cream one month I had no cramping.

I am now 43 and regular for the first time in my life. I don't have fibroids in my breast, my hands don't swell, and no blinding migraines, no depression, or complete brain loss. It is a miracle. Although progesterone is not a cure (and there are times I bleed too heavy), I am impressed!

Thank you for a solution that really helps without side effects. I have peace of mind knowing that I am taking a product that will help prevent cancer, blood clots, strokes, and will actually help keep my bones and my strong and healthy. God Bless and preserve you.” – Melanie Smith

“I would like to take the time to tell you how much I love Bellatude. I read about natural progesterone treatment and decided to give it a try. I have been using it for quite some time now and it has made a huge difference in my life.

Three years ago at age 45, I was told I needed a hysterectomy for fibroids. I was lucky though. Through a lot of research and fighting with my insurance company, I underwent a procedure called a Uterine Artery Embolization, which shrinks the fibroids. Although it is recommended by a gynecologist, the procedure itself is done by a radiologist, therefore the majority of women who need hysterectomies will never know about it since the GYN's will lose a lot of money not doing those unneeded hysterectomies.

Although the fibroids were shrunk down to a very small size, I had very few menopausal symptoms so there's a possibility they could grow again. That's the reason I decided to try your Bellatude natural progesterone cream since I had classic estrogen dominance symptoms, along with dysplasia. Since using Bellatude, the dysplasia has disappeared, I have lost 30 pounds and have little to no breast tenderness or water retention. Your product is wonderful. – Debra Lozo

Talking With Your Doctor

If you are currently being prescribed synthetic hormones but are considering natural hormone replacement therapy, you may wonder how to approach your physician.

I have three words of advice: patience, persistence and education.

It has been my experience that very few OB-GYNs have any real knowledge or understanding about natural hormone therapy replacements. Specifically, they know almost nothing about natural progesterone creams and, as such, are hesitant to suggest their use. Conversely, most physicians truly care about their patients and are willing to learn and help in any way possible. More and more physicians are prepared to give 'alternative medicine' a try if they can be convinced that it is a viable option for the patient in question. In this case, you or someone you know will be the patient. *It is up to you to help your doctor decide the best course of action for you.* In order to do this, you've both got to be educated. Even though you've taken the first step in learning about natural progesterone, your doctor will probably need to be coaxed into listening to you.

I suggest you schedule a meeting with your doctor solely for the purpose of discussion your HRT options. Arrive for this meeting with information in hand. You can take this book and have specific sections marked which highlight your concerns and options.

You may also want to reference Dr. John Lee's book for physicians: ***Natural Progesterone: The Multiple Roles of a Remarkable Hormone***

Dr. Lee's book gives clinical insights into the relationship that connects the deficiency of progesterone with pelvic disorders, osteoporosis, cancer, heart disease and pre-menstrual syndrome.

With enough persistence your physician will find that natural progesterone is a preferred method of hormone balancing. He or she will also find that when natural progesterone is applied topically (transdermally) it bypasses the liver and is more effective than synthetic HRT. It may be beneficial to your cause if, during the conversation, you mention any negative reaction that you may have had to past synthetic HRT treatments including the contraceptive commonly referred to as 'the pill.' This is especially important if you have a family history of blood clots, breast cancer or stroke or if synthetic hormone replacement has made you susceptible to depression, weight gain, fluid retention, etc.

Your doctor may have heard, in passing, of dioscorea or basic wild yam extract. If this is the case, ***you should make it abundantly clear that you are not talking about supplementing with an herbal complex that has to be biologically converted by your body.*** Bellatude natural progesterone, unlike simple wild yam extract, exactly mimics the molecular make-up of your own natural progesterone. This is why women prefer to use this form of progesterone.

A Final Note Concerning Your Doctor

If you find your doctor is not willing to hear you out concerning your apprehension towards synthetic HRT, you may want to consider getting a second, third or fourth opinion.

Many women worry they'll offend their primary care physician if they seek the counsel of other health care practitioners. If so, who cares? When your vehicles need repair even insurance companies demand you get at least two estimates. If you're redecorating your home you'll probably get a half dozen or more opinions. ***How much more important is your body?*** If you have a concern, keep searching until you're convinced you have the best data available to make an informed decision. Remember: You care more about your health than your doctor ever will because you're the one who has to live in your body. It's up to you to protect your health.

How Should I Use Bellatude?

Bellatude natural progesterone can be applied to the face, hands, chest, breasts, inner arms or the soles of your feet. The cream is readily absorbed and leaves no trace after a few minutes. During absorption the cream bypasses the liver and goes to specific receptor sites where progesterone is needed.

Measurement – How Much To Use

With Bellatude a one-inch strip is usually equal to 1/4 teaspoon or approximately 20 mgs..

Please Note: Everyone is different. Some women require more progesterone cream to alleviate symptoms while others can use less.

For the first 3 months use 1/4 teaspoon twice a day for your determined number of days (See: “When Do I Use Bellatude?” section for usage time).

After 3 months reduce the amount of Bellatude you use. Women who are not menstruating or have had a hysterectomy should use 1/8 teaspoon (1/2 inch strip) twice a day for three weeks each month.

For women who are menstruating amounts may vary between 1/8 to 1/2 teaspoon depending on body needs, stay with 1/4 teaspoon for 14 days in the progesterone phase of your cycle if you feel balanced; otherwise try to find the amount your body needs. In most cases, more is not better. If you do not get the desired results, seek consultation.

It is important to stop using progesterone cream at least five days each month, preferably seven, in all categories except pregnancy. If there is a possibility you are pregnant, do not stop using the cream until you take a pregnancy blood test at day 26. If negative, then stop using cream and resume days 12-thru-26 schedule.

When Do I Use Bellatude?

If you are still menstruating, use 1/4 tsp of cream twice a day after ovulation (which is generally 12-14 days from the first day of menstrual flow) until day 26. You do not use Bellatude natural progesterone while menstruating; however, if you experience menstrual cramps try rubbing a small amount of cream on the lower abdomen. For migraines rub the cream on the back of your neck.

If you have endometriosis or uterine fibroids use 1/4 – 1/2 tsp of Bellatude twice a day beginning on the 8th day from day 1 of menstruation until day 26. After 6 months start using Bellatude 12 days from day 1 of menstruation until day 26.

If you have menopausal symptoms and are not menstruating, have osteoporosis or for prevention of osteoporosis then simply use it based on the calendar month. Use 1/8 tsp twice a day beginning on the 8th day of each calendar month and continue for the remainder of the month.

If you experience “Hot Flashes” or migraines, an application of Bellatude every hour may reduce these episodes quickly.

Remember, being on progesterone, testosterone, or any other potentially bone building hormone does not excuse you from taking care of yourself nutritionally. No matter how many hormones you have running around in your body, if you don't properly nourish your body, you'll pay the price.

* Ensure a daily calcium intake of at least 1000 mg/day to age 65 and 1500 mg/day over age 65.

* Ensure an adequate vitamin D intake. Normally, enough vitamin D is made from exposure to as

little as 10 minutes of sunlight a day. If exposure to sunlight is inadequate, dietary vitamin D intake should be at least 400 IU but not more than 800 IU/day, the amount that is found in one cup of fortified milk and most multivitamins.

Frequently Asked Questions

Q: How can I treat menopausal and PMS symptoms naturally?

Besides utilizing Bellatude natural progesterone cream there are several natural ways for women to help facilitate a smooth transition from menarche to menopause and all the phases in between. The following are several techniques and lifestyle changes I suggest for those who are seeking a rational, natural way of combatting what the aging process throws at you.

- Avoid foods that have high quantities of caffeine (energy drinks or large amounts of coffee) or phosphorus (carbonated beverages). Meats that are high in saturated fats should be avoided as they inhibit the body's natural ability to metabolize estrogen.
- Increase your consumption of foods that contain higher amounts of fiber (oats, wheat, brown rice, tofu, almonds, cashews and fresh fruits and vegetables) as this will help alleviate bouts of constipation that are often synonymous with PMS and menopause.
- Friendly bacteria such as L-acidophilus and bifidus help your body use estrogen efficiently and may also inhibit the development of both yeast infections and urinary tract infections.
- Supplementing with a good multi-vitamin and mineral (such as my own formula: **Doctor's Choice Power Formula Multi-Vitamins**) may help to ease night sweats and hot flashes.
- Regular exercise and plenty of water, as I mentioned earlier, are essential for good health.

Q: Who should use natural progesterone?

A: Women over 40 and all women (regardless of age) who are concerned that they may be candidates for osteoporosis should use natural progesterone. Any woman (or girl) who is experiencing symptoms of PMS, menopausal symptoms, or estrogen dominance symptoms.

Q: Does natural progesterone help relieve vaginal dryness?

A: Yes.

Q: What exactly is natural progesterone and how does it differ from synthetic progesterone?

A: Natural progesterone is a cholesterol derivative that comes from Mexican wild yams. It is a bioidentical hormone which means it matches, exactly, the chemical formulation of your body's own progesterone and thus causes no side effects.

Manufacturers of synthetic progesterone alter the chemical makeup of progesterone in order to

create progestins. Progestins, in their altered molecular structure, may cause many side effects such as birth defects or abortion, fluid retention, epilepsy, migraines, asthma, cardiac or kidney dysfunction and depression.

Q: Are all wild yam creams the same as Bellatude natural progesterone cream?

A: No. Bellatude natural progesterone will produce an increase in saliva and serum levels of progesterone. Ordinary yam extracts will not. Often the claim is made that the body can convert yam extracts (diosgenin) into progesterone once ingested or absorbed. This is false. There are no enzymes in the human body that can convert this component into natural progesterone.

Q: Should estrogen be used without progesterone?

A: Definitely not. It is very important that natural progesterone be used with any form of estrogen. Estrogen without progesterone can cause endometrial and vaginal cancers. Estrogen blocks thyroid production and causes water retention and it can cause fibrocystic breast disease and even fibroid tumors and cysts in the ovary area.

Q: Can young girls use Bellatude natural progesterone cream?

A: Yes. Low estrogen levels can adversely affect the general health of girls between the ages of 9 and 13. For a year or more before the onset of menstruation, blood calcium levels are so low that young girls often develop symptoms associated with menarche, which are usually accepted as normal behavior: emotional outbursts, irritable and temperamental behavior and compulsive consumption of sweets. During puberty the maturing ovaries require calcium to produce estrogen thus diverting calcium from metabolic requirements. Introducing Bellatude natural progesterone at this time will alleviate most of the symptoms mentioned above. Continued use of Bellatude natural progesterone through the teenage years will maintain a high level of wellness with few or no PMS complaints.

Q: Can Bellatude natural progesterone be used during pregnancy?

A: In his book, "Premenstrual Syndrome & You," Neils H. Lauersen, M.D., from Mount Sinai Medical Center in New York, states that natural progesterone may be helpful to maintain pregnancy. Natural progesterone cream is not only safe for use during pregnancy — it is recommended. From conception to delivery, apply primarily to abdomen, breast, low back and upper thighs (where it will tend to prevent the skin from stretching). For the first six months of pregnancy, use an average of 1/2 to 3/4 teaspoon 2 to 3 times a day. Discontinue at delivery and resume again at a level of twice per day starting one month after delivery. The cream is also useful for post-partum depression, which many women experience after childbirth.

Q: I'm post menopausal, will I start menstruating again if I use natural progesterone?

A: Occasionally, upon beginning the use of Bellatude natural progesterone, a post-menopausal woman could experience some breakthrough bleeding, or a "period." This is a perfectly normal response and is nothing to cause alarm. Bellatude is simply causing the body to rid itself of excess stored estrogen which can sometimes stimulate a uterine shedding-thus breakthrough bleeding. If this continues for longer than several months you should consult a physician.

Q: Is Bellatude natural progesterone useful for hysterectomized, oophorectomized and menopausal women?

A: Yes. Many women experience hot flashes following premenopausal hysterectomy (removal of uterus) or oophorectomy (complete removal of ovaries) and in the beginning of the natural onset of menopause. Those who use Bellatude frequently report it as being very effective for relieving hot flashes. Most women have reported a complete cessation of flushing within 3 to 8 weeks.

Q: Can I use Bellatude if there is family history of breast or uterine cancer?

A: Yes. Breast cancer and endometrial cancer occur in tissue sensitive to gonadal hormones. Unopposed estrogen is the only known cause of endometrial cancer though there may be other factors involved. Estrogen, or at least one or more of the various estrogens, is thought to contribute to breast cancer. Progesterone balances the estrogen level in the body, thus lessening the risk.

Q: Do I need to tell my doctor that I'm taking natural progesterone?

It is my opinion that when it comes to your health more information is better than less. Always bring your doctor up to date concerning the use of any supplements you are taking (natural or otherwise). It is very important to note that while I'm not aware of any negative reactions or interactions with drugs as it concerns natural progesterone, *this is often not the case with herbs*. Herbs are very powerful natural medicines. They've been called 'Nature's Pharmacy' for good reason. Many herbs, while very beneficial when used correctly, can have extremely negative (sometimes deadly) side effects when accidentally combined with pharmaceuticals. Just to clarify, natural progesterone is not an herb.

Q: Can men use Bellatude?

A: Men over 45 can use Bellatude natural progesterone. One benefit is an increase in the libido. Progesterone is the precursor of testosterone. Testosterone can stimulate new bone formation, increasing bone density; a lack of it can cause osteoporosis. Older men with rheumatoid arthritis have reported relief from pain and swelling after rubbing natural progesterone in a cream base on their joints.

Q: Are there any other benefits to using natural progesterone?

A: Additional benefits can include: improved brain function, diminished muscular aches and pains, improvement of skin problems including acne, seborrhea, rosacea, psoriasis and keratoses, and an improved sleep pattern.

Summing It All Up

In my opinion, the need for nutritional and natural progesterone supplementation cannot be overstated. We are a nation of woefully undernourished citizens and, unless you take personal responsibility for your health and that of your children, in less than a generation our nation will suffer devastating economic burdens from the strain of health care costs.

Nutritionists and other informed health care professionals have warned us for decades that 'we

are what we eat. Please heed this advice and search out foods and supplements that serve to nutritionally support your body. Implement an exercise program into your daily life. Learn to have fun, smile more, laugh longer and louder and invest in your health.

If you're interested in a supplement that can nutritionally support healthy bones, follow the guidelines found in this book and visit me at: **MyNutritionSource.com**. Once you've found a supplement that you like, follow these three rules to achieve the best results:

- 1. Be patient and be kind to your body.** Don't Expect Miracles. If your body needs repair, realize that it took a long time to accumulate the injuries it has and it will take some time to improve your health.
- 2. Make a lifelong commitment to nutritionally supporting your body.** Don't quit after 90 days or a year and expect to have long-term results. A supplement is only good for as long as you are supplementing with it.
- 3. Make healthy choices for your entire family.** You, your spouse and your children should take supplements so you can enjoy each other longer.

Now that you understand how dangerous osteoporosis is, but that it can be prevented, it is time for action. Will you act to prevent this terrible disease from developing in your body and protect your children from its ravages? Or will you simply look the other way and hope that you can beat the odds?

Likewise, since you now realize that synthetic hormone replacement therapies are thought to be more dangerous than ever before, you have a decision to make: Will you allow your body to be assaulted by poisons (synthetic HRTs) or will you make a wiser decision and trust nature?

Regardless of the decisions you make it will be the one you and your children have to live with for the rest of your lives.

Decide wisely.

Dr. Teresa Roberson

Addendum

Support Groups for Osteoporosis

The National Osteoporosis Foundation (NOF) has created support groups for people younger than 50 as well as those over the age of 50. These groups offer vital information and emotional assistance for people struggling with osteoporosis. You may also be interested in the confidential telephone network 'LINKING-UP', which was established by people seeking others to talk to and share their experiences and suggestions concerning osteoporosis. For more information on any of these programs or to find out if there is an NOF support group near you contact:

Osteoporosis Foundation
<http://nof.org/connect/group>

Research references used to compile this book can be found on the site: MyNutritionSource.com