

DO YOUR  
**HORMONES**  
HAVE YOU  
*Draggin'- Saggin'  
and Naggin'?*

Feeling great again might just be  
a few pages away!



RICKY BRANDON

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## ABOUT THE AUTHOR

Ricky Brandon has had two very different careers. He started in the entertainment industry. As a teenager he worked in a theatrical prop building shop making illusions for Las Vegas Magicians. He later left the shop and toured with Las Vegas headliner Rick Thomas as his Tiger Handler and right hand man. Oh the stories he could tell.



*Ricky Brandon*

From 1991 - 1993 he moved to Korea where he served as a missionary. It was in Korea that he began becoming interested in what is called "hanyak." Hanyak is a type of traditional Korean medicine that uses herbal and folk remedies to treat illnesses.

Upon returning to America Ricky went to Utah to visit a friend he was in Korea with and met his father Robert Scott. They became close friends with the common interest of alternative medicine. Robert eventually purchased

a company named "Dr. Christopher's Original Formulas. Dr. Christopher was one of the first well known American Herbalists. He developed over 50 herbal formulas that are still used worldwide, and he founded The School of Natural Healing.

Ricky connected deeply with the Christopher philosophies of healing and particularly loved a quote from Dr. Christopher when he declared, "I want to be the kind of doctor that heals people without cutting them."

Ricky began working for Dr. Christopher's Original Formulas. His job was to bridge the gap for younger generations to become more interested in herbal and natural remedies. With education, product name changes and making the formulas more relevant, his foundational work set the stage for decades of continued growth.

While working in the Herbal supplement industry, Ricky met Dr. Robert Jones who became his next mentor. Dr. Jones was one of the very first Doctors to offer bioidentical hormones in Utah many years ago. Ricky worked side by side with Dr. Jones to help build that original hormone clinic. After over 20 years, Dr. Jones sold his practice and retired.

Having seen first hand how many lives were changed over the years, Ricky began studying with Dr. Jones' Mentor Dr. Neal Rouzier and he began exploring the idea of opening his own clinic.

Ricky is now married to his wife Candy Brandon who is a Molecular Biologist. They have 4 children and together they are passionate about helping people feel great again

by balancing their hormones and helping them live a wellness lifestyle. They are the founders of **Hormone Balance Centers** and have a vision to create a higher level of care and teach other practitioners to open similar clinics around the country.



*Ricky, Candy and their 4 children*

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# INTRODUCTION

## ***Are Your Hormones Driving You Crazy?***

Why *that* title? I tried to pack as much meaning into the title as I could. It also makes people laugh at first glance. Then they realize there's actually more truth to the title than they want to admit. Why? Because they *identify* with everything in that title. Let me explain.

**Draggin'.** You're tired. You're worn out. You sometimes have to force yourself through the entire day. You wish you could sleep in until 9 o'clock every morning—but you still need a nap around 3:00 in the afternoon. Fatigue is just part of your life, and it's been this way so long that you don't remember what it's like to have good energy. Exercise makes you even more tired. So you become a closet sugar junkie just to give you energy for an hour. You can't wait to go to bed. That's "**draggin'.**"

**Saggin'.** You feel old, even though you're really not. Your skin is starting to sag and look like leather. You hold your

arm out, and your triceps muscle waves in the wind. You've lost most of your muscle tone all over your body. You have bags under your eyes, your chest is sagging, and age is most assuredly taking its toll. All that, and you haven't even gotten out of bed yet....

**Naggin'.** Your hormones can make you the Wicked Witch of the West the week before your menstrual period starts. That's PMS stuff. But sometimes, it seems like you are just plain irritable *all the time*. And the anxiety. . . . And why do you talk that way to the ones you love the most? Pretty soon, you're naggin' everyone, including *yourself*. But then you say, "Well, I'm depressed, so shouldn't I have the right to jump on everyone?" Or: "Heck, I haven't had a good night's sleep in months. It's 3:07 a.m., and there I am, staring at the ceiling, trying to get my mind to turn off, but it won't. Of course, I'm irritated. I've got one nerve left, and *everyone* is standing on it!"

Does any of that sound familiar? If it does, it may be that your hormones are indeed driving you crazy because all of the above problems can be *directly* related to low hormone levels. Yes, HORMONES! Those little chemical messengers that travel throughout your body and tell it what to do. But often, the messages get messed up because something is interfering with the ability of your hormones to work. Your hormone levels have dropped, and so have you.

Join me now in exploring the fascinating world of hormones. Fascinating because in the chapters of this book, you will see how much of what is bothering you, your



spouse, your teenager, or your best friend could be easily treated with bio-identical hormones. Natural hormones. Not drugs. Join the millions of men and women who have discovered the truth about what's really causing so many of their health problems. Find out how you can stop Draggin', Saggin', and Naggin' for the rest of your life.

## CHAPTER 1

# Why Hormones?

If you will read this book and understand what is on its pages, it can be a life-changing experience. This book is meant to be a “simple read.” In other words, it is not going to be a complicated book with a lot of medical studies in it. It is meant for the lay reader to have and achieve a basic understanding of bio-identical hormone therapy and the aging processes. You probably know already that men and women are living longer today than they ever have before. It is interesting to note that if you live past your 50<sup>th</sup> birthday, you can probably expect to live well into your eighties. That is going to mean for you women that nearly half of your life you are going to spend either heading into menopause, going through menopause, or being post-menopausal. This book is not going to be just about menopause because we use bio-identical therapy on young girls as soon as they start their menstrual periods all the way

through their 90's with great success. We have to remember that living a long life is not all there is to life. If the last thirty years are spent in a rest home, that's not much quality of life, and that is what this book is all about. What I am going to attempt to do is get you, as a man or woman, to start thinking outside the box as far as your health goes. The health care here in the United States has too many old paradigms. Too many of us have gotten a little bit lazy about not only our health but about just accepting what our doctor tells us to do when deep down inside, we know that taking drug after drug after drug is probably not the way to achieve maximum health. Now don't get me wrong. There are times when medications can save lives, but the amount of medication that I see in our clinics being taken by men and women is sometimes, to say the least, appalling.



Let me give you an example of the medical interchange we had with a new client as we interacted with them for the

first time. We will call this patient Sally. Sally comes into our office, and she has already filled out her paperwork and described a lot of her problems. Before we even look at that, we ask, Sally, why are you here? Sally says, well, first of all, I am tired all of the time. I don't know why but over the years, I have just lost the energy I used to have, and I have gained weight. No matter how hard I try, I can not seem to lose this extra 15 or 20 pounds that I am carrying around. I am also usually constipated, I have dry skin, dry hair, and I seem to be cold all the time, usually on my hands and feet. So then we ask her about her mental and emotional symptoms. Sally says, "well, yes, I have some problems with anxiety, things really get to me, and I seem to have a much shorter fuse than I used to. Also, I am just not sleeping. Usually, I can go to sleep OK, but I wake up at 2:00 AM or 3:00 AM and just lay there thinking about how tired I am going to be the next day" and on and on the story goes. We then ask her if she has been to her primary care doctor and she says "yes" and that he ran tests on her and after looking at the tests he said "everything looked good." And we ask her, "Do you believe that?" and she says "NO I do not believe that." And we say, "why not?" She says, "Because I just do not feel good, even though the entire set of tests the doctor ran on me said that everything is OK, I just do not feel good." Parenthetically, we tend to believe the patient more than we believe the patient's doctor. Then we ask her, "What did your doctor recommend?" Then Sally gets a frown on her face and says, "Well, he prescribed an antidepressant for me." We ask her, "Are you depressed?" and she said, "well, no, I didn't think I was, and we said, "well

then, why are you taking an antidepressant?" she said, "because my doctor told me to." We said, "Has it helped?" and she said, "Well, I don't have any of the real lows anymore, but I also don't have much joy in my life. I am just kind of here, I show up for life, and that is about it."

If I could tell you how many times that same conversation replays itself in our Hormone Balance Centers every week, it would appall you. These women are not depressed; they are just hormonally out of balance. And deep down in their gut, somewhere, they realize that it has something to do with their hormones, but they don't know what because their doctor did not even check their hormones. Yes, he may have checked the test called TSH, and 90% of the time, that is going to come back as normal. What you need to know is he is not checking the right things. He is running no hormone tests, and most of the women who come to our offices are totally out of balance hormonally. How do I know this? Because we run the right tests to find out where their hormone balance really is. What you need to start learning is how you can go back to your doctor and say, "I want this, this, and this tested." And if he is not willing to do that, you need to look for another doctor.

Unfortunately, 72% of the women who come in to see us for bio-identical or natural hormone therapy are taking antidepressants. Our goal, when possible, is to reduce their dosages and get them off the antidepressants and onto things that will make them feel better, i.e., bio-identical hormones.

I had an interesting conversation a while ago with a physician. He was having a difficult time understanding why we use hormone therapy when in his opinion, the loss of hormones is just a natural part of aging and his opinion was that we should not interfere with that natural aging process. I looked at him and said, "you're kidding, right?" and he said, "No," and I said, "why are you wearing glasses" he said, "Because my vision is poor." I said, "So you have a hard time reading up close, right?" and he said, "Yes." So I said, "Do you realize that poor eyesight is just a natural part of aging, and you are interfering with the natural aging process by wearing those glasses, so I would like you to take those off right now." He laughed, and he said, "Ok, point well taken."

There is something called the neuroendocrine theory of aging. In simple terms it is the idea that we age because our hormones decline. Our hormones do not decline because we age. The problem is that for many of us, our hormones start declining when we are just 30 years old. A woman in her 30's will see a decline in her energy levels, her sex drive, and her ability to handle stress. All of those and more are symptoms of low hormone levels. So we have two choices:

1. We can ignore those signs and symptoms and allow the aging process to continue, or...
2. We can fight back with Bio-Identical Hormone Therapy.

It's funny that almost every patient that comes into our office is already taking some type of vitamin or mineral supplement, and we ask them why they are doing that. They automatically say, "Well, to be healthy and so I can live longer." We ask them, "Well if your hormone levels are low, are you taking hormones?" They say, "Well, no, I didn't know that I should." And that is the purpose of this book... to educate you on the reasons for increasing your life span and improving your quality of life by using bio-identical hormone replacement therapy. Not only do we think these bio-identical hormones will work for you, we know they will. We have thousands of case studies where women come in with a low quality of life and then six months later write letters, send emails, or drop a note saying they have a completely different quality of life and are telling all their friends.

Recently, one of our hormone specialists and I had an interesting phone conversation with a client's medical doctor. He had called to inquire as to why we had put his patient on bio-identical hormones. We told him we had run some lab tests on her and found that she was in very short supply of several of the hormones necessary to make her feel good. He then made an interesting statement. He said, "I don't believe in bio-identical hormones." I kind of laughed under my breath and said, "Oh well, you don't believe in them. I didn't know that this was a theological debate." I went on to tell him that because of the blood tests, she was shown to be low in these hormones, and we were trying to create an optimal lifestyle for her. Therefore, we put her on natural hormone therapy. In a matter of six

weeks, she felt such a difference that when she went back for a regular checkup with her doctor, he was somewhat upset that she was taking natural hormones instead of the antidepressant that he had prescribed. It is natural for him to be somewhat upset. Whether he is upset or not, the fact is that she feels better on natural hormone therapy and is greatly relieved not having to take the mind-altering drugs that he had prescribed. He and I agreed to disagree amicably.

So, dear reader, if you are ready, continue reading, and we will explore the world of bio-identical hormone therapy or "BHRT" and how it can affect you positively for the rest of your life.



## CHAPTER 2

# It's a Balancing Act

Eighty percent of the patients we see in our clinics for hormone therapy are women. The men we see generally come in after they have seen marvelous changes in their wives. Women come in for a



variety of reasons. Probably the number one reason is that they are constantly tired. They are also on antidepressants or tranquilizers, or diuretics. They have food cravings, they are bloated, and they have mood swings and anxiety. Those are the common reasons we see women and even some men. But most of these women know intuitively that there is something wrong with their hormones.

A case in point. We had a woman in our office not too long ago who had been experiencing terrible, debilitating headaches for over ten years. We asked her if there was any pattern to her headaches, and she said no. She got them about every two weeks, and we said, "Do you get them right before your menstrual period begins?" She kind of had a startled look on her face, and she said, "Yes, as a matter of fact, I do." And then, we also asked, "Do you get them around the time when you ovulate?" And she looked startled again and said, "Actually, yes, I do, and so what would that tell us?" And all of a sudden, it hit her. "Could my hormones have something to do with my headaches?" We said, "Absolutely they do." If those migraines are periodic around the menstrual period, then yes, there is a HUGE hormonally related basis for those headaches. " After we got her hormonally balanced, she had far fewer headaches with much less intensity. I love listening to women talk about their health problems because, generally speaking, they know what's wrong with them. They just do not know what to do about it.

The biggest thing that I can relate to you now is that every woman is different, and every woman responds differently to either synthetic hormones or bio-identical hormones. Let's look at estrogen. A woman can come in complaining of hot flashes, mood swings, and mental confusion that often come along with menopause. We can give her bio-identical estrogen, and within three to four days, all of those symptoms are gone. But if we give her too much estrogen, she can feel bloated and even anxious. Balance is the key. This is why I don't like the new hormone pellets

everyone is pushing. You can't adjust them up or down on the fly. You have to wait 3 - 4 months for them to be all used up. How do you adjust or balance a pellet that has been implanted and can not be removed?

Another example is that we can put a woman on progesterone, which will take away the irritability. It will calm her down and take away the mood swings. But if we give her too much progesterone, even though it is natural progesterone, it can make her sleepy during the day. One woman can go on testosterone and feel a lifting of her depression. She can have a return of her sex drive. It can help with her osteoporosis, but if we give her too much, it can give her acne and a little bit of facial hair, and she might have a little too much of an aggressive tendency. So again, balance is the key. All of these hormones work as an orchestra. One hormone affects the other. Many women will come in and they might already be on thyroid medication. But if they are only on thyroid medication, they may not feel any better because the thyroid depends on good levels of progesterone to function properly. You need to have good levels of progesterone for testosterone to work effectively. You just can't take one hormone and think that it is going to fix everything. It is a balancing act.

Let's say you are about forty years old, and your menstrual cycle has always been predictable. Now that you're getting a little older, you get a little more irregular. All of a sudden, you have a strange sensation coming over you that feels like your body is warm all over, and you wonder if that was a hot flash. Your moods may start to change. You may experience irritability for no apparent reason. Maybe some

depression, maybe you're tired all of the time. Maybe you have even lost interest in sex because that drive is not there, or it has become too uncomfortable. Exercise is also not what it used to be. You used to be able to keep your body toned and your weight down. You suddenly have a strong desire for caffeine, chocolate, and carbohydrates. What is going on? Well, it is your hormones.

I had an interesting chat the other day with a twenty-two-year-old girl and her mother. The girl was brought in by her mother because of various hormonal problems. Here is the typical scenario: The girl got engaged to be married. She went to see her doctor, and the doctor asked her if she was planning to start a family right away. The girl said, "No, they wanted to wait a while", so he prescribed a birth control pill. This is a very common practice. Three months later, the girl got married. She had gained twelve pounds, had a bad backache, and was now an emotional basket case. What a great way to start a marriage.

The problem is that the birth control pills that she was taking were synthetic hormones that were counterproductive to her body. Yes, indeed, they do prevent her from getting pregnant, but the weight gain will continue, the acne will continue, and the emotionality will continue until she stops taking her birth control pills. Here is the biggest problem, though; about forty percent of girls who take birth control pills will have absolutely no symptoms of any problems at all. Sixty percent of young women who take the birth control pill will react poorly or dramatically to the side effects of the birth control pill. The question is, who do we hear from most? Well, it's the girls that don't have

any reaction. The forty percent are very vocal and say, "Oh gee, I took the birth control pill and am still taking it and have never had any problems. What's wrong with you?" That sixty percent can't figure out what is going on with their bodies. They continue to take it until they show up in our office or another doctor's office. It will take us six months to get her body straightened out and balanced. The funny thing is that the mother, sitting there in the office with her daughter, all of a sudden puts her hands to her face and says, "I cannot believe it. The exact same thing happened to me after I got married." Like mother, like daughter.

The issue is that you generally can't put foreign chemicals into your body and expect to get away with it. The same goes for synthetic hormones. They will almost always have some effect, whether it is an outward effect immediately or a quiet inward effect that will take a toll on your body years down the road. It will have an effect. This example brings up another interesting point. There are many hereditary tendencies that go along with hormone production. Two parents that are hypothyroid or low energy may be attracted to each other and therefore get married and give rise to even lower energy offspring. If a woman is low in progesterone, she can pass that trait on to her female children. She may have had a history that shows symptoms like menstrual cramping, premenstrual syndrome, breast tenderness, a lot of morning sickness, maybe fibroid tumors, or even fibrosis breast disease. The father

may have a history of low blood sugar and being overweight. Those tendencies can easily be passed on to the daughters in the family.

In the end, the most important thing that you can do is to have your hormones checked and to get them balanced. Balance is the key. A doctor familiar with "BHRT" (Bio-identical Hormone Replacement Therapy) can do that. Your primary care physician may have no knowledge of hormone therapy at all. When you ask him if he can check your hormones, he may give some type of pretense by saying, "Oh yes, we will check the hormones", and then as so many of our clients have seen, the blood tests come back and nothing has been really checked. This makes people very frustrated and angry at their physicians. Then they go back to the physician and say, "I thought you were going to test those hormones." And his or her response usually is, "We really do not need to test them; there is nothing wrong with your hormones." When, in actuality, there really are some major imbalances that need to be taken care of. Otherwise, the quality of life for the rest of life will be poor at best.

If you want to take a free hormone self evaluation to see what hormones might be out of balance, visit [HormoneBalanceCenters.com](http://HormoneBalanceCenters.com)

## CHAPTER 3

# A Short History of Hormone Replacement Therapy.

The first hormone to ever be discovered was found in the urine of menstruating women in the 1920s. That hormone was called estrogen. In the late 1920's it was then synthesized in the laboratory. At about the same time, the hormone progesterone was identified. But it was not until about 1940 that chemists discovered a method for making or synthesizing progesterone from substances found in wild yams. So what chemists were able to do was to make progesterone and estrogen from plant substances that were identical to human hormones. They were inexpensive and could be used to make unlimited amounts of those hormones. They were called natural hormones because they were biologically identical or bio-identical to the same hormones that a woman has in her body.

Now it is essential for you to understand that a natural hormone or identical to a human hormone, which we now call bio-identical hormones, cannot be patented by any drug company. In big business, if you can put a patent on a compound, you can then have the exclusive right to market that specific compound. So a patent means huge profits. Especially when all the women across the United States and maybe around the world are convinced that they need that particular hormone. The problem, though, is that these new patented synthesized hormones do not exactly work the same way that the natural hormones do.



In 1942, the drug Premarin was patented, which was a combination of estrogens made from the urine of pregnant horses. By the late 1940s, gynecologists across the United States were using it on almost every premenopausal and menopausal woman. There were studies coming out during the 1950s showing the benefits of women taking Premarin.

It was shown to protect against bone loss. It was shown to improve memory skills in older women. As a matter of fact, it was purported to be the wonder drug for all women over



40 years old. In 1966, doctor Robert A. Wilson wrote the book, *Feminine Forever*. In the book, he basically said estrogen was the cure for menopause. He also basically said that estrogen in the form of Premarin was the fountain of youth for a woman. It could protect her against aging; it could protect her against hot flashes, night sweats, vaginal dryness, incontinence, and all the things that come along with menopause. By the mid-1970s, 14 to 15 million women were taking Premarin for all those symptoms. It was up to 30 million women taking it by the end of the 1970s. By 1975, it was the 5th leading drug sold in the United States. By 1990, it was the number one selling drug in the United States. Every woman was taking the same dose, whether she needed it or not.

In the 1960s, synthetic progesterone called Medroxyprogesterone acetate also came into being. It was the synthetic version of natural progesterone. Many doctors today still believe that progesterone and progestin are the same things. That is absolutely false. Women today think that Premarin and Provera, or Prempro, are actually hormones when nothing could be further from the truth. They are not hormones; they are drugs. What these drug companies did not know, and what the general population of the United States also did not know, is that they had created a ticking time bomb that would be set to explode right around the year 2000. Nevertheless, during the 70s and 80s, there were many studies that did show some of the benefits of hormone replacement therapy, even though they were using synthetic hormones in those studies. But in 1989, the *New England Journal of Medicine* came out

and reported a Swedish study that showed that there was a little bit of an increase in the incidence of breast cancer among women who were taking Premarin. They found out that there was a doubled incidence of breast cancer in women who took both the synthetic estrogen and progesterone together. Even though those studies came out in 1995, the drug companies produced Prempro. That was an all-in-one pill which was a combination of Premarin and Provera approved by the FDA. By the year 2001, 11 million women were using that product. But the time bomb was now going to explode.

I remember sitting at the dinner table one summer evening watching the six o'clock news. The reporter started telling the story of the women's health initiative study that had just been completed and released to the news agencies. Here was the gist of it. For over 40 years, the drug companies have been telling women that if they took Premarin and Provera, it would help them keep away such things as hot flashes, night sweats, leaky bladder, insomnia, weight gain, depression, and a host of other symptoms that come along with menopause. These women had also been told that if they took Premarin and Provera, it would help them defeat ovarian cancer, uterine cancer, cervical cancer, heart disease, breast cancer, blood clots, strokes, and Alzheimer's. These were truly miracle drugs. But now, the woman's health initiative study is debunking all of that. The study showed not only did it not prevent all of those types of cancer and heart disease, it actually caused a huge increase in the chance of getting many of them... I sat there staring at the television, picked my jaw

up off the floor while thinking; "You have got to be kidding me; they are finally telling the truth."

Well, as you can imagine, the phones in the offices of the OBGYNs across the country lit up the very next day. Women were calling by the thousands wanting to know why their doctor had been prescribing this medication for them. Many doctors offices sent out letters to all women that were taking Premarin and Provera stating that it was their choice, that there were risks, but that the women had made an informed decision on their own. Women across the country were outraged. How could this be happening to them? These medications that they were told were safe and would protect them from all kinds of cancer and heart disease were now pronounced to be scary medications that could kill them.

So here is the challenge that is now set before these women. If they stop taking these harmful hormones, they will experience hot flashes, night sweats, leaky bladder, insomnia, and all the other symptoms of menopause within days. If they continue to take Premarin or Provera, they risk heart disease, breast cancer, and different kinds of cancer, blood clots, and all of those things that were mentioned above. So I ask you, "What would you do if you were faced with those decisions?" Would you take the drugs, or would you stop taking them? Well, 72% of the women made the choice to continue taking Premarin and Provera because if they get cancer, that is not going to happen immediately. If I get heart disease, that is ten or fifteen years down the road. If I stop taking my Premarin

or Provera, I will immediately have all of those other symptoms of hot flashes and night sweats, etc., and I do not want to have all of those, especially the weight gain, so they choose to continue taking the hormones even though they knew down the road that they are going to pay the price. Some clinics across the country found that women did not want to take Premarin and Provera, and they found that they could take a combination of two different antidepressant medications and that would help with the hot flashes, the night sweats, the insomnia, and weight gain. We most emphatically disagree with that choice of therapy.

With the advent of "BHRT," women don't have to make those difficult choices. The choice is simple. You don't want to take Premarin or Provera, but you also don't want to experience the hot flashes, night sweats, and all of the symptoms that come along with menopause, and you don't want to have to go on antidepressants. The simple solution is "BHRT." You won't experience cancer and heart disease. You won't have all the symptoms of menopause, and you won't be stuck on antidepressant medications for ten to fifteen years. To us and thousands and thousands of women across the nation now, it is, as they say, a no-brainer. Especially in view of the fact that you can watch daytime soap operas and note the commercials in between. If you have ever taken Premarin or Provera, call 1-800-LAWYER.

The amazing thing is that I still have women every week who are still on a prescription for Premarin and/or Provera to mask the symptoms of their menopause. But that is the

main reason they have come to our clinic to receive the bio-identical hormones because they live in fear of what the old, outmoded Premarin or Provera is doing to them. There is just absolutely no reason for women to still be taking those old-fashioned hormones. They are outmoded and dangerous. As long as we have the natural identical human hormones, women can feel safe taking them.

I might add that there is still a lot of confusion on radio and television when even reporters and news writers write or comment on hormone therapy. They still confuse the public by mixing the problems of synthetics with the advantages of bio-identical hormones. Many news writers do not even know the difference between the two, so they lump them all together. In my opinion, one of the main reasons for this is the clout that the huge pharmaceutical companies have. Bio-identical hormones have greatly reduced the profit that the large pharmaceutical companies have been making over the last 40 years from synthetic hormones. When it comes to profits, the huge ugly head of the pharmaceutical companies will rear itself and always confuse the issues between natural hormone therapy and synthetic hormone therapy. Buyer beware!

## CHAPTER 4

# How do I know if my hormones are low?

When a woman comes into one of our hormone clinics, we take the time to listen. Very often, they have the same story. They have been to their doctor, who sent them to a specialist. Thousands and thousands and thousands of dollars later, and many tests later, they were told

to see a psychiatrist. By the time they see us, they are a little bit angry about the situation. I don't blame them. Frankly, our team could sit and listen to a woman talk about her symptoms and problems for an hour and probably come up with the correct diagnosis because we have been doing this long enough to know what the problems are. However, that would not be fair to the patient. There



are various tests that need to be run to make sure that the doctor is not missing something.

But there is another whole problem that I would like to talk to you about. Many women have already come to our office with a battery of tests done on them. They lay it out on the desk in front of us and say, "Here are all of my lab tests." They say there is nothing wrong with me. As we reviewed all of those blood tests, it was apparent that the doctor was treating their lab results and not threatening them. Let me say that again in another way. The doctor looked at the lab tests and found that everything was "**within normal limits.**" And so he concluded that there was nothing wrong. That is what we call treating the labs and not the person. If the doctor goes strictly by the lab tests, many things will be missed. For instance, it is very common for a client to come into our office and have many of the symptoms of having a low thyroid. That would include constant fatigue, inability to lose weight despite dieting and exercise, some anxiety and depression, constipation, cold hands and feet, dry skin, and the list goes on. But as we look at the lab test, the thyroid test shows low normal. So that patient's doctor would look at them and say, "Well, everything looks good on the lab test." When, in actuality, it was not OK or good at all. Everything was way below optimal ranges. The question for all our clients is, is that the way you want to live the rest of your life as a low normal? Nobody in their right mind wants to live a low-normal life. Where we want people to live is in an optimal range. That is usually in the top 85<sup>th</sup> percentile of the lab test.



Very often, we will get a call from a client who has been on our hormone program for months or years. They are feeling fine. Everything is going well. Then they go to see their primary care physician for their annual checkup. He runs a thyroid blood test and finds out that they are in the upper range for thyroid. He tells the patient that they should stop taking their natural thyroid medication. Why would he do this? Because he feels just being in the low normal range is good enough and that they should not have to take any thyroid. Then we ask the client, "Well, what do you think? How do you feel about what your doctor has told you?" Oftentimes, they feel like they are caught between the two doctors, which is a really sad place to be, I admit. But we tell them, look, we have been treating you for the last year and a half with these hormones. Your quality of life has gone up. It is your choice at this point if you want to continue on the bio-identical hormones the way we have been



doing it and maintain that good quality of life you have had. If so, great. If not, you can stop taking them. But if you are doing that just to please your primary care physician, I think that might be a decision that you want to think really hard about. Occasionally, we will have a client that will go off the hormones totally for two or three months and then come back to our office begging to go back on them again. They say that was a big mistake and I will never do that again.

So let's talk a little bit about what kind of testing we do to find out what your hormone levels are. There are three ways to test your hormone levels: using blood, using urine, or using saliva. Saliva testing has been in vogue for many years. It was mainly promoted by saliva testing labs as being the most accurate way to check a person's hormone levels. I have personally used the saliva test in the past, but because of the expense involved, the turn-around time involved, and the inconvenience to the patient, we tend not to use the saliva test. Urine testing, on the other hand, is very accurate and very in-depth. We use urine testing on patients that present with very difficult cases and have abnormal blood results. 95% of the time, we use blood tests. However, these blood tests are not the typical tests that your primary care physician will run on you. The typical doctor will run a CBC and a chem. panel, and maybe check a lipid panel, but generally not much more than that. When we are doing hormone testing, we look at the specific hormones in detail. Most labs that do blood work will be able to do all of the hormone testing we require. Most insurance companies will usually cover the cost of those

blood tests, but most insurance companies will not cover urine testing or saliva testing.

Be aware, there is an unspoken danger in doing testing of any kind. The danger lies in the doctor's interpretation of the blood tests and also in the doctors' reliance solely on the numbers of values in the blood test itself. This is why at our clinics we treat the people and not just the numbers. You are ultimately in charge.

If you want to take a free hormone self evaluation to see what hormones might be out of balance, visit [HormoneBalanceCenters.com](http://HormoneBalanceCenters.com)

In the book called "*The Hormone Handbook*" by Thierry Heritage, MD, he says the following: "In the past, all values situated inside the reference range somewhere between the upper and lower reference values were considered to be optimal hormone levels. This concept lacks supporting scientific evidence." He continues, "Actually, more and more of the prevailing concept is that optimal hormone levels may vary from person to person. For the average person of average weight and height, the optimal hormone level grossly corresponds to the mean levels found in young adults. As a result, it is a value halfway between the youthful lower and upper reference values. An optimal hormone level should be a level that allows an individual to be free of the complaints and signs of a hormone deficiency while not provoking any signs of excess. In a laboratory test, it is often based on our experience, a hormone level that is at the same level or slightly higher than the average young adult." He concludes, "Ideally, reference

ranges should indicate who is healthy and who is not. But they do not. The ideal reference range should contain only values that reflect health for any person and exclude values that reflect disease. This is impossible. **Each person has their own optimal hormone level.** For some individuals, the level needs to be moderately higher than the mean level for young people, and for some, it needs to be a little lower." So what is Dr. Heritage saying? Basically, optimal hormone levels for one person may be too high or too low for somebody else. So we can not always go by the reference ranges because they will not necessarily apply to you and your neighbor. So what does all this mean? It means lab tests, whether it is saliva, urine, or blood, have to be interpreted in the light of the hormone-related signs and complaints found during an interview. This approach helps us to find frequent borderline deficiencies that otherwise would not be picked up on a lab test.

You need to find a doctor who will run the blood test on you that you want him to run. Some doctors are averse to doing anything the patient suggests. If that is the case, find a new doctor. The tests we initially do on patients are the following: Cortisol, DHEA Sulfate, Ferritin, Free T3/Free T4/TSH, Hemoglobin A1C, Fasting Insulin, Estradiol, Testosterone Free & Total, Vitamin D-25 Hydroxy, Thyroglobulin Antibodies, Thyroid Peroxidase AB, Progesterone, Vitamin B12, PSA Free & Total (For Men) FSH & LH (For Women). There are other tests we do in our office to look at other aspects of hormone balance, but those are the ones most frequently tested to see what the baseline levels are.

Sometimes it is rather difficult to convince your doctor to order those lab tests. If he is hesitant, ask him why and tell him that you feel it is important to get an overall look at your hormones. If he continues to hesitate, continue chipping away at him until he gives in and orders all the labs. I have had many patients come back saying that their doctor agreed to run all of those blood tests and when the lab results came back, he omitted at least half of them. This gets patients angry, and it's really kind of silly in as much as it is not the doctor's health at stake; it is the patient's health. So look for a good doctor who is knowledgeable about these things. If not, have him refer you to a doctor, who is.

## CHAPTER 5

# Weight loss using hormones

There is no more frustrating topic to speak on or write about than weight loss. But just the fact that we talk about weight loss is somewhat of a misnomer. The real focus should be "fat loss" because, in any weight loss program, you want to lose only fat off your body and not muscle. You want to keep the muscle because that's what helps you burn more fat in the long run.



In a minute we'll talk about how hormones play into all of this but you need to get this part first. Weight loss often focuses on cutting the amount of calories we eat and increasing the time and intensity of cardiovascular exercise. While both of these are effective weight loss

strategies, they may not be the most effective ways to lose body fat and build muscle. Muscle burns calories like crazy. The more muscle you have, the more calories you'll burn even if you're just sitting around or even sleeping.

Having worked in the health and wellness industry for so many years, I have seen so many fad diets, extreme diets, fat flushes, and cleansing programs come and go. All of these highly marketed programs have been very frustrating for clients over the years who struggle with their weight. The problem with these programs is this. If they do not elicit a dietary and lifestyle change along with hormone balancing, the person is destined to regain that weight plus a few pounds.

The key issue is that if you are overweight, you likely have imbalanced hormones. There is no other way around it. And the corollary to that is that if your hormones are imbalanced, you are not healthy. So the conclusion is that anybody who is too fat is not healthy. That seems simple, but it is really profound because if the hormones are imbalanced, you will not only have a weight problem, but you will have some of the many other problems we talk about in this book.

Have you ever heard the saying that you can't be a prophet in your own backyard? It's kind of true. Before we decided to open Hormone Balance Centers, my wife Candy and I had made a resolution to get fit. We hired a local trainer named Kara (who is awesome by the way) and began a regular workout regimen. After months of hard work, Candy was not seeing any real results. In our frustration we

spoke with the owner of the Gym (Zak) and you won't believe what he said. "Candy, have you ever thought of having your hormones checked? I see that you are putting in the hard work and you should be getting better results. I have seen other people in the same situation and with some hormone therapy, they start losing weight again." Can you believe it? Even though my wife and I have been studying health and wellness for years we missed it when evaluating our own health situation. Guess what.... He was absolutely 100% correct. I was already on hormone replacement therapy for myself, but Candy was not totally sold on the idea yet. And then, some outsider suggested it. That was the key that unlocked her progress. We did her labs, began balancing her hormones and within 2 weeks she started losing weight again. Simply amazing!

Let me just lightly touch on some of the hormonal correlations to fat loss and long term health.

### **Testosterone:**

A study published by the Journal of Clinical Endocrinology and Metabolism showed that women who were given testosterone therapy lost two times more body fat and gained more muscle mass than women given a placebo.

Low testosterone in women is as common as it is in men, and symptoms of an imbalance are similar. Testosterone is considered an androgen (a male sex related hormone), but women do also have testosterone, although much lower levels than men. Just like with men, women's testosterone levels begin to diminish in their late twenties or

early thirties and continue to decline with aging. For example, a woman who is 40 years old will have about one half of the testosterone that she had when she was 20.

### **Estrogen / Progesterone ratio imbalance:**

Low progesterone (Estrogen dominance), leads to weight gain. Healthy levels of progesterone support the thyroid which produces hormones to regulate your metabolism. In other words, how quickly food is used for energy. Also, if you remember from the beginning we said that estrogen promotes the storage of fat for healthy reproduction. When estrogen is balanced, the right amount of fat helps carry out female reproductive functions. However, when there's too little or too much estrogen it usually results in weight gain.

### **Insulin:**

Many people don't realize that insulin is a hormone. Also, the thyroid can affect insulin levels. Are you starting to see why balancing all of the hormones together is so important? You probably already know that both insulin and thyroid can dramatically affect fat gain and the inability to lose unhealthy body fat.

### **Thyroid:**

Thyroid hormone affects just about every organ system in the body. The heart, central nervous system, autonomic nervous system, bone, GI, and metabolism. In general, when the thyroid hormone binds to its receptor, it activates the genes for increasing metabolic rate and thermogenesis. Thermogenesis is basically calorie burning.



If you ask most men and women if they think they are overweight, men usually say, "no, not really," and most women will say, "Yes, I am overweight." If you really want to know if your weight is an issue, you can do what is called the waist to hip ratio. It's a very simple way to figure out how much danger your weight is causing you.

Your waist to hip ratio is a measure of how fat is distributed around your body. Those with a higher percentage around the waist are sometimes considered "apple-shaped," while those with bigger hips are often noted as "pear-shaped." Knowing your hip-to-waist ratio can help you gauge your progress for fitness or dieting routines and can keep you aware of your health.

Take a tape measure and measure the widest area around your hips; that's your butt. And then measure your waist. That would be at the level of your belly button. Compare those two. If the belly button measurement is larger than the hip, then you are in trouble. The hip-to-waist ratio is one of the best calculations regarding the tendency you will have to a heart attack. This is probably the first time you have ever heard that having a big butt is better than having a big tummy, but it's true. The hip-to-waist ratio is a very important number to have in mind. You always want the hip measurement to be larger than the waist measurement however, it would be nice to have them both small. You can find an easy to use WHR (Waist Hip Ratio) calculator and ratio chart on my website: [www.HormoneBalanceCenters.com](http://www.HormoneBalanceCenters.com)

Let's talk about another natural hormone in the body called HCG. That stands for Human Chorionic Gonadotropin. You might have heard of HCG before, or maybe not. But you had probably used it before and did not even know. HCG is the hormone that you're looking for when you're pregnant. You go down to the drug store, buy a pregnancy test kit, come home, and take a sample of urine and test it. You're testing for the presence of HCG. It is, in fact, in the urine of pregnant women in very large amounts. I will not bore you with a lot of history right now, but HCG was used in India by a doctor named A.T.W. Simians over 40 years ago. He found that using HCG with a very healthy and low-calorie diet could induce massive amounts of fat loss. The reason I say fat loss is because it is protein sparing. In other words, you do not lose muscle; you only lose fat. This is very important because when you do a lap band or gastric bypass, your body tends to lose muscle and fat. Well, as we stated before, we do not want you to lose any muscle because muscle helps you burn fat.

HCG is very effective in fat burning. As a matter of fact, at one time we used to prescribe HCG to our clients for weight loss. Over four thousand clients used HCG in the original clinics I worked in with Dr. Jones. The average weight loss for a woman was  $\frac{1}{2}$  to  $\frac{3}{4}$  a pound every day, and for men, it was 1 to  $1\frac{1}{2}$  pounds per day. I know that sounds like quite a bit, but up until he started using HCG in the clinics, we had always told clients that they should lose about a pound a week or four pounds a month for healthy weight loss. We thought that we had discovered that you can effectively "cheat" by using HCG in very small amounts

with a controlled diet. HCG is very safe and very effective, and in my opinion, after seeing thousands of people lose rapidly and regain their health, it is a very effective way of losing fat off your body in a very short period of time.

### **Now the warning.**

HCG does not promote a healthy lifestyle change and you can't stay on it for life like other hormones. Because people saw such great results, it quickly became a fad diet and there were a ton of over the counter products claiming to be HCG. A ton of money was made from these products and it gave HCG a bad name. Some people even got hurt by using underground sellers who would ship you who knows what, called it HCG and had you inject it daily into your body. This caused tighter regulation and HCG is no longer prescribed for weight loss. It is still around and should always be used under the care of a competent practitioner who knows what they are doing. In our clinics, we have stopped promoting HCG for weight loss simply because it did not really help people with long term health and change. Clients loved it as a shortcut but I didn't feel that it was the best tool for long term health. I will always suggest proper hormone balancing and lifestyle change first. Then, if you are still struggling with your weight, we can suggest some newer prescriptions that I believe to be healthy cheats to get you over the hump. However, just know that I care too much to just help you lose weight. Our protocols at Hormone Balance Centers are there to help you get healthy, feel great again, and live a wellness lifestyle for the rest of your life. We want you to live younger longer.

Let me address the medications that can prevent you from losing weight. The use of antidepressants is a major cause of weight gain. As a matter of fact, the three side effects of antidepressants are:

1. Weight gain,
2. Loss of sex drive
3. Refectory depression.

Refectory depression is that you may be taking an antidepressant for one type of depression, but it can cause different types of depression. We call it the zombie effect. The typical woman will say I am not as bad as I used to be, but I never have any highs or lows. I am just kind of even all the time, almost like a zombie. What I see very often is a client who is taking an antidepressant. We asked her why she started taking it in the first place, and she said that she was depressed over her weight. Well, you can see that vicious cycle going around and around. She is depressed because of her weight, so she takes an antidepressant; the antidepressant makes her heavier, which makes her more depressed. And on and on it goes.

Statins are another type of medication that will keep you from losing weight. Those are the cholesterol-lowering drugs. In my opinion, only people with extremely high cholesterol should ever even think about taking one of these drugs. They are terrible for your liver function, and once you start taking them, you will see your health decline. Yes, they may lower your cholesterol, but there are so many other harmful side effects from them that, in my opinion, they are never worth taking.

Often, when I am speaking to women's groups, I ask how many of them have ever taken any estrogen. Very few hands go up. Then I rephrase the question to how many have ever taken any birth control pills or any depo shots or any pills for hot flashes or night sweats? Then a lot of hands go up. Ladies, these are estragon compounds. Estragon is a lipogenic substance, which means that it induces fat storage in your body and it also suppresses thyroid function.

Remember at the beginning I relayed a conversation that we had with a 22-year-old girl and her mother about birth control? That scenario replays itself several times a month in our clinics. When you take birth control you are playing around with estrogen. That is a powerful hormone in the body. The issue is that roughly 40% of people who use birth control pills will never experience any side effects. Approximately 60% of people who use birth control pills will have an adverse reaction. Remember, estrogens are lipogenic and fat-inducing.

I work out at the gym with some friends. After we have done a heavy workout, I see them popping things like Advil or Ibuprofen to prevent them from getting sore the next day. Well, that is a sure-fire way to stop any fat loss. Those anti-inflammatory medications, whether prescription or over-the-counter, cause a lot of fluid retention, resulting in weight gain. Diuretics and high blood pressure pills are also in the category of weight-gaining medications.

Remember this startling statistic. 98% of the people who lose weight gain it all back again within about five years.

This is precisely why there MUST be a dietary and lifestyle change along with a whole change of attitude. Yes, we can get you to lose weight, but keeping it off means hormone balance, a good diet, and regular, almost daily exercise.

Controlling sugar intake is another important factor in keeping fat off the body. Once you put sugar in your diet, it will take approximately 72 hours to get that out of your system before you can start burning fat. You may ask what is so bad about sugar. Well, the plain truth is that sugar consumption raises insulin levels. Insulin is called the fat-storing hormone. Every time you eat sugar, you are raising your insulin, and you are training your body to burn sugar instead of fat. You're simply converting sugar to fat for long-term storage. That is a losing proposition and will never allow for permanent fat loss. We teach our clients how to go on a "junk food withdrawal program," which requires them to lose their sugar cravings. Insulin resistance and adult diabetes onset are epidemics in the United States. One estimate tells us that there are 4,000 people a day in the United States diagnosed with type two or adult onset diabetes. This is a tragedy because it can be fully prevented by cutting the amount of sugar in your diet. I am not here to tell you that you have to cut all sugar out of your diet. That is ridiculous. We have to enjoy life, but it is not what you are eating once in a while that is going to make you or break you; it is what you are eating all the time.

One of the things we teach our clients is that they can not consistently eat carbohydrates alone anymore. They need to always combine it with a source of protein. Combining protein with that sugar will slow down the rate at which

that sugar enters your bloodstream, thereby stopping the rapid rise of insulin in the bloodstream. Of all the culprits out there that will make you fat, sugar is the biggest problem of all. I have heard it said that if there is evil in the universe, it is in the form of the french fry. That is a pure carbohydrate in the form of a potato surrounded by a bunch of fat. That is a disaster waiting to happen. But for a large percentage of the population in the United States, especially our youth, french fries are the only plant they ever eat during the week.

If there is another form of evil in the universe, it is soda pop. We demand that all our clients get off soda pop. They scream and whine and kick and beg us not to make them go off their pop. That is what we call addiction, and some of them say, "Well, it's OK because I drink diet soda." In my opinion, that is ten times worse. The fake sugars they use, like saccharin and aspartame, are much more harmful to the body than straight sugar. High fructose corn sweetener is just as bad. And whether you like it or not, I am just telling you right now they will make you fat. You have to stop drinking it. There is no other way around it. And if you think you're going to be able to drink soda pop and eat french fries for the rest of your life, you're going to have a shorter life.

To summarize, weight loss is a very simple process, but you have to do it in an intelligent way. Crash diets don't work. The only thing that I have really seen that is effective is hormone balancing and living a wellness lifestyle that includes clean eating and regular exercise. It's hard to walk this journey alone. You need an army of advocates rooting

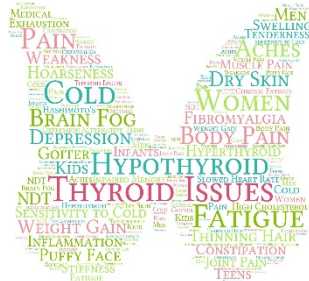
for you. If you ever want someone to take the journey towards wellness with you, my team and I are here to help.



## CHAPTER 6

# As your thyroid goes, so goes your life.

Thyroid function is so important that it affects every part of your life every day. Every cell of your body needs to have a proper amount of thyroid hormone in it, or it will not function properly. How do you know if your thyroid is functioning properly? Well, let's have you take a little yes or no test.



1. Are you tired almost all the time?
2. If you are sitting down to read a book, Do you begin dozing off within 15 minutes?
3. Do you have problems with constipation?
4. Do you have problems with hair falling out?
5. Do you have a hard time losing weight despite dieting and exercising?

6. Do you have what many people refer to as brain fog? You just can not think clearly or concentrate on things.
7. Are you having some memory loss?
8. Do you have elevated cholesterol?
9. Do you have dry skin?
10. Do you have brittle fingernails?
11. Is the outer 1/3 of your eyebrows starting to disappear?
12. Do you have some facial puffiness, especially below the eyes and in the cheeks?
13. Do you have a lot of cracking on the back part of your heels?
14. Do you have problems with irritability and or anxiety?

If you answered yes to a lot of these questions, chances are pretty high that you have a low functioning thyroid gland. As you can see, it spills over into many areas of your life. Not just physical areas but emotional/mental areas. When your thyroid is low, we call it hypothyroidism. It has been said many times and in many places that hypothyroidism is probably the most missed or under-diagnosed disease in America today. Women are more susceptible than men to hypothyroidism.

Now let's explore this a little bit more in detail. As I have said before in this book, I have had many women come into our clinic who have already been to their doctors and had a screening blood test done. Generally, your doctor will

test things like lipids, that is, your cholesterol and your triglycerides. He will do a CBC and a chem. screen, and everything will come back normal. He will also probably have a test done called the TSH, which stands for Thyroid Stimulating Hormone. As I have said before, 95% of the people that come into our clinic have a normal TSH. But they complain of all of the above symptoms that we mentioned, from being tired all the time to anxiety to the inability to lose weight and so on. It turns out that a TSH test only identifies a certain type of thyroid problem. It will not pick up the typical thyroid problem that a woman comes into our clinic with. Many times, a woman will list her complaints to us, and we will simply say, "It sounds like you have a low thyroid." to which they immediately reply. Oh no, my doctor tested my thyroid and said it was fine. To which we reply, "Well, then why are you here?" You have all of the symptoms of hypothyroidism. The problem is that your doctor did not check closely enough. He needs to perform a test called the Free T3. Without doing that, he will never know whether your thyroid is in proper working order or not. Just because he did a TSH test does not tell us whether you have subclinical hypothyroidism. The problem is, then you go for another ten to fifteen years thinking that your thyroid is fine. But you are still having all of those symptoms that we talked about. Pretty soon, you will begin to wear down, gain more weight, and become more depressed because your metabolism is so low, at which point you will probably give in and start taking an antidepressant upon your doctor's suggestion. The problem

is that the antidepressants are only masking another underlying problem. If you never treat the thyroid, the depression will never go away.

You might be asking a question like, "Why is my thyroid so low?" or "Why do so many people have low thyroid?" Well, there are many, many causes of hypothyroidism. Probably the number one thing that I see is chronic, long-term high levels of stress. Stress can easily deplete the thyroid hormone in your body. There are also many medications that can lower your thyroid. There are many chemicals that can affect your thyroid. If you clean your kitchen sink with chlorine bleach, it can suppress your thyroid. Another huge thyroid suppressor is any estrogen compound. Estrogen makes the thyroid go down. That is one reason why if you are taking birth control pills that have synthetic estrogen in them, it can make you gain weight due to the fact that it is pushing your thyroid levels down. Suffice it to say that there are many causes of hypothyroidism.

There are basically two thyroid hormones, T3 and T4. There are others, but that is beyond the scope of this book. T3 is called Triiodothyronine, and Thyroxine is T4. Basically, the thyroid gland makes and secretes T4. That then goes down to the liver, where it is converted via an enzyme into T3. Now you have to understand that T4 is usually the most dominant in the body. It's essentially a hormone that is just a storage hormone. T3 is the active form of the thyroid hormone. It is the workhorse hormone, and it is the one that makes you feel good. If there is a problem with T3, that's going to cause a thyroid problem and those symptoms we talked about.

The problem is that in the medical community today, most doctors will test the TSH and maybe the T4, but they never test the free T3. "Free T3" refers to the thyroid in your bloodstream that is not bound to any protein molecules and is therefore biologically active.

The other problem is that if your doctor thinks that you are hypothyroid, he will give you T4 medication. The common T4 medications are Synthroid, Levoxyl, and Levothyroxin. Many women that come into our clinics are already taking one of those, and they still have all of the symptoms of hypothyroidism. Why do doctors insist on using those medications when they still don't work? It's because that's what they were trained to do in medical school. Why were they trained that way in medical school? It's because so much of the medical school medication suggestions are dictated by the pharmaceutical companies? Those three medications are big-selling drugs and so many patients are on them because they make pharmaceutical companies a lot of money. The prescriptions that we use like armor thyroid or a compounded, sustained release thyroid, are not discussed in medical school. Your primary care doctor will usually either poo-poo them or not be aware of them at all. I have had many heated conversations with physicians around this topic. The conversation revolves around the fact of my trying to convince them that a drug like Synthroid only contains T4 and no T3, to which they promptly disagree. Then I tell them to call their favorite pharmacist and ask him or her if Synthroid, Levoxyl, or Levothyroxin contains any T3. They usually find out in a short time that I was correct, and they are mistaken. But

will they change their protocol? No, they will continue to prescribe Synthroid or one of the other synthetic thyroids simply to follow protocol, which in the end, do not work properly.

The only way that you will ever have a properly functioning thyroid is to get enough of the T3 in your body to start working. Natural thyroid hormones like compounded T3 or armor thyroid can work miracles. I see it over and over again in our clinics. I have had to train my employees, who are either physicians, nurse practitioners, or physician's assistants, not to prescribe the T4 compounds. And to start prescribing T3 and T4 compounds such as armor, as well as compounded hormones. They are always surprised when they begin to see much better results in their patients. I like to refer to it as the Lazarus effect. All of a sudden, these women who have been so low in energy for so many years suddenly come back to life. Now, granted, it can take six to eight weeks to figure out what the right dosage is for these patients, but once we get them on the right dose, it is like a whole new life for them. The brain fog goes away, and they have more energy all the way into the evening. Their anxiety levels go down, their constipation goes away, and they actually feel like exercising for the first time in years. As their exercise levels rise, their thyroid levels rise, and their energy levels rise, their weight tends to fall. Remember that your thyroid is responsible for your entire metabolism. If your metabolism is slow, it's almost impossible for you to lose any weight.

I could go on talking about the problems with the thyroid for hours and hours. Suffice it to say that if your thyroid is

not in the right place, your life can be miserable. And don't be fooled if your doctor tells you that he looked at your thyroid and everything looks fine. If you have all of those symptoms, everything is not fine. And sometimes, if the lab results say you are in the low normal or even mid-range, it still does not mean that everything is working properly. You could have even a mid-to-higher level reading on your blood test, but you may still have many of the symptoms of hypothyroidism. So my advice to you is to get the proper TSH, T4, and T3 tests done. If your doctor refuses to do them, go find another doctor or a nurse practitioner who will run the proper tests. Remember, it's your health, it's your body, and you need to take control.

## CHAPTER 7

# Estrogen, Friend or Foe

Most women who come into one of our clinics think that they probably have a problem with estrogen. Estrogen is the hormone they have heard about for many years. They often think of estrogen as the "Female" hormone. I guess that label comes from the fact that if you're going through menopause and having all the signs and symptoms of low estrogen, you don't feel like a female anymore. Let's understand something right



away. The only women who really need to be taking any kind of estrogen is a woman right around menopause. Now, remember, the average age of menopause is 51 years old. The definition of menopause is when a woman can say she has gone twelve consecutive months without a menstrual period. Women who are suffering from the effects



of menopause are the only ones that we ever give any kind of estrogen to. What are those symptoms? Here is the list.

- Hot flashes
- Night sweats
- Vaginal dryness and or atrophied, which would cause pain during intercourse.
- Leaky bladder
- Sometimes insomnia
- Weight gain
- Anxiety
- Depression
- Saggy, wrinkly skin

If a woman is experiencing most of those symptoms and she is obviously going through the menopausal years, it would be effective to use estradiol and perhaps some other hormones depending on the exact diagnosis. Remember, we only like to use hormones that are bio-identical and natural. They are not drugs like Premarin. You may know that Premarin comes from a pregnant mare's urine. Hence the name "Premarin." We think that this particular drug might be good for horses but not for humans. So we have refused to ever use any type of synthetic estrogen compound on a woman. You have probably heard of the many dangers of using Premarin on women, such as breast cancer, heart disease, blood clots, strokes, and Alzheimer's disease, to mention only a few. Using bio-identical estrogen, used as a topical cream, will never cause any of those problems. I could cite study after study demonstrating the distinction between bio-identical and

synthetic hormones, but that is beyond the scope of this book.

If a woman comes in and she is around the age of menopause, and she legitimately has many of the signs and symptoms of menopause, such as the hot flashes, the night sweats, the dryness, the incontinence, we will use the bio-identical estrogen on her for a short period of time. In a matter of three to five days, using bio-identical estrogen, her hot flashes and night sweats will be gone. But I re-iterate that there is no reason for any other woman to be taking any of the estrogen compounds unless she is going through that short period of time of menopause. I say short, but some women will allow themselves to go through hot flashes and night sweats, etc., for eight to ten years of miserable menopause symptoms. If they had only used some bio-identical, natural estrogen, they could have prevented all those years of suffering.

For years, many organizations have tried to get estrogen, as in Premarin or synthetic estrogen, on the list of cancer-causing chemicals. That would give it a little black box warning on the container. Well, it was not until 2003 that the synthetic estrogens were finally put on that list. But we still have clients who come into our office whose physicians have prescribed Premarin for them. I just shake my head and then begin educating the client.

Let's talk about the biggest problem with estrogen. It's called estrogen dominance. Most women who come into our office are what we call estrogen dominant. They have too much estrogen built up in their systems. The sister

hormone, or companion hormone, to estrogen, is the hormone called progesterone. It is the lack of progesterone and too much estrogen that cause most of the hormonal imbalances in women today. Too much estrogen in your body can act like a toxin. Progesterone is there to balance out high levels of estrogen. If you have too much estrogen in your system, you can have what we affectionately call the "wicked witch of the west syndrome." You have a short fuse because estrogen is an excitatory hormone, and progesterone is a mood-leveling hormone. Too much of one and not enough of the other, and you become very imbalanced and unhappy. You are on edge all the time, and you know that estrogen is a thyroid suppressant, so even though you are on edge all the time, you are also very tired. Estrogen can cause damage to your blood vessels. That's why women on birth control pills are told to watch out for blood clots in their lungs and in their calves. We know of at least six different types of cancer in women that are caused by too much estrogen. One of my favorite things about estrogen is that if a woman is pregnant with severe morning sickness, it usually means that she has too much estrogen built up in her system and not enough progesterone. By simply adding progesterone in safe amounts to that woman's daily routine, the morning sickness can be reduced or entirely eliminated.

This idea of estrogen dominance was first talked about back in the 1990s by a doctor named John Lee. He was one of the great pioneers in natural hormone therapy. His book was called "What your doctor may not tell you about menopause." As time goes on, he has been proven to be more

and more correct in his ideas about estrogen dominance and progesterone deficiencies. The problem is that the medical community today almost entirely refuses to accept his premises.

Several years ago, my mentor Dr. Jones attended a lecture by a doctor, Eldridge Taylor, MD. One of the most famous OBGYNs in the United States. In his lecture, he talked about what he learned in medical school regarding how to treat women with hormonal problems. Simply put, it was called OBGYN made easy. It was made easy because all you had to do, he said, was ask a woman one simple question when she came in with hormonally related problems. The question was, "Are you still having menstrual periods?" If she was still menstruating, he would prescribe birth control pills. If she was menopausal or postmenopausal and she was still having any kind of hormonal problems, he would simply prescribe Premarin and Provera, more commonly called Prempro. Those are both synthetic hormones that are very harmful to women. He said he did that for over ten years in practice. He has since learned about bio-identical hormones and has been shocked by the harm he has caused to so many women by prescribing those drugs over the years. You see, most women think that birth control pills, Premarin and Provera, are hormones. They are not hormones; they are drugs. Dr. Taylor now travels across the United States lecturing to groups of doctors regarding bio-identical hormones, trying to convince them not to use the hormones of the past anymore. Doctors who are not afraid to think outside of the box and

have their patients' best interests at heart usually stop using the harmful hormone drugs of the past and make the switch to healthy, natural and identical to human hormones.

## CHAPTER 8

# Progesterone, Every Woman's Best Friend.

In this chapter of the book, we will be defining progesterone as bio-identical natural progesterone, not the synthetic progesterone that your doctor might have prescribed for you in the past. That progesterone was called Medroxyprogesterone acetate. We never use that on women because it is carcinogenic. We are talking here about the bio-identical hormone called progesterone. It is usually made in a compounding pharmacy using soy or wild yam as a base. It should be noted that you can go to a health food store and buy over-the-counter progesterone cream. You need to know that the over-the-counter cream is not real progesterone. It is a wild yam cream. Wild yam creams are made to stimulate your ovaries to try and manufacture higher levels of progesterone. In some

cases, it works. In most cases, it is just not strong enough to do much for a woman with full-blown hormonal imbalances. In the past, we have used these so-called "over-the-counter progesterone creams" for treating young teenagers who have recently started their menstrual cycle. It can help with slight imbalances in their hormones. But it is seldom strong enough to hit hormonal imbalances head-on. It is just too weak. The progesterone cream that we use is a prescription that is compounded by a knowledgeable compounding pharmacist. We use progesterone for girls who have just started their periods and are having problems with cramping and heavily bleeding, all the way up to 93-year-old women who want to have a superior quality of life. Let's begin with a list of things that you need to know that are signs or symptoms of low progesterone levels in your body.

- A history of PMS
- A previous diagnosis of endometriosis
- Insomnia, especially a type of insomnia where you wake up at 3:00 AM and can not go back to sleep.
- Depression
- Anxiety
- Postpartum depression, more commonly called baby blues
- Miscarriages
- Infertility
- Attention deficit disorder and attention deficit hyperactivity disorder.
- Insulin resistance
- Osteoporosis

- Premenstrual migraine headaches
- Fibroid tumors
- Fibrosis breast disease.
- Tenderness
- Estrogen caused cancers
- Heart disease.

You may wonder why progesterone goes so low and becomes so deficient in a woman. The answer is again, stress levels can cause this hormone to be underproduced. However, as stated previously, one of the biggest reasons for low progesterone levels is the fact that so many women have too much estrogen, which suppresses the beneficial effects of progesterone. Progesterone for women is one of the most beneficial things we can ever do for them hormonally. I remember sitting in a class one time where one of the experts was lecturing on the uses of progesterone and saying that doctors should be using progesterone, not Prozac, for treating depression and anxiety in women. It will work miracles, and I see that in our clinics all the time. After one of our hormone specialists has reviewed the findings of the blood test with low progesterone, we have several ways of administering progesterone. It can be used as a topical cream rubbed into the skin. It can be used in a sublingual lozenge called a troche. Or it can be administered orally in a capsule form. Which one we use depends on the woman's individual body chemistry and the problems she is having.

The thing that I love to see is when a woman comes back after three weeks of being on progesterone, I ask her how



she is doing, and the first thing she does is say, "I am sleeping so well through the night, it is like I have a whole different life." Well, if somebody is sleeping all the way through the night when they have not been before, that means they are getting into deeper levels of sleep, so the sleep is more restful and more therapeutic. The result of that is going to be better energy levels during the day.

If your teenage daughter is suffering from menstrual cramping, heavy bleeding, and especially grouchiness and irritability five to seven days before her period starts, chances are high that she is low in progesterone and needs it just as much as you do. I see teenage girls missing one or two days of school and loading up on ibuprofen and aspirin just because their cramping is so bad. This is something that is unnecessary for them to have to go through. Simply using natural progesterone will alleviate those problems and more. Wouldn't you love to have a cheerful teenager all the time?

## CHAPTER 9

# Testosterone; Not Just For Men.

When I talk about testosterone to female patients, many of them are startled and think that testosterone is a men's only hormone. You need to know that it is just as important for women to have good levels of testosterone as it is for men to have good levels of testosterone. Women just need a lot less than a man needs, but they definitely do need it.

The first question most women ask about testosterone is this. "Will I grow hair on my chin, will I start developing huge muscles, and will my voice go deeper?" The answer to all of those questions is NO.

A woman makes testosterone in her ovaries and a little bit in her adrenal glands. The problem is that at about thirty

to thirty-two years old, a woman has already hit her peak of testosterone production and it is starting to go down rapidly. By age forty, a woman's testosterone levels sometimes can be in the basement while her husband's testosterone levels are still riding high. That seems like some cruel trick of nature. Nevertheless, that happens all the time, and I see it in our hormone balance centers every day.

When a woman comes into one of our clinics, we have her rate her overall sex drive. Generally speaking, most women that come into the clinic will rate it either as an eight, nine, or a ten out of ten when in fact they actually have a very low sex drive. In other words, they have just gotten used to it because it has been low or on the decline for many years. When a woman rates her sex drive, I usually accuse her of lying. After we have a good laugh about it, she usually will say "well, I hate to admit it, but yeah, my sex drive is not what it used to be."

Testosterone is critical for women. Not only just because it raises their libido, but because it acts as a mild antidepressant. It's what I call the enthusiasm hormone. I love seeing elderly couples starting on testosterone, not just for the sex drive issue but also because it just gives them more get up and go. They start saying things like, hey, let's go walk around the mall or let's go take a dance class. They all of a sudden have more motivation and assertiveness in life. You also will be interested to know that women with low testosterone start losing their muscle tone. If you hold your arm out in front of you with your palm face up, look at how much of your triceps muscle hangs down. If all you

see is loose skin or if it is getting looser as time goes on, chances are your testosterone levels are starting to go down or have been going down for years.

Here is a good quiz question for you. There is one muscle in the body that needs more testosterone than any other muscle. I get some obviously funny answers to that question, but the answer is the heart. Testosterone is very heart-friendly for both men and women. But the biggest thing that I see when using testosterone for women is that they get their drive back, and I am not talking just sex drive; they lose their otherwise passive nature, and they start becoming more assertive. They have more get up and go; they have more drive overall. As I said, it is the optimism hormone.

You can do a good self assessment by thinking of the last time you really felt like doing a hobby or pursuing an interest. If you just kind of feel tired when thinking of those things that you used to have zeal for, then you probably need some testosterone.

We give women only very small amounts of natural bio-identical testosterone. They do not need anywhere near the dose that men need. A small amount goes a long way. Let me describe to you a typical report of findings when we review the blood work for a woman..

Now let's say on the first visit, the woman admitted that her sex drive was maybe very, very low. When we get testosterone on the blood test, we look over at the level on the paper, and it might say 0.2. In other words, she has very little, if any, testosterone. So we look at her and say

well, Sally, you basically have no testosterone in your system right now. You could go six months without sex, and that would not bother you, would it? And she laughs, and she says no, not really. Now what you have to understand is that there is a physiological reason for her lack of sex drive. It's not that she doesn't love her partner. It's not that she is not attracted to them anymore; she just has no testosterone. We can fix that. And you may want to know, ladies, that I have actually had their partner cry at that point realizing that it was just low testosterone levels that caused them not to have an interest in sex. At that point they both become very excited to get on with our hormone balancing program.

Bioidentical testosterone is generally used as a topical cream. It is fun to see a woman come back a month or two later and admit that the testosterone is working. She will also notice that if she has been exercising and doing any resistance training with weights, her muscles are starting to finally tone up, even though she may have been doing plenty of resistance training before. It's testosterone that helps with that muscle tone. It is impossible for a woman to "get bulky" by using testosterone in healthy amounts. Female bodybuilders are using testosterone, but they are using massive amounts of it several times a day. They can use up to 200 milligrams a day to help enhance their muscle building. When we use testosterone on a woman for clinical purposes, we might give her anywhere from 2 to 10 milligrams a day. Don't worry, ladies, you're not going to turn into a muscle head.

On the one hand, I find it sad when I see so many married couples suffering from the problem of the wife having low levels of testosterone and therefore having no active sex life. An active sex life is a great part of marriage, but when a woman has no testosterone, it can adversely affect that marriage in many ways.

On the other hand, I love to see a married couple come in after the woman's testosterone levels have gone up and they both smile and say, "Yeah, things are a lot better in that department; Thank you." Using bioidentical natural hormones can be a key to restoring those testosterone levels. In the next chapter, we will talk about men and their testosterone problems.

## CHAPTER 10

# Testosterone; The Secret To His Life.

This chapter will be read by most women and then explained to their husbands. You see, most men live in that river in Egypt called denial when it comes to their health. They usually have to have one foot in the grave before they will do anything about how they feel or what they are experiencing in life. So the men who we see in our clinics for health problems were basically dragged there by their wives. And no, I am not kidding; that is usually how it works.

Sometime around forty-five years old, a man starts experiencing some pretty interesting changes. Women go through menopause. Men go through what is called andropause. Some women refer to it as "male menopause."

Whatever you want to call it, it's a downturn in a man's hormonal life. We do not really think about men losing their hormones as they get older as much as we do about women. With women, it can be an abrupt change. From one day to the next they can be in a raging hormonal nightmare. With men, it happens over a period of years.

When a man's testosterone starts going down, he may start to be more irritable and moody. "Grumpy old men" are typically low in testosterone. Today, we see men in their late thirties and early forties whose testosterone levels have dropped and who have thus become somewhat depressed. They lack the aggressiveness or assertiveness they used to have.

I would like to tell you my own story. I had a thriving supplement business and I took on 3 partners to help me handle the rapid growth. I had never felt depressed a day in my life up to that point but gradually I just could not even think about facing that business. I actually loved it in the beginning but nearly all of my drive had gone out the window. I was not experiencing any issue with my libido but I was getting depressed. It really scared me. I would literally just stay in bed, ditch meetings, not do my work, etc. I was weepy and cried a lot. My zeal for life was totally gone. It scared my wife. She didn't know how to help. It felt like some sort of mid-life crisis. I gave my business to my partners for free with no compensation. I just wanted out. I finally got my testosterone tested and my numbers were deplorable. I started testosterone cream and my regular family Doctor found out I was on it during a regular checkup and told me to stop it immediately. We argued for



a bit and he finally agreed to test me again and if I was “Really low” he would keep me on it. Guess what, even while on the cream I was still the lowest he had ever seen. He immediately increased my dose and put me on weekly injections. Hallelujah! Within 3 months I was back. I was my old self again. I can’t imagine what my life or my family’s lives would be like if I had not discovered testosterone. I can’t help but wonder how many depressed men there are out there who are struggling like I was and all they need to turn it all around is a simple injection once per week. This is why my wife and I are so passionate about Natural Hormone Replacement Therapy. Who knows where we would both be without it. Bankrupt? Divorced? On antidepressants? This stuff has saved my life and I know it can save yours too.

Here is another quick story. This man, who is fifty-eight years old, we will call him Dan, came into our office with his obviously younger wife. As it turns out, his previous wife had passed away from cancer about eight years earlier. He had remarried, and his new wife was forty-one years old. Quite an age difference. Dan was a very busy doctor. He had a huge practice with lots of employees and many doctors working under him. A lot of responsibility. As Dr. Jones sat there looking at him across the desk, I thought he looked completely worn out, which he was. After questioning him, we found that he was not very interested in even going to work anymore. He had lost his drive. He had lost his passion for pretty much everything. He was tired all the time; his muscles were sagging. His wife said that he had come home every night and sat on the couch

watching television. We call that the remote syndrome. All they have the energy to do at night is push the buttons on the remote. Dr. Jones asked him a personal question by saying, "Dan, how is your sex drive?" She immediately answered for him and said he did not have any. Dan did not even smile at that; he just kind of agreed. She said he used to be the doctor that everyone looked up to and that everybody would come to, but now he does not even have the energy to even want to go to work. I could tell this was frustrating to her because she was this zippy little forty-one-year-old blond who had plenty of life to still live. It seemed like Dan was in the final winding up scene of life. There was nothing left.

Your husband may not be as bad as Dan or as bad as I was, but you may be seeing signs of that type of attitude creeping in. It doesn't matter if they are thirty-five or fifty-five. In Dan's case, we did not need to run a lab test on him, though we did. It was obvious that he was low in the hormone testosterone. So Dr. Jones talked to him about testosterone for a while and all of the effects that it can have on a man. Although a woman only needs a small amount of testosterone to keep her going, a man needs twenty to thirty times as much testosterone as a woman. Women are estrogen and progesterone driven, while men are totally testosterone-driven.

So about a week and a half went by, Dan went and got his blood test done, and they came back into our office for a report of findings. They sat together holding hands, hoping for good news. As Dr. Jones looked at the blood test, he could see that Dan was so low in testosterone that it

had to be affecting every area of his life. But another thing that he noticed is that he was very low in thyroid hormone. Well, if you put the two of those together, the thyroid will have a great effect on his lack of energy, and the testosterone affects everything else. He just had no get up and go, no drive of any kind. So Dr. Jones explained to both of them that his testosterone was very low and his thyroid was also low. The conclusion from Dr. Jones was that we needed to put him on testosterone and a small amount of natural thyroid and see how he does. We told Dan to come back in a month and let's see how he's doing. A month went by, and Dan came into the office with his wife and sat down in front of Dr. Jones. "Well, Dan, how are things going?" he asked. His response was still somewhat lackluster. He said his energy levels were up a little, but nothing else changed. This gave us an indication that the thyroid was starting to kick in and work because his energy levels were up a little bit, but the testosterone still seemed to be low. Dr. Jones asked him how his sex drive was, and he said it was not really any different. He also asked him if there was any change in his slight erectile dysfunction symptoms, and he said it was about the same. So he told him that we would change our method of delivering the testosterone so he could get a larger amount into his body. We did that, and he came back in three months. As he and his wife came into the office, she came over to Dr. Jones and gave him a great big hug. And he said, "Wow, what is that for?" and she said, "Oh, he is back," so what does that mean? She said, "Oh, he is back at the office meddling in everybody else's affairs, harassing the employees, and back to his general good old self." And Dr.

Jones asked if there were any other changes, and she said, "Oh yeah, his sex drive is back, isn't it, honey?" She looked over at him, and he said, "Where has this stuff been all my life?" We all just kind of laughed and said, "Well, this kind of shows you the importance of having good testosterone and good thyroid levels." It was another one of those instances of the Lazarus effect. He had come back to life.

His levels were still not perfect, but they were coming back in a big way. After about six months, he felt about 90% better. We still had some things to work on with him, like getting him to exercise on a regular basis and changing some of his bad dietary habits. But nevertheless, he has made great progress, and even he will admit that.

The clinic had another patient that came in, a man in his early sixties. His primary problem, he said, was symptoms of erectile dysfunction. It can be very frustrating for a man. He said he had been to his primary care doctor, who had prescribed an erectile dysfunction medication like Cialis or Viagra. He said the side effects were so bad that he would never try it again. So he had come to hormone balance centers after hearing that testosterone could help. We sent him off to the lab, and when the lab values came back, he was obviously very low in testosterone. We put him on a trial of testosterone cream that is rubbed onto his arms twice a day. Two months later, he came back, and just, so you know, sometimes testosterone will work for erectile dysfunction symptoms, and sometimes it does not. In this case, we asked him how the ED was go-

ing. He said, "Well, you know, I don't see that much difference in it." so we said, "Well, OK, we tried, and we will just discontinue the testosterone, and we will look at something else." And he immediately interrupted and said, "Oh no, don't stop the testosterone." And we looked at him kind of quizzically and said, "You said the symptoms were not any better." And he quickly replied that the erectile dysfunction symptoms are not any better, but I am feeling so much better overall. I am feeling like the get up and go has come back. He says my energy levels are better. My attitude is better; I feel like exercising now, and everything is better, so no, I do not want to stop taking testosterone. That is good stuff.

I hear and see stories like this over and over again. Testosterone is what a man needs. And as you can imagine, if a man's thyroid and testosterone are low, he tends to become a human slug. There is just nothing left. So testosterone is not only good for his overall mood but it has also been shown in study after study to be extremely prostate-protective and heart-protective.

The leading type of cancer in men is prostate cancer. When a man hits about fifty years old, his estrogen levels go up, and his testosterone levels drop, sometimes drastically. That is usually when prostate cancer takes over. The nice thing is that when a man brings his testosterone levels back up, it edges out the estrogen, and the chances of getting prostate cancer go way down. It is also very protective for him against heart attacks, the leading cause of death in men.

As I said at the beginning of this chapter, it is almost unnecessary to check the blood levels of testosterone of men who come in. We can usually tell just by how they act and what their signs and symptoms are that they are low in testosterone. The reason we do a blood test is to see just how low they are. Usually, three months down the road, we will test the blood again to see how the levels have come up. That way, we know that we have him on the right dose. So if your husband is one of those proverbial human slugs walking around out there in slow motion, unmotivated and just disagreeable, a grumpy old man, have him get his testosterone checked. He has to have both total and free testosterone done. And get his thyroid checked at the same time. You will be surprised what a different man you will see in just a couple of months. It will be nice to have the old guy back again.

## CHAPTER 11

# Stress Hormones

There are two hormones that deserve mention in this chapter. One is cortisol, and the other is DHEA, "Dehydroepiandrosterone." Both of these hormones are made mainly by your adrenal glands. Their primary function is to help you deal with stress of all kinds. Cortisol is a fight or flight hormone, just like adrenalin. If you live under long periods of stress, both of these hormones can be depleted, causing all kinds of problems. People with low levels of cortisol and DHEA get sick frequently. Any cold or virus that comes through town, they tend to pick it up. If your levels of DHEA are low, that would tell us that your ability to handle stress, whether it is physical or emotional stress, has decreased.

The adrenal glands, as I said, are the stress-handling glands of the body. They are critical, especially in this day

and age when we all live under chronic stress. Let me illustrate the effects of DHEA and cortisol by giving you an example.

Researchers took experimental lab rats and removed the adrenal glands of those rats. They kept them caged and gave them a normal diet with lots of water and a normal amount of exercise. The rats were doing just fine. Then, what researchers would do is lower the temperature in the laboratory. That was a stress on the rat's body. The rats would live for four or five days, and then they would find them dead because their bodies were not able to handle the stress of a lower temperature. They also repeated the test by raising the temperature, and the lab rats would die when the temperature got too high. So you see, they couldn't handle any other kind of stress than a normal way of life.

Another interesting experiment was when they took other lab rats with the adrenal glands removed, kept them in their cages, and then one by one, they would have a cat walk around the cage. As you know, cats and rats do not get along very well. The cat would try to get into the cage to get to the rat but could not. So they took the cat away. The next day, the lab rats were dead. They could not handle the stress of that situation. Do you ever feel like a rat in a cage with cats walking around you? Well, oftentimes, we all do. It is chronic, long-term, and even low levels of stress that cause these types of reactions. Just because we have stress does not mean it is going to kill us like it did the rats, but it does take a toll on our bodies. And year after



year, exposing ourselves to higher and higher levels of stress dramatically depletes our health.

It is imperative that you have your DHEA and cortisol levels measured. It is included in the regular blood panel that we always order at Hormone Balance Centers. The proper test for DHEA is called DHEA-S, as in sulfate. Cortisol should always be tested from 8:00 AM to 9:00 AM to get an accurate reading. Your doctor, if he is familiar with these tests, will know how to run them and how to interpret the levels when they come back. But again, it is very important that you make sure that those levels are tested. If those levels are too low for either cortisol or DHEA, you will most certainly not have the ability to handle long-term levels of stress in your life.

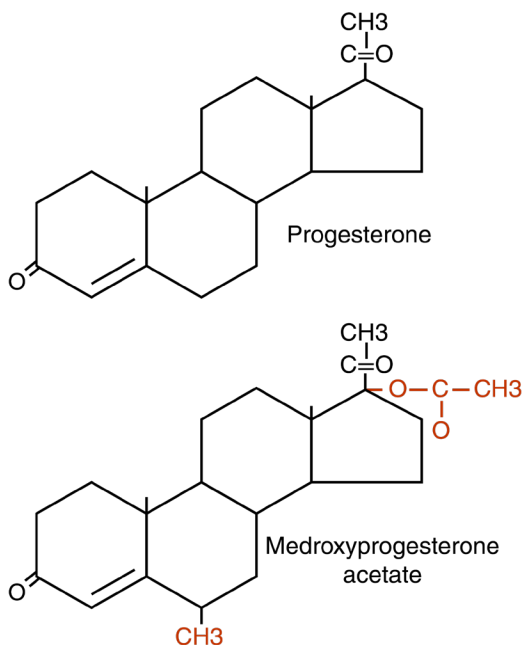
## CHAPTER 12

# What is a bio-identical hormone?

Let's pretend that I take a drop of blood out of your bloodstream and put it on a slide and put it under an electron microscope. And then I look hard enough, and I can see a molecule of progesterone floating around in there. I carefully note the structure of the molecule. Then I take a molecule of bioidentical progesterone and put it right next to that molecule of your own progesterone. There is no difference. They look exactly the same.

Now, if I take a molecule of synthetic progesterone, also called Medroxyprogesterone acetate or Provera, and put it next to the other two, there is no similarity at all. What the pharmaceutical companies do is take the bioidentical form of the regular progesterone that's made from soy or wild yam, and then they add an acetate and a methyl group

to it, thus turning it into a drug. It is no longer able to function the same way regular progesterone does. So there is no resemblance between progesterone in your bloodstream when compared to synthetic progesterone. They are totally different, and they react differently in the body. That analogy holds true for bioidentical estrogens and bioidentical testosterone too.



**Natural Progesterone (on top) and an example of synthetic Progesterone (Medroxyprogesterone acetate). Notice the difference in chemical composition**

Let's talk about the thyroid for a moment. The thyroid medication we generally use is referred to as "armour thyroid." It is a natural thyroid that comes from the thyroid of a pig. Why a pig? Well, if you have heard of someone having

their heart valves replaced, they always use pig heart valves because they are biologically identical to humans. We hope that is a compliment to the pig rather than the humans. So desiccated thyroid from a pig's thyroid is what we use. We can tell if a patient is overdosed by the amount of oinking they do and if they grow a curly tail. "Just kidding, of course." The human body isn't capable of distinguishing between human and pig thyroid. So it is very safe, very effective, and has been used for over ninety years in the United States. It is much safer than Synthroid, Lovoxal, and Levothyroxine.

You may have seen on television, heard on the radio, or seen in some magazine articles that the FDA has never approved bio-identical hormones. This is simply not true. Here is why. Pharmaceutical companies manufacture bio-identical hormones. They use natural bases, like I said, from yams or soy, and they send those to compounding pharmacies. You can't get bio-identical medications in pharmacies; they have to be compounded by a pharmacist in a specialty pharmacy. The compounding pharmacist then turns those powders that are sent to them from the pharmaceutical companies into capsules, trokies, or different types of creams. You have to understand that pharmaceutical companies can not sell those to compounding pharmacies if they are not approved by the FDA. So that does away with that myth. There is one huge pharmaceutical company called Upjohn that has been making bio-identical products and powders for over eighty years. They could not be doing that without the FDA's approval. They

have recently merged with a big name pharmaceutical company.

Another criticism that is aimed at bio-identical hormones is that there have been no studies done using bio-identical hormones. Again, that is absurd. I attend two to three bio-identical conferences each year to keep up on the latest. During these conferences, we are shown study after study from prestigious medical journals about the efficacy and safety of bio-identical hormones. I have a stack of 3 inch binders filled with these studies. The criticism usually comes from a company like Wyatt Pharmaceuticals. Wyatt is the giant pharmaceutical company that, for many, many years, manufactured the synthetic hormones Premarin and Provera.

With the arrival of bio-identical hormones into the United States from Europe many years ago, the profits for Wyatt's Pharmaceuticals have dropped in a huge way. Any multi-billion-dollar company seeing a drop in its profits will certainly aim their gun at the proper targets.

However, for me, the proof is in the pudding. I enjoy listening to doctors, nurse practitioners, and physician assistants that have worked for us come back to me and say that they are actually seeing a difference in women's lives by taking them off all the synthetic hormones and drugs and switching them over to bio-identical hormone therapy. They never knew that they could have that kind of effect on men and women by using natural therapies. The other proof that we have is the thousands of patients coming to our clinics who, once they have been on the bio-identical

hormones for two or three months, start referring all their friends and neighbors to us, saying you have to try this. I have never felt better in twenty years. The last proof is the fact that if I thought there was anything in the literature or in the history of bioidentical hormones that was not safe, there is no way in the whole world I would have put my own wife or myself on bioidentical hormones. If you talk to her or any of the thousands of women that use these hormones and these natural therapies, they would be walking testimonies of the fact that they do work and they can change your life.

Sometimes it takes two months, sometimes it takes a whole year, but things do change. Occasionally we will have a woman come in that has been on hormones for three or four weeks, and she says she has not felt much of a difference at all. We then asked her how long it had been since she had felt good. And she may say something like "ten to fifteen years." Or even five years. Well, if you have been feeling poorly for a long time, things are not going to change in three weeks. It may take four to six months to get things regulated and get you going again. But you will see a difference. Just hang in there and keep doing what we tell you to, and things will get better. We will also tell her that she is going to have to exercise and that she is going to have to change her diet. People who persist in eating tons of junk food every day can't think that even their bio-identical hormones are going to help them. If you put poor quality gasoline into your car or gasoline that has been contaminated, your car will never run properly, if at all. It's the same thing with the fuel you put in your body. If

it's all junk food going in, it's going to be junk performance coming out. Dietary changes are necessary, but we have to take them one step at a time. We can't require a person to go through all the changes in the first week. We take baby steps until they are convinced of the positive changes.

## CHAPTER 13

# Should I Take Vitamins?

The simple answer to the question, "Should I take vitamins?" is YES; of course, you should. It is all about quality of life. But the question is not answered that easily. You have probably heard by now that our soils in America are depleted. In other words, there are not enough nutrients in the ground to produce wholesome and healthy vegetables and fruits anymore. And that's correct. What used to be a healthy-looking tomato on the outside and a healthy vitamin and mineral containing tomato on the inside no longer exists, unless possibly if you buy organic. Most commercially grown vegetables are depleted of anything except potassium, nitrogen, and phosphorus because those are the main fertilizers used on farms today.

So yes, I feel strongly that we should all be taking vitamins and minerals, but again, buyer beware. Most of the clients who come into our clinics are usually taking one of the



store bought brands of vitamins such as Centrum or One a Day. While these things may be popular and cheap, you might as well not be taking anything because they are in the category of synthetic vitamins. There are two categories that we put most vitamin and mineral supplements into. Either synthetic or whole food. Whole food vitamins are the ones we advise all our patients to take. And there are many types out there. But probably 90% of the vitamins you will buy in a membership store of some kind, or a drug store, or a health food store are indeed synthetic. But how would you know? Well, that is the subject of this chapter on vitamins, and after you read this, you should go look at your bottle of vitamins that are in your kitchen cabinet and make a quick comparison.

My wife and I experienced this several years ago. We went to a reputable health food store. My wife wanted to buy some organic produce. So I wandered to the big vitamin room. It is a separate room where they have all of the vitamins and supplements and everything under the sun that could be considered a health food supplement. Immediately, one of the ladies walked up to me and asked me if I needed help finding something. And I said I would like to look at all of your vitamin and mineral supplements. So she said, "Oh, they are around on the other side of this aisle." So we walked around, and there were four long shelves filled with vitamin and mineral supplements. I thanked her, and she walked away. I then went over to the upper left hand corner of all these supplements and started taking each of the bottles off the shelf one by one and examining them. It takes me probably fifteen seconds to determine

whether that is a synthetic or whole-food vitamin. So off I went one bottle after another. After I had looked at probably at least twenty to twenty-five bottles, the lady came walking up to me. "Are you looking for a particular brand?" she asked. I said no, but I do have a question for you. I have looked at twenty to twenty-five of these bottles, and they are all synthetic vitamins. And she interrupted me and said, "Are you looking for a whole food vitamin?" I said yes, but they were over on the other side of the aisle where we were just now. So we walked back around there and I picked up three or four of them, and I looked at the ingredient list.

"Now that is a very good vitamin blend" I said; and then I continued to look at the contents, and then I looked on the front, and it said a one-month supply. And so I looked at the price sticker on the bottom, and the price was \$79.99. I just about fainted. "WOW, that's a little pricey, isn't it?" I said to her, and she calmly said, "Well, you get what you pay for." I kind of looked at her and said, "What do you mean?" And she said, pointing back to the other row, that's all synthetic vitamins and inorganic minerals. Those are not very well absorbed into the body, if at all. These whole food vitamins are guaranteed to be 100% absorbable because they are whole food. And I looked at her, and I said, "Well, I understand that, but then why do you sell all those synthetic vitamins on the other row?" Well, that is what people buy. And I looked at her and said that is because they did not know any better, and she said, yeah, exactly. And I wanted to say, "you dirty dog." You are selling junk

food and vitamins to unaware people. You should be educating them. But I did not have the heart to say that, so I just smiled and thanked her and went on my way.

This episode illustrates a very important point. Most people out there do not know if they are even remotely close to taking a healthy vitamin and mineral supplement. So what I would like to do is just give you an idea of how you can look at the back of a vitamin bottle, even the one you have in your kitchen cupboard, and tell whether it is synthetic or a whole food vitamin. Because if it is synthetic, you might as well go out and bury it in your garden and hope that some of the vitamins and minerals that are synthetic can somehow be absorbed into the tomato plant you are going to grow out there. Then, through the process of photosynthesis, you may be able to absorb some of those. But eating junk food vitamins will never give you the health and vitality you are seeking from your vitamin supplements.

So if you look on the back of your vitamin bottle and you find the term "vitamin C," if you look at that and in parentheses right behind the word vitamin C, it will usually tell you the source. If it says ascorbic acid or ascorbate, you have a synthetic type of vitamin C on your hands. People kind of gasp when they hear this because that is what they have been taking for many years. Well, let me tell you how they make ascorbic acid. They start in a laboratory or in a vitamin manufacturing plant with a large vat of liquid corn syrup. And what is corn syrup? It is just plain old sugar. And then what they do is bubble sulfuric acid or sometimes a

different type of acid through that corn syrup. And the result is that it turns into a white powder called ascorbic acid. That is not true vitamin C, but the FDA allows them to label it ascorbic acid if they put it in parentheses.

Now where does true vitamin C come from? Well, you could get it from oranges; you could also get it from something called Acerola Cherry; there are a lot of different food sources of vitamin C. But liquid corn syrup with acid bubbled through it is not vitamin C. The problem is the FDA, as stated above, allows them to label that as vitamin C. It is not. It is ascorbic acid, which does not have all of the health benefits of true vitamin C.

Let me give you another example. Let's say you want to go to the health food store and buy a bottle of B vitamins. Now, B vitamins are very good for the nervous system. For stress, for different things going on in your body, they are absolutely necessary. One of the B vitamins is B6. You may look on the label and see that behind the word vitamin B6, it will say Pyridoxine hydrochloride. Now here is the question: have you ever seen a pyridoxine hydrochloride tree? You have not because they do not exist. So pyridoxine hydrochloride is a pure chemical. It is usually made from petroleum byproducts. Most of the synthetic B vitamins are made from petroleum byproducts. They are not from a whole food source, so they do not absorb well because the body does not recognize them as a natural source. It is, in fact, a chemical.

Here is another example of the B vitamins. If you look under vitamin B1, it says thiamine mononitrate. Does that

sound like it came from a plant, or does it sound like a chemical? Right, it is a chemical. Let me give you another example. Let's say you heard about the benefits of vitamin E, so you go to the drug store, and it might say D-alpha-Tocopherol on it. Well, have you ever seen a D-alpha-Tocopherol bush, plant, or tree? No, because it is a synthetic form of vitamin E. The real source of vitamin E would come from something like wheat germ oil.

Going back to the B vitamins, What's the food source for B vitamins? Well, your grandmother, when you were small, tried to get you to eat liver. Well, being the one that can not stand the taste of liver, there are other sources of it. For instance, yeast is a great source of B vitamins. But if you're taking it in the form of thiamine mononitrate and pyridoxine hydrochloride, all you are getting is chemicals, and the body does not recognize those chemicals, so it does not absorb them properly. It will recognize a food source like wheat germ oil or yeast or any of the other many food sources.

Now let's talk about minerals. Your doctor tells you all the time that you should be taking between 1200 and 1500 milligrams of calcium every day for your bones. And he will tell you that you can take it in the form of one large horse pill vitamin that is called calcium carbonate. Or he might tell you to take Tums. Those are both inorganic sources of calcium. As a matter of fact, the other name for calcium carbonate is chalk or limestone. It is very hard to assimilate into the body, and therefore you have to take 1000 to 1500 milligrams to get a little bit of it to absorb. The problem is that it can also cause a higher chance of kidney stones. If

you are looking for a good source of calcium, you should look for something like calcium lactate. It is very easily absorbed and recognized by the body. Calcium carbonate, on the other hand, is not.

You should also be taking some magnesium. If on the label of your vitamin bottle it says magnesium in the form of magnesium oxide, you might as well go out on the street, pick up a rock and swallow it. You will get more out of that than you would from swallowing magnesium oxide. It is very unassimilable by the body.

Let me give you one last example. Iron is very important for getting into the body. However, the type of iron prescribed by your doctor, ferrous sulfate, is not well tolerated by the body and can have negative side effects. For instance, after having worked in health and wellness for over thirty years, I have met with a lot of pregnant women. Generally speaking, they are all taking a prenatal vitamin prescribed by their obstetrician. Most prenatal vitamins contain ferrous sulfate or bad iron in them. The biggest side effect you will get from taking ferrous sulfate is constipation, with additional stomach pains happening. So many women come into our office and say, "Well, every time I get pregnant, I get constipated." They believe constipation is caused by their pregnancy. They don't realize it's from the ferrous sulfate that is in their prenatal vitamin. So I might add that the rest of the vitamin they are taking is also synthetic, so it is a very poor choice. The best thing a woman could do is to take a whole food vitamin and mineral supplement containing an absorbable form of iron.

So when you are looking at your bottle of vitamins and minerals, try to ascertain whether it is a whole food source. For instance, if it says one particular type of vitamin, then in parentheses, it should say that it comes from a typical food source. Not from a chemical. There are usually not inexpensive whole food vitamins everywhere that good vitamins are sold. I am so disappointed that so many health food stores across the nation don't carry a good whole food vitamin. They do not have to be any more expensive than the synthetics. But they are much, much better for a person. So many people who switch from synthetic to whole food vitamins all of a sudden begin to feel the difference because they work so much better, mainly because they are assimilated by the body. Whereas synthetic vitamins are not. The big bonus, too, is that for your hormones to be made properly, you need the good nutrition that you will get by taking a whole food vitamin.

## CHAPTER 14

# Could what I am eating be making me sick?

Occasionally we find a client who does not respond to any of the treatments that we provide. We have changed all of their hormone levels. There was marginal improvement. We have looked at what kind of vitamins they are using. We are having them exercise properly, yet they still do not improve. Then at that point, after scratching our heads for a while, we will generally send them in for a test that will determine if the foods they are eating will cause them damage. Now, that may seem somewhat strange to you, but it is a fairly common occurrence.

There are two types of food sensitivities. I will refer to them as allergies right now because most people understand an allergy. They are actually not allergies but food sensitivities. But for right now, let's just refer to them as



food allergies. Type number one is what we call immediate onset. In other words, if you are allergic to shrimp and you eat the shrimp, you will get an immediate reaction. Your mouth might swell up, your throat will constrict, and you will not be able to breathe. You will go into what is called an anaphylactic shock. That is allergy type 1. For me, when I eat raw onions, I will go into immediate heartburn, upset stomach and even get dizzy. That is another example of a type one allergy. As you can imagine, I do not eat raw onions because it is an unpleasant experience.

Type two allergies are very interesting. They are what we call a "delayed onset allergy or reaction." Remember, type one is an immediate onset, and type two is a delayed reaction. Here is an example: You eat peanut butter on Monday, and you don't see any reaction after you have eaten it. But let's say you have a type two allergy to it. That means you may not react to it for two or three days. Well, how would you put two and two together and figure out that the way you are feeling today came from the peanut butter you ate three days ago? You don't. So you may continue to eat the peanut butter and continue to suffer from it day after day. You're always feeling bad because of how peanut butter reacts in your system, especially if you eat it everyday or every other day. It is as though you are eating a food that you are actually allowing to poison you every day.

Let me give you an example. We had a twenty-six-year-old young lady come into our office with her mother. This young lady was an esthetician. In other words, she does skin care in a plastic surgeon's office. She showed us what is

called acne vulgaris. That is terrible, scarring acne all over the face. As you can imagine, that does not look too good to the clients that she is working for in her role as an esthetician. As a matter of fact, her boss, the plastic surgeon, told her that if she did not get her acne under control, she would probably have to find another job. So here she comes into our office with her mother. Her mother brought her to see us because she knows that we deal with hormones, and she felt that this could have been hormonal in nature. This young lady had already seen three different dermatologists, and each of them suggested the same thing: Accutane. Accutane is a very harmful drug that I would never advise anybody to take. So the mother, as I said, brought her in, hoping that this was a hormonal issue. We asked the girl a simple question. "Does your acne get worse seven to ten days before your menstrual period starts?" And she said no, it is bad all the time. There is no difference from week to week. And then we said that we seriously doubt that there is a hormonal component to this. And she seemed disappointed, and so did her mother. And then I said, but I think there may be another problem going on.

You have been checked out by various dermatologists. They cannot figure it out, so let's try something. I believe that you are probably eating something that is causing that, and you don't even know it. And she said, after shrugging her shoulders, "No, I don't have any allergies that I know of." And so I explained to her and her mother the difference between a type one allergy and a type two, or delayed onset allergy. I said you could have eaten an egg

three days ago, which would have made your acne worse today. If you are eating a food that you are allergic to and do that day after day, there might be several different foods that could make it, so you never have clear skin. She looked at me like a deer caught in the headlights. She did not know what to say. So we sent her in for a blood test. And that blood test tested her for 150 foods, the most common foods, to see if she reacted to them. The test is called an ALCAT test (antigen leukocyte antibody test). About a week after we sent the blood off to the lab, it came back. We looked at it briefly, and then I met with the mother and daughter.

As we sat down, our specialist explained to them that there are four categories of these: severe, moderate, mild, and no reaction. Most of the foods came back with no reaction. But we told her what her special foods were. One of them was milk, another was oranges, her third was celery, and her last was oats. She and her mother were both amazed because she was a big milk drinker, she ate oatmeal almost every day for breakfast, and she said she probably ate oranges during the winter every day. Celery was one vegetable that she did not eat all that often, but she had it once in a while. Well, we explained to her that if she was drinking milk, eating cheese, or using sour cream in some way every day, her skin would never clear up because she has that allergy going on twenty-four hours a day. And she is just feeding it by continuing to eat it. Now she may drink milk or eat cheese every fourth day, but if every other day she might be eating oatmeal, her skin will never get better. So we made a plan, and we told her that

for the next four months, she could not have any milk products, no oranges, no celery, and nothing with oats in it. She looked at us like, how in the world am I going to do that? And we said you would have to learn to look at the labels and be a detective. There were several other foods, probably another ten foods that she was moderately and mildly allergic to, and she had to watch her eating those. She could not eat those any more frequently than every four days. We told her we would see her in the office in two months to see how she was doing.

Two months later, she arrives back in the office with a big smile on her face. She sat down with her mother and said, "Look at me." And frankly, I could not believe the difference. Her skin was so clear that basically, all I could see on it was scarring from the acne she had in the past. Her skin looked lovely, and she was so pleased to know it was things she was eating that was causing her a problem. Our specialist suggested to her that she go two months without eating any of those foods and then eat a bowl of oatmeal for breakfast one day and see how she reacts to it. She looked him straight in the eye, and she said, "I will never eat any of those foods again as long as I live." And he said you do not understand. I said your body would lose its sensitivity to those foods if you stayed away from them for a good four to six months. You will be able to eat them again. She said it was not worth it. I do not want to take any chances of having my skin look like it used to.

Let me give you another example. A young man whom our associate Dr. Jones knows personally who was in his late

twenties and had been diagnosed with moderate-to-severe irritable bowel syndrome. If you know of anyone with irritable bowel syndrome, it can be a very difficult thing to live with if it is very bad at all. The patient will go from diarrhea to constipation, back to diarrhea, and back to constipation with constant bloating and gas. Stomach pain causes a lot of irritability for the patient. So this young man sat in front of Dr. Jones and said, "If I have to live the rest of my life with this, it is just going to be terrible." And he had seen gastroenterologists. He had even seen a doctor that specializes in parasites. He had been given a clean bill of health by the proctologist. And the gastroenterologists diagnosed him with irritable bowel syndrome and wanted him to use various medications. None of the medications worked except Zelnorm. Well, if you have ever seen the ads on TV for the bare bellies of Zelnorm, those ads were very popular, but for only a short period of time. The FDA took it off the market because too many people had too many almost fatal reactions to the medication. That was the only drug that worked for the young man, and he was so disappointed when it was taken off the market. Dr. Jones told him that there was a very good chance that he was reacting to some kind of food. He promptly said that he had no allergies (that is what they all think,) and so we agreed with him but then explained what type one and type two allergies were. So he agreed, having no other good alternatives. He agreed to have the blood drawn and see if he reacted to any foods. When the test results came back a week later, he was in our office, and we sat down, and Dr. Jones went over his problem foods. Interestingly enough, he was allergic to corn, calcium, and chicken.

There were others that he was allergic to, but the funny thing was that he loved chicken tortillas. And that is what he was eating several times a week. Now there were other foods in his moderate list, like avocado, which you would think is a very healthy food, but it does not matter if it is junk food or healthy food. If your body reacts to it, it can cause all kinds of problems.

You might think that avoiding corn, chicken, and avocado would be simple. Think again; corn is in everything in the form of high fructose corn sweetener or corn syrup. He had to be very careful. He could not drink a soda pop that was sweetened with high fructose corn sweetener. He had to read the labels of all these foods because if he got any small amount of that in his system, it would cause a problem. He returned to the clinic three weeks later, shaking his head, saying, "I could not believe food could have done this to me." And Dr. Jones said, "What is going on?" I literally do not have any gas or bloating anymore. I feel fine. No constipation. No diarrhea. He said, "Frankly, I am pretty upset." When we asked why." He says, "I have spent so much money going to these specialists trying to find out what it was, and now I find out it is just a couple of foods I am eating." So we assured him that the other doctors were doing the best they knew how and it was just a hunch on our part that there could have been a food or different foods that were offenders. Well, we happened to strike it rich on this one because he was totally cured of his irritable bowel syndrome. We did tell him to go ahead and eat a chicken tortilla down the road, which he did two

days later, called us up, and yelled at us for asking him to do that because he got immediate gas and bloating.

What you need to understand is that if you have a type two allergy like his or the young lady, it causes an inflammatory reaction somewhere in the body. With her, it caused an inflammatory reaction on her face; with him, it caused an inflammatory reaction throughout his entire gastrointestinal tract. Some people might be affected by inflammation of the joints, and others could be tired all the time. The next person may get migraine headaches. The next person might get a serious rash or eczema on their skin. You never know what type of reaction it's going to cause. So when we get some kind of mystery disease that comes into our office, and nobody can figure out what is going on, we will run the food sensitivity test (ALCAT) on them and check for 150 different foods. Then we sit down with them and say, "Guess what, you can not eat that anymore." The results can be incredible.

## CHAPTER 15

# Diet; What can I eat? What can't I eat?

I don't think anybody is going to argue with me when I say that the diet of the average American is the worst diet on earth. Food manufacturers and drug companies have made their way into every part of our lives, including everything we eat. I am constantly astounded by the number of people I speak with who eat out at restaurants or fast food restaurants more frequently than they do at home. They say they don't have time and eating is just secondary to a fast-paced lifestyle. Well, that may be. However, if they come into our office, we will ask them if they are willing to make a dietary lifestyle change to better their life? If we are going to accept them as a client, they need to be ready to make some serious changes. If they are not willing, it is really hard for us to continue to work with them.



Let me now talk about each of the points that we go over with a patient regarding diet.

One of the first things we ask them about their diet is the number of carbonated beverages or soda pop they drink. I think it makes their lives and mine so much easier if they say I never touch the stuff. That is usually not very often. The norm is that the client says they drink two or three per day, or possibly one to two big gulps per day. Occasionally, I will see a client that drinks one to two six-packs of a caffeinated soda pop each day. No, I am not kidding. That actually happens. These people are addicted not only to the caffeine but to sugar, and the chemicalized sugars like nutritria sweet, aspartame, splenda, sucralose, etc. Any unhealthy junk food sweeteners as I call them, are just plain dangerous for the body. And if that was not bad enough, when you throw in the carbonation on top of that, it makes it probably one of the worst things you can put inside your body. The constant high amounts of carbonation turn your body into an acid factory. This can cause weight gain, low energy, and additional sugar cravings. I always have to laugh at the person that I see sipping on their diet drink while at the same time they are downing the peanut M&M's that are held in their other hand. The logic goes like this: Well, there are no calories in the diet soda that I am drinking, so I can afford to eat some sugar on the other hand. This is not only illogical thinking, but it will always lead to poor health. So, if the client is unwilling to start the process of weaning themselves off diet or regular soda, I tell them, "it's going to be a long, hard road." It is important to get them off those harmful liquids.

So now you have to become a licensed label detective. There are many other types of drinks and juices that you are even giving your children that are filled with those junk food sweeteners that are harmful to them. Even our dear food and drug administration have come up with a list of adverse side effects from aspartame and nutrasweet.

I am a big fan of using good healthy protein powders to supplement the daily diet, but it always astounds me to see the number of people that are using "good healthy" protein powders that are filled with these junk food sugar substitutes. The only kinds of sweeteners that we advise are Stevia and sometimes a small amount of xylitol. Agave nectar is also an acceptable sweetener, but it is harder to come by. Stevia is the sweetener of choice.

It always amuses me to hear the horror stories that people tell me of getting off soda pop. The withdrawal symptoms can range from advanced sugar cravings all the way to terrible headaches. The withdrawal process usually takes three to five days. Believe me, the payoff is big. It is very worthwhile to wean yourself off soda pop. In this case, going cold turkey is probably the easiest way to do it, but you have to have something else to drink. I recommend a nice tall glass of iced water sweetened with a lemon and/or lime and a small amount of Stevia. Try it; you will like it. And as I said at the beginning of this chapter, if there is only one thing that I can do to improve a person's diet over the years, it would be to get them off of soda pop permanently. I hear stories all the time of a person who stopped drinking their diet soda and lost thirty pounds in three months. Studies have shown that drinking diet soda will

increase your sugar cravings, and as a result of increased sugar cravings, your weight will go up. That just does not make any sense, but when has junk food ever made any sense?

Food studies have shown in the past that short-term use of diet soda can cause weight loss. Long-term use causes weight gain. What is long-term use? Anything over three months used on a daily basis. Many times I have wanted them to go off soda pop, but they look like a deer in the headlights, and they just stare and shake their head and say that it is impossible. I have been drinking soda pop since I was seventeen years old. I haven't been able to get off it in thirty years. And I merely smile and say, "Yes, you can. It won't be easy, but you can because people weaker than you have done it."

There is a book that I would like to recommend for those of you who have a hard time controlling your food consumption. The book is called "Life is hard, food is easy." The author is Linda Spangle. The book is an excellent read, especially dealing with people that continue to shoot themselves in the foot or, as I call it, self-sabotaging by eating foods they should not be eating, and they know they should not be eating them. Whether we admit it or not, we all have food issues. We all have certain comfort foods, and we lie to ourselves by telling ourselves, "I had a hard day at the office, so I deserve to go home and eat this certain type of comfort food because it makes me feel good." Well, if you continue doing that over a lifetime, you will become sick, and you will become obese. I know because my

office is full of those people. Spangles' book deals intricately with those issues that plague us regarding our eating habits and styles.

## CHAPTER 16

# **Exercise: If you're going to do it, make it worth the effort.**

I know, I know. You're probably sick of hearing people tell you to just fix your diet and exercise and all of your problems will go away. You and I both know that is only half true. What would you think if I told you that there is much more to exercise than just muscle building and calorie burning? What if you were exercising wrong? You're putting in all this time into exercising, but you're not losing any weight or seeing any changes in your body. Well, you are not alone. Millions of people have joined the exercise movement over the past thirty years but are frustrated with the lack of results.

Let me just stand on a soapbox for a minute and give you my 2 cents on exercise. First, it's a healthy habit. My very

first goal for you is to start making better choices for yourself and creating habits that are helping you to win instead of fighting against you. I want you to just start being intentional about moving your body more. It doesn't have to be a strict regimen that is complex and perfectly designed for every movement to create the most impact. It can be as simple as choosing the stairs, working in your garden, or setting a goal to do chores that make you do a different movement every day (Like sweeping the porch). Just this step alone will begin to change your attitude, give you hope and make you feel like you accomplished something.

From there you start stepping it up. When you put in dedicated work, regardless of the calories burned or the muscle built, your mind begins to change. You begin to think differently about your food choices. You almost subconsciously begin to think things like "I exercised today so I don't want to reverse it all by making bad food choices." and that results in more intentional eating. The more effort you put in to be consistent with your exercise, the easier making good food choices will become.

I ask our clients all the time why they are exercising. Some of them say "I want to be healthy." So, one of the number one reasons people exercise is for cardiovascular conditioning. That means you are working your heart and lungs and some of the muscles in your body. Number two, and probably the most popular reason for people to exercise, is weight loss. This is totally different from cardiovascular conditioning, and yet most people are trying as hard as they can to lose weight, but they are just doing cardiovascular conditioning. That is, they are working their heart

and lungs, but they are not losing any weight. Does that sound familiar? These are the ones who you see at the gym or out on the street every day, slaving away for an hour on the treadmill or out on the pavement, all in an attempt to lose those pounds. They are creating a healthy heart and lungs, but they do not lose much weight at all. Why not?

The first thing you must understand is that jogging or walking for an hour or sitting on an exercise bike for an hour while you read your favorite magazine will not produce all of the changes you want. It will make you feel better mentally and physically and will keep you in good cardiovascular shape, but these slow-burn, long-duration workouts will not help you lose much weight.

That is a little frustrating right? One of the statistics we often quote in our articles or seminars on weight loss is that we ask the question, how many miles would you have to walk or run in one day to lose one pound of fat? And somebody yells out five miles, and somebody yells out seven, and we have some intrepid soul yell out twenty miles. Well, none of them are right. The answer is a little over fifty miles in one day that you would have to run to burn a pound of fat. There are 3,500 calories in a pound of fat. Running one mile burns (on average) 100 calories. If you want to lose one pound of fat – then, you should run 35 miles. If you were to run 7 days a week, you would need to run 5 miles each day in order to lose one pound of fat in a week, that is if you were burning purely fat. However, since you are burning sugar also, it takes you about fifty-one miles to burn off that one pound of fat. As I previously

stated, I use this to demonstrate that cardiovascular exercise is not the best way to lose body fat. It is, however, essential for your health.

Remember earlier in the book I taught you that muscles burn more calories 24/7? If you want to become a fat burning machine that means you need resistance training. You need to build muscle. The hormone balancing will help but the bottomline is that you have to do it. you have to eventually focus on building muscle. Then your testosterone can really do what it was meant to do. I know resistance training can be intimidating but it's not as scary as you think once you get going.

Yoga can build muscle. Resistance bands are great. Isometric exercise is also great especially for people with limited mobility. I once saw an elderly woman lose over 75 lbs by simply doing isometric exercises until she felt good enough to get mobile again. Isometric exercises are simply tightening (contractions) of a specific muscle or group of muscles. During isometric exercises, the muscle doesn't noticeably change length. The affected joint also doesn't move. An example of a popular isometric exercise you might have heard of are kegel exercises. Just look online. There are a ton of isometric exercises you can do for all of your muscles.

Don't worry too much. As you begin feeling better, real weight training or resistance training won't be as scary as it sounds now. Trust me, I was terrified the first time I walked into a gym. I never considered myself an athletic person. In fact, do you want to know what my sister in law



said to me the first time she met me? "Oh! You're nothing like the kind of guy my sister usually dates. She usually goes for the tall athletic types." Can you believe that? Can you imagine how I felt as we skipped off into the sunset? If I can turn my life around and overcome all of my fears, anxieties and take on the new identity of being a fit person, then you can do it too. I'm here to help.

What if you are already an exercise and fitness guru? You still might need hormones. I can't tell you how many top notch athletes come into our clinic because they have just stopped progressing or it takes every ounce of grit they have to keep going. They are actually feeling worse and worse the more they exercise. Balance is the key. Doing one without the other is a recipe for eventual disaster. Out of balance is also out of control.

Now I am going to describe a way to train your body to burn more fat and less sugar. The problem with people that are overweight is that they have trained their bodies to live off sugar, and they never have access to fat. This sounds simple but just remove a huge amount of sugar from your diet. If you do that, you can keep the fat off your body pretty easily.

If you go to one of the gyms in town, they usually have two types of workout classes: One is an "endurance" type of class, and the other is an "interval" type of class. Why two different classes? An endurance class is for those who want to keep their hearts and lungs in shape but are not necessarily interested in losing weight. An interval class is for those wanting to lose weight. Because interval training

is intended to reset your fat thermostat, which is related to the efficiency of your metabolism (thyroid function). If your thyroid is low or slow, your chances of losing weight are poor. Interval training is designed to tweak that thyroid gland and make you burn more calories effectively.

Now here is a quiz question for you. What is the most important piece of exercise equipment you will ever own? No, it is not a treadmill, not a set of golf clubs. The correct answer is a heart rate monitor. You cannot operate your thermostat properly unless you know your heart rate. So that is a wise investment that you really should consider. Get a basic heart rate monitor from a sporting goods store, a bike store, or even Wal-Mart. Believe me; it is worth it. If you go to a Wal-Mart and get one for \$35.00, don't get one with all kinds of bells and whistles. Just get one that reveals your heart rate.

First, you will need to decide what form of exercise you want to do. Walking, running, biking, or spinning are all options, as are swimming, rebounding, and elliptical cross-trainers. It has to be something you enjoy, otherwise you are not going to stick with it. Now here's how. Let's say you are on a treadmill. Begin by doing a simple five-minute warm-up. Do it all to your favorite fast-paced music. You will have more fun that way. Before you start the intervals, you need to know the heart rate you are trying to reach. Here are the guidelines: If you are a beginner, take your age and subtract it from 220. So as an example, at 220, let's say your age is 35 years.  $220 - 35 = 185$ . Now you're going to multiply that by 70%.  $185 * .7 = 129.5$ . So let's round that up to 130. That's your target heart rate.

If you are in fairly good shape and exercise fairly regularly, do the same math and multiply it by 85%, or .85. So let's take  $220 - 35 = 185$ . Now  $185 * .85 = 157$ , so the heart rate you are trying to reach is 157.

If you are in excellent shape, take  $220 - 35 = 185$ . Multiply that by 95% or .95. Now  $185 * .95 = 170$ , just rounding it up. That would be your target heart rate.

Now, what do you do with that number? After you do your five-minute warm-up, whether it is on a bike, a treadmill, an elliptical machine, or running, now comes the fun part. We call this "Grizzly Bear Training."

Imagine that after doing your five-minute workout, all of a sudden, a grizzly bear appears behind you. What would you do? (Please don't say faint). You would put your body into high gear and pedal, walk, run, or swim as fast as you possibly could. Don't say you can't do that because you can. All you need to do is take your heart rate up to your target as fast as you can. For the first couple of intervals, you may want to get almost up there, but not quite. Let's say your target heart rate is 130. Maybe the first time the grizzly bear chases you, you may take it up to 115. The second time was 125. The third time, and from that point on up to 130. As soon as you hit the target, the grizzly disappears, and you will slow down with almost no effort at all. If you are a beginner, it may only take 30 to 40 seconds to get your heart rate up. The harder the effort, the shorter time it takes to get your heart rate up to your target.

One of the keys to remember is when you hit your target heart rate, you need to almost stop what you are doing. Slow down to maybe one or two miles per hour and breathe deeply. You are trying to allow your heart rate to come down as fast as possible. You want your heart rate to drop a full 30 points. So, if you reach your target heart rate of 157, you will slow down until your heart rate drops to 127. ( $157-30=127$ ). As soon as you hit 127... THE GRIZZLY BEAR APPEARS AGAIN, you put the pedal to the metal, getting your heart rate back up to the target again as quickly as possible. Use your maximum effort, and you will only have to do it for a minute at most. As soon as you have hit the target, slow down to a crawl and let it go down 30 points again.

You will repeat these sets of up and down seven or eight times. Then you are done. It will take you no longer than 30 minutes. As you get into better shape, raise your target heart rate. The key to this in monitoring how good of shape you are getting yourself in is the following. Ask yourself how long it took for my heart rate to drop from 157 to 127. In other words, that 30 point interval should not take much more than a minute to drop. If it is taking longer than that, you are not in as good of shape. As you go on with your exercise routine over the next few weeks and months, it is going to take you less and less to drop that full 30 points. That is how you can monitor your progress.

Now, what are some of the benefits of this interval or grizzly bear training? First, you will burn more fat for a longer period of time. Second, you won't be as hungry all day long because it is changing your insulin levels. Third, you will

not be as tired because your heart rate is spiking. The slow burn and long-duration exercises like jogging for an hour often leave a person tired and hungry all day long and the weight loss is minimal. With this type of grizzly bear or interval training, you will see results provided that your thyroid gland is being treated properly and you are not overdosing on bread, rice, potatoes, pasta, sugary deserts, soda pop, juices, and other carbohydrates that make you gain weight.

So my question is which would you prefer. Four hours of fat burn or 48 hours of fat burn?

Don't let this section on exercise scare you. Trust me, I know you might feel terrible right now and the idea of exercising is the furthest thing from your mind. You might be able to barely make it through the day right now just doing the things you have to do let alone make time to or even think about exercising. I get it.

You will get there. Be patient with yourself. Feeling great again is right around the corner for you.

## CHAPTER 17

# The conclusion but not the end.

If you really paid attention, you learned a ton of good stuff. It might be a little overwhelming. This book has more than meets the eye by way of little golden nuggets of truth. Our mission at Hormone Balance Centers is to help people feel great again by balancing their hormones (AND THEN) help them live a wellness lifestyle for the rest of their life.

Doesn't that sound wonderful?

There is a reason we urge people to make a 1 year commitment and ask them to pay upfront for it. That "paying up front" part is a very important strategy we designed into the program based on human habit and behavior. It forces you to have skin in the game so you don't give up. I have seen too many people give up. If you prepay for the year,

you are committed and you won't give up. It allows our health advocates to keep bugging you and following up until you actually begin to feel great again. Then you will have some momentum to continue to build on. I care about you too much to let you back out after 1 or 2 months.

Proper hormone balancing can take 3 to 4 months to notice a difference depending on how out of whack you are and the real magic happens when you keep it up for at least a year.. Yes, some people notice things in the first 7 days and some don't but I know we can help you if you stick with the program for the full year.

That means we can meet with you as often as you need either in person or via telemedicine. We can make adjustments quickly and frequently. Everyone in our office becomes your wellness advocate. We cheer for you, champion you and walk with you every step of the way. And the best part is that it is not as expensive as you might think.

It blows my mind when someone thinks they can't afford it. This 1 year hormone balancing program can change every aspect of your entire life. Just imagine....

If you feel better, you suddenly show up in your career better, in your parenting better and in your marriage better. You will have a richer and fuller life. People will notice and opportunities will begin to show up. You become more attractive in every area of your life.

Yes! I believe you can do this on your own without us. If you want to try that, I am rooting for you. I will help as much

as I can and answer as many questions as I can. However, If you want a team on your side, true advocates who can help you shorten the curve, myself and my entire staff at Hormone Balance Centers will be here to help. You can do this! We want to walk with you every step of the way if you will simply invite us in and make the commitment.

Please reach out anytime with any questions either from our website at: [www.HormoneBalanceCenters.com](http://www.HormoneBalanceCenters.com) (or) call: 1-800-836-0894. I'll even give you my personal email address. I want to hear from you.

[ricky@hormonebalancecenters.com](mailto:ricky@hormonebalancecenters.com).

You have so much more to give in this life but you need to feel great again in order to live your best life and show up how you want to show up. Remember that the world's definition of normal is not optimal. If you think you are stuck in normal or way below normal and my way of thinking rings true for you, let my team at Hormone Balance Centers help. I sincerely look forward to celebrating with you when you feel like yourself again.

Your Friend (and advocate),

Ricky Brandon

PS. If you want to take a free hormone self evaluation to see what hormones might be out of balance, visit [HormoneBalanceCenters.com](http://HormoneBalanceCenters.com)

