

# **SEX & FEMALE HORMONES**

**EVERYTHING YOU WANT TO KNOW ABOUT  
HORMONES AND A NATURAL APPROACH TO FEMALE  
HEALTH VITALITY AND WELL BEING**

BY:  
GERALD THOMAS. LALLA, D.C.  
PATRICIA DIANE LALLA, H.D.H.R, C.A.

ALL RIGHTS RESEVED

**About The Authors**

Gerald Thomas Lalla is licensed the Minnesota Board of Chiropractic Examiners, is a Diplomate of the National Board of Chiropractic Examiners, holds a Certificate in the Basic Sciences from the Minnesota Board of Examiners in the Basic Sciences, Qualified with the National Board of The American Academy of Impairment Rating Physicians, Certificate In Family Practice – Clinical Applications of Natural Medicine Chiropractic Primary Care American Chiropractic Association, Graduate of The Goodheart Institute of Applied Kinesiology, Graduate and Certificate from The Touch For Health Foundation, Graduate of the Parker Chiropractic Research Foundation, Faculty of the Institute of Practice Management at the Parker Chiropractic Research Foundation, Certificate in Infectious Disease Control – National College of Chiropractic, Founder and Chiropractic Clinic Director Union Gospel Mission, and Co-founder and Director of ChiroCESeminars, (an online license renewal program of 200 plus post graduate classes for Doctors of Chiropractic program authorized by Chiropractic Licensing Boards of Examiners), co-produced 500 television programs through House Call Television (televised on cable TV and the internet – search “House Call Television”).

#### **To Date**

Years in practice: 50 plus years 12,000 new patients have entered our clinic and been successfully cared for.

To Date: Over 20,000 Doctors of Chiropractic have attended in person Professional Post Graduate Seminars. Various State Board of Chiropractic Examiners have certified CE Seminars as a post-graduate continuing license renewal organization that is directed by the Lalla’s and associates.

Doctors of Chiropractic utilized over 50,000 hours of Chiropractic Board Certified online license renewal programs prepared by Drs. Lalla and Jensen.

Produces, records and continues broadcast of 500 plus House Call Television productions

Over 100 million laypersons have studied with us through “House Call” healing television programs

Co Authored with Patricia Diane Lalla

Internationally published articles - 25

2 books on Success, Health and Happiness – available on Amazon - search “Lalla”

Five (5) Text Books on Professional Chiropractic Practice utilized in Chiropractic Colleges and internationally throughout the health care professions

Most Current: The Encyclopedia of Whole Person Health and Healing and Sex and Female Hormones two online books listing 200 of the most common health problems with nutritional options and natural protocols.

#### **Patricia Diane Lalla**

Patricia Diane Lalla holds an honorary Doctor of Human Relations degree, Graduate Certificate as a Chiropractic Assistant –Parker Chiropractic Research Foundation, is Chief Administrative Officer of the Fellowship of the Great Physician, Executive Director of ChiroCESeminars and

the Lalla Chiropractic Clinic where she with Dr. Lalla and clinical staff provide interventional, natural whole person health, wellness and functional medicine.

**Some examples of health issues, food supplements and major natural alternatives to healing discussed in the An Encyclopedia of Natural Health are listed in the back of Hormone book can be found at Amazon Free Books—search “Lalla”**

## **SEX AND FEMALE HORMONES - Everything You Wanted To Know About Hormones And A Natural Approach To Female Health Vitality And Wellbeing**

### **Welcome**

This begins a comprehensive layperson-oriented study of hormones that was previously exclusive to health care providers. It deals especially as they related to female health problems and possible natural solutions. In spite of its comprehensiveness, don't be intimidated by its scientific thoroughness because with a little time and patience you will see valuable information on hormones and health and how you can recover from current health problems and/or prevent hormone health related problems naturally.

Even though it is not a religious book, it was prepared for laypersons and was originally developed for scripts of three “House Call Television” programs lead by the Holy Spirit and produced by The Fellowship of The Great Physician, which continues on “House Call Television” as well as on [www.youtube/user/futurehealthtoday](http://www.youtube/user/futurehealthtoday).

### **There is Hope**

Everyone has some familiarity with hormones some of the information will be a review and that's good in that when we review some previous information new doors of understanding open giving us opportunity to advance in those subjects. This is in part a course of positive self-discovery with emphasis on addressing hormone-related problems from their cause as well as natural alternatives.

### **It's Not Just About Hormones**

In that process one of the things you will discover is that many people suffer from health problems that unbeknownst to them are related to hormone problems and also issues with vitamins, minerals, herbs and food allergies thus we hope that this book will be opening new discoveries to freedom from them.

### **Suffering with the Syndrome of Being Doctors and Drugged Out**

One of the things that we frequently hear from people with health issues is that they have gone to many health care providers, taken numerous prescribed medications or food supplements and

with little to no benefit. And that's understandable and another reason why we embrace this life science-based alternative health care program.

**Are we opposed to drugs or surgery?** Certainly not – some often times people get into situations where they need prescribed medications and surgery that are potentially lifesaving and we are thankful that those opportunities exist, but we also recognize that sometimes traditional medicine doesn't achieve the health goals people have and they are looking for alternative health information that is life science based.

**Are we here to sell vitamins?**

No, we are not here to sell food supplements. We do not stock food supplements in our clinic but we give people direct access to ordering Nutri Dyn Products directly from Nutri Dyn Midwest thus making it possible for them to obtain the best GMP Certified Pharmaceutical Food Quality and while still save money on their purchases.

**What makes the Nutri Dyn Food supplements we recommend special?**

They are GMP Certified Pharmaceutical Quality not just solely Pharmaceutical grade. Many manufactures of food supplements advertise their products to be "Pharmaceutical grade" however that does not mean that their products are GMP Certified Pharmaceutical Quality.

**What does GMP Certified Pharmaceutical Quality mean?**

When a food supplement manufacture submits its products for independent laboratory analysis it is asking that independent laboratory examine their products to see if:

- ❖ the ingredients listed on the label are actually in the product
- ❖ the ingredients are natural and in proper biochemical ratio – compatible to the human body,
- ❖ The product is free of microbes, antibiotics, inorganic toxic metals, hormones, pesticides and herbicides and potentially toxic insipient – this is not the case of food grade supplements. Fact is very few laboratories conduct any of those studies.

**Who gives GMP Certification?**

- ❖ "GMP Certification of the Natural Products Association ([www.naturalproducts.org](http://www.naturalproducts.org)), by the International Society for Pharmaceutical Engineering
- ❖ NSF Manufacturing Facility status ([www.nsf.org](http://www.nsf.org))
- ❖ TGA Therapeutic Administration ([www.tga.gov.au](http://www.tga.gov.au)). Unlike most other food supplement manufacturers, they have submitted all of their vitamins, minerals, homeopathic remedies and nutraceuticals for independent laboratory analysis and has:
  - ✓ Independent Laboratory Scientific Evaluation of ingredients has been verified by those organizations that the ingredients of the formula, quality, presence and concentration of active factors to ensure efficacy,

- ✓ Safety Reviews were conducted before the formula was developed – putting the health and safety of patients first,
- ✓ Human Quality Clinical Evaluation was taken into consideration because they prove to put the potential health of people first.
- ✓ The Functional Medicine Research Center SM which is another independent testing laboratory that examines and documents predictability and efficacy for reliable outcomes of those who consume them
- ✓ Advanced Scientific Staff and Research Facilities, such as the Metal Proteomics Nutrigenomics Research Center, to help shape the future of vitamins, minerals, homeopathic remedies and nutraceuticals. This process evaluates the existence of inorganic Metal Proteomics Nutrients thus if the label states ASS and RF it means that there were no inorganic toxic metals found or that they were far below any scientific evidence of causing acute illnesses and/or accumulated health issues. That process investigates harvested plants' high or non-capability to extract toxic metals from the soil in which they were harvested.
- ✓ The Nutrigenomics Research Center is dedicated to researching how nutrients and genes interact influencing our inherited genomic nature and the genomic nature through life. It tells us that what our forbearers ate and what we eat in foods and/or food supplements does affect our genomic nature.
- ✓ A supplement successfully meeting NRC's rigorous testing and auditing criteria receives the USP Verified Mark. When you see the Mark, it means the supplement: Contains the ingredients listed on the label, in the declared strength and amounts; does not contain harmful levels of specified contaminants.  
Proprietary listed on the label indicates that its product is Proprietary" in that in its creation and formulation of products no other manufacturer of a nutraceutical can copy or duplicate it without serious legal consequences.

**Note:** Unless identified and stated on the label or the manufacture is willing to submit proof of the GPM Certification, assume the product is not a pharmaceutical grade food supplements.

### **Not all food Supplements are bio compatible in humans or animals**

In spite of the promotion of many food supplement manufacturers and sales people many vitamins, mineral and herbal products are not natural thus contain not only synthetic compounds but organic and other potentially harmful substances that not bio-combatable in the body and over time the accumulated effects can led to health problems.

### **The potential dangers of mixing drugs and food supplements**

If you're interested in some diet or food supplement and/or are taking a prescribed drug(s) we advise you to discuss it with your medical doctor and/or health care provider who is board certified in that subject. In a non-promotional statement there in all probability are no one more

qualified than present day Chiropractic physicians who by reputation are known to be interested and qualified in that realm.

NutriDyn Midwest makes available a list GMP certified products at [www.nutri-dyn-midwest.com](http://www.nutri-dyn-midwest.com). Ingredient products are also available at the website.

#### 24/7/365 Access

Is there some procedure when people want to order food supplements from Nutri Dyn Midwest? Yes and it's simple and easy

Via Telephone: Telephone: 1-800-444-9998. Fax: 763-479-1288

#### Online

1. Go to [www.futurehealth-today](http://www.futurehealth-today)
2. Go to [www.nutri-dyn.com](http://www.nutri-dyn.com)
3. Click on Create Account
4. Click on Patients
5. Complete the short form and type in the following Account Number 100160
6. Click submit

Then you will be able to log in with your address and whatever password you just created on the registration form and enabled to list the food supplement products you want to order and receive

**On orders of \$200.00 or more there will be a 10 % discount and no Shipping and Handling Fee.**

**On orders less than \$200.00** there is a 10% discount and an \$8.00 shipping and handling fee. Basically on the minimum order of \$200.00 the person saves \$28.00

**Warning:** If you order food supplements and fail to give the Nutri Dyn Midwest Service Representative Account 100160 you will miss the 10% discount.

**For your conscience we will periodically list that ordering procedure**

Even though this book and The Encyclopedia of Natural Health were not written to sell food supplements you can go to [www.nutri-dyn-midwest.com](http://www.nutri-dyn-midwest.com) and enter the Account #100160 which gives you access to a 10% discount. Orders over \$250 receive the 10% discount as well as by-passing the usual \$8.00 shipping and handling fee.

**\*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.**

#### Frequently asked questions:

**Do we sell vitamins in our clinic and/or are we a vitamin company?**

Even though many health care providers, health clubs, drug, health, food stores, we do not. We direct interested persons to where they can purchase GMP Certified Pharmaceutical Food Quality food supplements at discount. We have found Nutri Dyn to be the best source of credible scientific data on food supplements. Nutri Dyn products are GMP Certified Pharmaceutical Quality where many other food supplements are not,

In this book as well as our **Encyclopedia of Natural Health and Healing** we offer information that many patients respond well to natural alternative products they purchased at discount from Nutri Dyn Midwest.

Over the past years in our clinical practice we have studied food supplements and tried countless numbers of other food supplement products and we and our patients have found Nutri Dyn food supplements to produce far superior results than any other. Because of those results our patients had to take fewer food supplements and saving money on the products they purchase.

#### **Unique Purchase Option Offers from Nutri-Dyn Midwest**

Telephone 1-800-444-9998. Fax: 763-479-1288 or [www.nutri-dyn.com](http://www.nutri-dyn.com)

**Option #1 10 % discount** and no Shipping and Handling Fee on orders \$200.00 or more. GPM Certified Pharmaceutical Quality transdermal cream

**Option #2 10% discount** all orders of less than \$200.00 there is an \$8.00 shipping and handling fee.

**Warning:** If you order food supplements and fail to give the Nutri Dyn Midwest Service Representative Account # 100160 you will miss the 10% discount.

#### **Procedures for ordering food supplements from Nutri Dyn Midwest**

**Telephone:** 1-800-444-9998. Fax: 763-479-1288

#### **Online**

- 1. Go to [www.nutri-dyn.com](http://www.nutri-dyn.com)**
- 2. Click on Create Account**
- 3. Click on Patients**
- 4. Complete the short form and type in the following Account Number 100160**
- 5. Click submit**

Then you will be able to log in with your address and whatever password you just created on the registration form and enabled to list the food supplement products you want to order and receive

### **Practical information on health and wellbeing**

Likewise we do not make diagnoses, treatment, promote cure or promise prevention or compete with anyone else who sells food supplements. In our 50 plus years of providing health care and science and practical clinical-based information we have learned about natural health, we have found NutriDyn food supplements to be most effective.

No member of our clinical support staff or family own stock in any diagnostic laboratory or any other manufacture or distributor of food supplement, diet or physical exercise equipment or facility.

### **Consultations**

Dr. Lalla and licensed and Minnesota Board Certified associates are available to answer health questions or review laboratory reports. We are happy briefly to speak you on the phone regarding supplements and health conditions at no charge.

Telephone number: 651-484-8521.

Fax 651-484-7374

[www.youtube/user/futurehealthtoday](http://www.youtube/user/futurehealthtoday)

[www.futurehealth-today.com](http://www.futurehealth-today.com)

The Encyclopedia Natural Health and [Wellness, Long Life and Good Health](#) is an expansion of the original Nutritional Guide that was previously only available to licensed health care providers but now lay persons have access to it through the Encyclopedia Natural Health and Healing

In essence laypersons now have access to expert information that formerly was exclusive to health care providers. It is certainly more sophisticated and science based than going into a grocery or health food store or internet and looking at their products and in most situations far more expert advice than most of the people working in those stores that sell food supplements.

**You have only one body and a great deal of your future health is relative to what you take into it.** It billions and billions of dollars are spent in the USA on food supplements telling us that a lot of Americans are spending, money on food supplements that are not Certified GMP but buying food grade supplements. Their often is no proof that not only what the label says or that the manufacture has submitted their products for independent laboratory analysis.

The product may be promoted as natural, organic, clean and pure or state that their products are certified by some organization but more often than not independent laboratory testing either proves not but contain some natural nutraceutical, vitamin and/or mineral, but other components in the product are synthetic and are GMP certified thus Food Grade and have not been certified as Pharmaceutical Quality. Similarly over the past 50 plus years we have seen countless numbers of food supplement organizations come and go just as we seen very few food



supplements that not only have no clinical trials or study's to substantiate their marketing claims and their promotion.

**How does a person know if their body needs vitamins or minerals?** There are inexpensive tests that reveal the levels of vitamins and minerals in a person's body.

Just because some person or manufacturer says they have references or research to support what they have manufactured or are selling doesn't mean that it is backed up with credible science studies. Similarly for every opinion given there will be those who have opposite opinions – some ax to grind, stir up controversy and publicity.

What does that say? Be conservative in extending your trust to people, do your research, find those who have long term proven scientific credibility and have reasonable fees. If they didn't cause immediate harm, they may contribute to accumulated harm and/or possibly wouldn't provide the promised or hoped for results and could be rejected by the body, making the person's urine very expensive.

The majority of food supplements sold in the United States are not manufactured in the United States – but in China and other Far East or Latin America countries, shipped in bulk containers to the USA or Mexico where they are packaged and sold under different names and labels.

Thus many of the food supplements we see sold in some health care providers' offices, drug stores, discount retailers, vitamin outlets and independent vitamin distributors are in fact the same products under different names. Even though the products may have different names, colors and shapes and the labels state a different company, they are basically the same and owned by the companies that manufactured them.

#### **The reality of polluted containing food supplements.**

Because so much of the soil and water (including hydroponic gardening) that foods are grown in are fertilized with animal waste, hormones, genetic modified ingredients and synthetic fertilizers, much of the foods and food supplements sold are not natural or free of toxic metals, hormones, antibiotics, pesticides and herbicides, therefore potentially harmful to the body. Very often the FDA is aware of that fact but the manufacturers are constantly attempting to pressure the FDA to increase the acceptable standards of toxic metals, hormones, antibiotics, pesticides and herbicides without having to list any of those potentially harmful chemicals on their labels.

All of the earth's surface is polluted so there are going to be poisons in it that go to enter the ecosystem of plants or inorganic toxic chemicals that are used to manufacture minerals, vitamins and other food supplements. When it comes to toxic metals in foods and food supplements, unless the manufacturer or seller has legitimate independent scientific and GM Certification substantiation that their products are free of toxic metals, microbes, anti-biotics, hormones, pesticides and herbicides, you then can assume they are not, or that they exceed the Federal Drug Administration limits for inorganic toxic elements which when consumed can lead to exposure and acute and/or accumulated toxin causing health problems.

### **Checking Out References**

When you see cited “references” think all of those references are necessarily supported by accepted scientific research and credible clinical studies. Anyone can give a reference or imply credible scientific research but it may not be necessary accepted scientific research or credible clinical studies.

There will be occasions where you will not see any references pertaining to the condition being discussed - the reason being that it was or will be a referenced.

### **Disclaimers.**

The Federal Government requires following of people/organizations involved in distributing food supplements publish the following statement

The opinions and statements we give have not necessarily not been evaluated by the Food and Drug Administration. The information provided here is not in any way intended to diagnose, treat, cure, or prevent any disease.

### **What does relating to health care providers that is licensed and Board Certified by a State Agency?**

It increases the percentage of getting credible life-science-based information and health care but it doesn't guarantee that they know everything.

If a person is seeking preventative health information and/or are in need of medical intervention they should seek out those practitioners who are board certified in the specialty they think they need. In non –emergencies it is advisable to get second/third opinions before they take on some surgery, prescribed drug(s), food supplement(s), etc.

### **Do we offer any diagnostic tests and what are the most common?**

We offer several diagnostic tests that are accepted by the scientific community but in the present health care system many are being neglected primarily because they are very expensive and/or the patients third party payer does not pay for those tests or there is not sufficient mark up for the health care provider to order the tests.

They include:

#### **The most common tests we provide are:**

Hair Mineral Toxic Metal Analysis

Chem Screen and CBC with Differential blood test,

Red and White Blood Elements,

Homocysteine,

Neurotransmitter Amino Acid Analysis

IgG and IgG4 Hyper Food Sensitivity Tests

24 Hour Urine Hormone Analysis

Zinc Tally

Macroscopic and Microscopic Urinalysis

## Diagnostic X-Rays

The costs often dependent where the tests were ordered and performed. Certainly part of the costs involves the laboratory who performed them as well as the time the health care provider spends reviewing the results of the tests, but in comparison to the costs charged by other health care laboratories and practitioners the tests discussed are much less expensive and in many instances offer far more valuable health information.

Cost-wise laboratories are very competitive, but that's not necessarily true with health care providers. What does that say? Shop for a health care provider who has a proven track record of being service-oriented rather than excess profit motivated.

## Understanding the results of the laboratory tests performed

In fact the results of the tests speak for themselves and it doesn't take a genius to help people understand the results or what the treatment options.

## Patient First

The laboratory costs or tests are based on the number of tests performed therefore a comparative lower cost is often related to the doctor minimizing the number of tests performed. What's the goal? You be the judge, but one has to take into consideration that the person ordering the tests increases their profit by ordering few tests than another practitioner at the same or higher price therefore increasing her/his financial profits. Is doing so unethical or illegal? No its just business at the expense of the patient.

## Do people that want to become our clinic have to undergo laboratory tests?

No. Everyone has similarities as well as dissimilarities therefore we endeavor to customize tests appropriate to their situation. Sometimes one test may be initially performed and later on people will ask that other tests be performed.

## I see some Doctors of Chiropractic advertising that they practice kinesiology. What is kinesiology? Does it have anything to do with diagnostic testing of vitamins, mineral and health?

Correctly termed and applied in our clinic Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT) is a broad term that in some ways involves testing and treating of muscles and the ligaments, tendons and bones to which they are attached. Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT) differs from Applied Kinesiology Muscle Response Testing was originally discovered and developed in to a testing procedure by Dr. George Goodhear and then advanced by Dr. John Thie who coined it Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT) who we also trained with, became certified in it and when appropriate continue to utilize it in our clinical practice. Acceptable in patients' recovery. As present Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT) is lead by Matthew Thie.

**Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT)** is based on a system where a licensed health care provider trained in muscle testing and Bio Electro Magnetic Analysis (BEMA) that uses muscle testing as a vehicle to determine interruptions in a person electromagnetic nature (flow of electromagnetic energy and meridians through which flows bodily functions).

#### **What is the origin of Kinesiology?**

Present day systems take their origin in Chinese medicine where muscles are seen as interpreting centers that when tested to determine if muscles are strong or weak therefore assessing the possibility that the meridian connected to an organ is healthy or not and those practitioners usually know food supplements that are related to the weakness and dysfunction of the related organ and prescribe nutraceuticals that are relative to assisting the life force with the patient's body recover from ailments and/or enhance health.

#### **One of the sub specialties in the Chiropractic Profession**

The majority of those who practice Kinesiological muscle skeletal treatment and or correctly applied Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT) are Doctors of Chiropractic who have taken advanced training. But there are some lay persons who also do but we have never met a lay person who uses Applied Kinesiology Muscle Response Testing (AKMRT) that involves the neurolymphatics related to muscle testing that some Doctors of Chiropractic utilize and its doctor based training is supported by Nutri Dyn Midwest and currently be lead by Drs. Robert Drs. Robert Rawkowski and Andrew Rostenberg.

#### **Changing and Influencing Gender Characteristics through Food Supplements**

But as we look at those options one of the questions we frequently receive regards changing is it possible to change sexual characteristics (male to female and/or female to male through food supplements? Certainly that occurs through drug therapy and we are frequently told by males taking male influencing food supplements people taking attempting to influence gender characteristics more toward female as well as females taking food supplements that are reported to influence male characteristics some of those people report that they receive better results than they were with drug therapy and others report that the food supplements enhance the effects there trying to achieve through drugs.

**Are we advocating doing so?** No but we live in a democracy therefore people have freedom of choice and we can't don't feel that we have the right to discourage people from taking food supplements with the goal of changing the gender.

**Have we ever seen or heard of any reports of adverse reactions in people who use food to change their gender characteristics.** No

**One of the most frequent asked questions we receive is “what are the most common food supplements people order.”**

**Several popular supplements for:**

**Women:**

Wellness Essentials For Women

Vitamin D3 5000al Apatite Bone Builder OmegaGenics EPA/DHA 2400

Probiotic Pro

500-C Methoxyflavone

**Where there are issues related to decrease in hormones:**

Estro Pro Cream

DHEA

Wellness Essentials For Women

Vitamin D3 5000

Cal Apatite Bone Builder

OmegaGenics EPA/DHA 2400

Probiotic Pro

500-C Methoxyflavone

**Where there are issues related to PMS:**

EstroFactors

DHEA

Wellness Essentials For Women

Vitamin D3 5000

Cal Apatite Bone Builder

OmegaGenics EPA/DHA 2400

Estro Pro Cream

Estro Factors

***Support Healthy Estrogen Metabolism with EstroFactors***

Regardless of age, healthy estrogen metabolism and balanced hormones are important for all women. If you've been looking for a reliable supplement that may be able to help keep your body balanced and healthy, Metagenics offers a great option.

EstroFactors delivers targeted nutrients that provide optimal support for healthy estrogen metabolism and detoxification to help improve your overall health.

*How might this help with estrogen-related issues?*

---

- EstroFactors promotes healthy estrogen detoxification and elimination, which supports an improved overall hormone balance
- It helps modulate estrogen metabolism pathways
- EstroFactors supports a more balanced estrogenic activity by influencing your estrogen receptor function
- It also contains isoflavones and highly bioavailable blend of folates to support optimal overall health and wellness

You'll benefit from a range of vitamins and herbal ingredients without having to worry about artificial colors, preservatives, or sweeteners, or any of the most common food allergens, including wheat, gluten, soy, and dairy products.

Make the right choice to keep your hormones balanced. Give EstroFactors from Metagenics a try today and see the difference it can make in your overall health.

#### **Supplement Facts**

##### ***1 tablet contains:***

Vitamin A 833 IU 17%

---(50% as Betatene mixed carotenoids, 50% as retinyl palmitate)

Vitamin D (as cholecalciferol) 66.7 IU 17%

Vitamin E (as d-alpha tocopherol succinate) 66.7 IU 222%

Vitamin K (as phytonadione) 13mcg 16%

Vitamin B6 (as pyridoxine HCl) 16.7mg 835%

Folate (as calcium L-5-methyltetrahydrofolate) 266mcg 67%

Vitamin B12 (as methylcobalamin) 10mcg 167%

Isoflavones 33mg

---(from a proprietary blend of red clover (*Trifolium pretense*) aerial part extract and kudzu (*Pueraria lobata*) root extract)

Turmeric (*Curcuma longa*) Rhizome Extract 70mg

---[standardized to 95% (66.7mg) curcuminoids]

Rosemary (*Rosmarinus officinalis*) Leaf Extract 66.7mg

---[standardized to 11% min phenolic diterpenes and 7.6% min sum of carnosol + carnosic acid]

Resveratrol (from *Polygonum cuspidatum* root extract) 0.67mg

Trimethylglycine (as betaine HCl) 66.7mg

Chrysin 30mg

**Other Ingredients:** microcrystalline cellulose, stearic acid (vegetable), calcium silicate, croscarmellose sodium, silica, magnesium stearate (vegetable), and coating (hypromellose, medium chain triglycerides, and hydroxypropylcellulose).

**Contains NO:** gluten, GMOs.

**Warning:** Not recommended for pregnant or nursing women, for patients with hormone sensitive cancer like estrogen receptor-positive (ER+) breast cancer, or if you are taking tamoxifen. The effectiveness of oral contraceptives for birth control cannot be ensured while taking this product. Keep out of the reach of children. If you are taking medications, consult a healthcare practitioner before use. Excess vitamin A intake may be toxic and may increase the risk of birth defects. Pregnant women and women who may become pregnant should not exceed 5000 IU of preformed vitamin A (retinyl palmitate) per day.

### ***Stay Active with Wellness Essentials for Women***

Even if you've been making adjustments to your daily diet and exercise program, there may still be nutritional holes left by your diet. If you're looking for a way to fill those holes and keep yourself vital and active at the same time, Metagenics Wellness Essentials for Women is the ideal daily-use natural supplement.

### ***Product Features:***

---

- Wellness Essentials is targeted to tackle the nutritional needs of women, and provides optimal support for enhanced overall health
- It delivers 13 extracts and phytonutrients to keep your cells protected against free-radical damage and to help maintain stable DNA
- You'll also receive bone density support from added MCHC , which is comprised of beneficial ingredients like calcium, phosphorous, and other trace minerals
- Added EPA and DHA provides support for a healthier heart and a more positive mood

### ***Wellness Essentials for Women comes in a once-daily packet and provides:***

---

- 2 green tablets of PhytoMulti
- 2 yellow softgels of EPA-DHA Extra Strength (Lemon Flavor)
- 2 white tablets of Cal Apatite 1000

Make the choice to fully support your active lifestyle and keep yourself feeling young and full of vitality. Choose Wellness Essentials for Women from Metagenics, and stay on the natural pathway to optimal overall health and wellness. Order now!

### **Supplement Facts:**

#### ***Each packet contains:***

Calories 20

Calories from Fat 20

Total Fat 2g

Cholesterol less than 5mg

Vitamin A [50% as mixed carotenoids and 50% as retinyl acetate] 10,000 IU

Vitamin C (as ascorbic acid and ascorbyl palmitate) 120mg  
 Vitamin D3 (as cholecalciferol) 1,000 IU  
 Vitamin E (as d-alpha tocopheryl succinate) 100 IU  
 Vitamin K (as phytonadione) 120mcg  
 Thiamin (as thiamin mononitrate) 25mg  
 Riboflavin 15mg  
 Niacin (as niacinamide and niacin) 50mg  
 Vitamin B6 (as pyridoxine HCl) 25mg  
 Folate (as calcium L-5-methyltetrahydrofolate) 800mcg  
 Vitamin B12 (as methylcobalamin) 200mcg  
 Biotin 500mcg  
 Pantothenic Acid (as D-calcium pantothenate) 75mg  
 Calcium 674mg --- (as microcrystalline hydroxyapatite concentrate and dicalcium phosphate)  
 Iron (as ferrous bis-glycinate) 18mg  
 Phosphorus 406mg  
 --- (as microcrystalline hydroxyapatite concentrate and dicalcium phosphate)  
 Iodine (as potassium iodide) 150mcg  
 Magnesium (as magnesium citrate) 40mg  
 Zinc (as zinc citrate) 15mg  
 Selenium (as selenium aspartate) 100mcg  
 Copper (as copper citrate) 1mg  
 Manganese (as manganese citrate) 0.5mg  
 Chromium (as chromium polynicotinate) 200mcg  
 Molybdenum (as molybdenum aspartate complex) 50mcg  
 Microcrystalline Hydroxyapatite Concentrate (MCHC)\*\* 2,000mg  
 Choline (as choline bitartrate) 25mg  
 Inositol 25mg  
 Lycopene 6mg  
 Zeaxanthin 2mg  
 Lutein 6mg  
 Resveratrol (from Polygonum cuspidatum root extract) 10mg  
**Proprietary Phytonutrient Blend 400mg of:**  
 Citrus Bioflavonoid Complex [standardized to 45% hesperidin], green coffee bean extract [standardized to 45% chlorogenic acid], pomegranate whole fruit extract [standardized to 40% ellagic acid], grape seed extract [standardized to 90% polyphenols], blueberry fruit extract [standardized to 30% total polyphenols and 12% anthocyanins], green tea leaf extract [standardized to 60% catechins and 40% EGCG], bitter melon fruit extract [standardized to 5% bitter principles], prune skin extract [standardized to 50% polyphenols], watercress herb 4:1 extract, cinnamon [Cinnamomum burmannii (Nees) or Cinnamomum cassia] bark powder, Indian gum Arabic tree bark and heartwood extract [standardized to 6% catechins], rosemary extract [standardized to 11% min phenolic diterpenes and 7.6% min sum of carnosol+carnosic



acid], artichoke leaf extract [standardized to 0.3% cynarins and 1% chlorogenic acid]

**Natural Marine Lipid Concentrate 2g**

---EPA (Eicosapentaenoic acid) 600mg

---DHA (Docosahexaenoic acid) 400mg

**Other Ingredients (PhytoMulti):** Microcrystalline cellulose, cellulose, croscarmellose sodium, silica, stearic acid (vegetable), and coating (water, hypromellose, medium chain triglycerides, hydroxypropylcellulose, and sodium copper chlorophyllin).

**Other Ingredients (EPA-DHA Extra Strength):** Marine lipid concentrate [fish (herring, sardine, anchovy) oil], gelatin, glycerin, purified water, natural lemon flavor, mixed tocopherols, rosemary extract, and ascorbyl palmitate.

**Other Ingredients (Cal Apatite 1000):** microcrystalline cellulose, stearic acid (vegetable), cellulose, croscarmellose sodium, silica and coating (water, hypromellose, medium chain triglycerides, and hydroxypropylcellulose).

**Formulated to exclude:** wheat, gluten, soy, dairy products, egg, nuts, tree nuts, crustacean shellfish, artificial colors, artificial sweeteners and preservatives.

**Warnings:**

Do not use if pregnant or nursing. Excess vitamin A intake may be toxic and may increase the risk of birth defects. Pregnant women and women who may become pregnant should not exceed 5000 IU of preformed vitamin A (retinyl acetate) per day. CAUTION: If taking medication - including blood thinning medication - consult your healthcare practitioner before use. Do not use before surgery.

**For Men**

Wellness Essentials For Men

Prosta Glan

Vitamin D3 5000

Cal Apatite Bone Builder

OmegaGenics EPA/DHA 2400

Probiotic Pro

500-C Methoxyflavone

**Wellness Essentials Men Vitality**

Designed to promote longevity, sexual function and hormone levels with Men's Wellness Essential packets by Metagenics.

*Promote Men's Vitality*

Multi-vitamins don't always give you the proper amount of nutrients that your body needs. Men require balanced support to sustain their everyday health. That is why Metagenics has created a supplement packet for your daily convenience.

Wellness Essentials Men's Vitality by Metagenics includes 6 supplements in each packet. The box contains 30 packets which can be taken over a span of a month or several months to provide men's nutritional support.

*What is in the Men's Vitality packets?*

---

- **1 tablet of PhytoMulti:** the "smart multi" with essential nutrients and a proprietary blend of 13 concentrated extracts and phytonutrients to help protect cells and maintain DNA stability - activating health potential like no other supplement.
- **2 softgels EPA-DHA Extra Strength Lemon-Flavored:** a quality-guaranteed omega-3 fatty acid formula manufactured and third-party tested in Norway to ensure greater purity.
- **1 tablet of Testralin:** provides key ingredients that may help promote healthy hormone balance of the prostate and testosterone levels.
- **2 tablets Tribulus Synergy:** is specifically formulated to support a healthy sexual function and libido response.

**Supplement Facts:**

***Each packet contains:***

Calories 20

---Calories from Fat 20

Total Fat 2g

Cholesterol less than 5mg

Vitamin A [50% as mixed carotenoids and 50% as retinyl acetate] 5000 IU

Vitamin C (as ascorbic acid and ascorbyl palmitate) 60mg

Vitamin D3 (as cholecalciferol) 875 IU

Vitamin E (as d-alpha tocopheryl succinate) 50 IU

Vitamin K (as phytonadione) 60mcg

Thiamin (as thiamin mononitrate) 12.5mg

Riboflavin 7.5mg

Niacin (as niacinamide and niacin) 25mg

Vitamin B6 (as pyridoxine HCl) 37.5mg

Folate (as calcium L-5-methyltetrahydrofolate) 600mcg

Vitamin B12 (as methylcobalamin) 115mcg

Biotin 250mcg

Pantothenic Acid (as D-calcium pantothenate) 37.5mg

Iodine (as potassium iodide) 75mcg

Magnesium (as magnesium citrate) 20mg

Zinc (as zinc citrate) 10mg

Selenium (as selenium aspartate) 150mcg

Copper (as copper citrate) 0.5mg

Manganese (as manganese citrate) 0.25mg  
Chromium (as chromium polynicotinate) 100mcg  
Molybdenum (as molybdenum aspartate complex) 25mcg  
Tribulus (Tribulus terrestris) Fruit 500mg  
---10:1 Extract (containing saponins)  
Ashwagandha (Withania somnifera) Root 400mg  
---15:1 Extract (containing withanolides)  
Cowage (Mucuna pruriens) Seed 100mg  
---10:1 Extract (containing naturally occurring levodopa)  
Choline (as choline bitartrate) 12.5mg  
Inositol 12.5mg  
Lycopene 3mg  
Zeaxanthin 1mg  
Lutein 3mg

Resveratrol (from Polygonum cuspidatum root extract) 5mg

**Proprietary Phytonutrient Blend 200mg of:**

Citrus Bioflavonoid Complex [standardized to 45% hesperidin], green coffee bean extract [standardized to 45% chlorogenic acid], pomegranate whole fruit extract [standardized to 40% ellagic acid], grape seed extract [standardized to 90% polyphenols], blueberry fruit extract [standardized to 30% total polyphenols and 12% anthocyanins], green tea leaf extract [standardized to 60% catechins and 40% EGCG], bitter melon fruit extract [standardized to 5% bitter principles], prune skin extract [standardized to 50% polyphenols], watercress herb 4:1 extract, cinnamon [Cinnamomum burmannii (Nees) or Cinnamomum cassia] bark powder, Indian gum Arabic tree bark and heartwood extract [standardized to 6% catechins], rosemary extract [standardized to 11% min phenolic diterpenes and 7.6% min sum of carnosol+carnosic acid], artichoke leaf extract [standardized to 0.3% cynarins and 1% chlorogenic acid]

**Natural Marine Lipid Concentrate 2g**

---EPA (Eicosapentaenoic acid) 600mg  
---DHA (Docosahexaenoic acid) 400mg  
Soybean Concentrate 62.5mg ---Total Isoflavones (containing all forms of genistin, daidzin, and glycitin) 25mg Phytosterols 50mg  
---(containing beta-sitosterol, stigmasterol, campesterol, and other plant sterols)  
Lignans 25mg  
--- [as secoisolariciresinol diglucosides, (SDG)] [from 125mg flaxseed extract (Linum usitalissimum)]  
Green Tea (Camellia sinensis) Leaf Extract 170mg  
---Decaffeinated [standardized to 60% catechins (100mg) and 40% epigallocatechin gallate (EGCG) (66.5mg)]  
Oleanolic Acid [from olive (Olea europaea) leaf extract] 5mg  
Turmeric (Curcuma longa) Rhizome Extract 79mg  
--- [standardized to 95% (75mg) curcuminoids]

Betaine (as betaine HCl) 37.5mg

**Other Ingredients (PhytoMulti):** Microcrystalline cellulose, cellulose, croscarmellose sodium, silica, stearic acid (vegetable), and coating (water, hypromellose, medium chain triglycerides, hydroxypropylcellulose, and sodium copper chlorophyllin).

**Other Ingredients (EPA-DHA Extra Strength):** Marine lipid concentrate [fish (herring, sardine, anchovy) oil], gelatin, glycerin, purified water, natural lemon flavor, mixed tocopherols, rosemary extract, and ascorbyl palmitate.

**Other Ingredients (Testralin):** decaffeinated green tea leaf extract, flax seed extract, lycopene, turmeric rhizome extract, microcrystalline cellulose, stearic acid, soy isoflavones (soy), phytosterols (soy), betaine HCL, croscarmellose sodium, calcium silicate, pyridoxine HCL, cellulose, selenomethionine, silica, zinc citrate, magnesium stearate, oleanic acid, cholecalciferol, folic acid, methylcobalamin and coating (deionized water, hypromellose, maltodextrin, polyethylene glycol, and sodium copper chlorophyllin). Contains soy.

**Other Ingredients (Tribulus Synergy):** Microcrystalline cellulose, cellulose, croscarmellose sodium, stearic acid (vegetable), silica and coating (water, hypromellose, medium chain triglycerides, and hydroxypropylcellulose). **Formulated to exclude:** wheat, gluten, dairy products, egg, nuts, tree nuts, crustacean shellfish, artificial colors, artificial sweeteners and preservatives.

### **Prosta Glan**

Prosta Glan is a dietary supplement from Progressive Labs that is designed to provide optimal support for prostate health. Maintaining good health and function of the prostate is vital for the optimal wellness of men. When a man ages, prostate health and function typically declines. There are many benefits a man who uses Prosta Glan from Progressive Labs will experience. A few of these possible benefits include:

- Helps support an optimal level of prostate health for men of all ages
- Provides support for urinary tract health
- Contains a wide variety of ingredients such as zinc and pumpkin seed that help the prostate function better
- Maintains prostate health during the aging process

Maintaining good prostate health is vital for the well-being of a man. Since prostate health typically declines as a man gets older, it is often necessary to consider a supplement. Prosta Glan by Progressive Labs is a supplement that provides men of all ages the support they need to be confident about their prostate health.

### **500-C Methoxyflavone**

500-C Methoxyflavone by Metagenics is a natural vitamin C bioflavonoids supplement that features a synergistic formula of full spectrum bioflavonoids and other phenolic compounds combined with vitamin C.

Vitamin C with Hesperidin/Methoxy-Flavone Complex

Provides potent antioxidant protection and supports healthy immune system function.

Supports healthy collagen production, the main component of connective tissue.

Suitable for vegetarians

Gluten free

In addition to their potent antioxidant properties, bioflavonoids may help maintain capillary permeability.

Vitamin C is a powerful antioxidant that supports healthy immune system function, supports healthy collagen production (the main component of connective tissue), and supports healthy capillary permeability.

#### Nutrition Facts

1 tablet contains:

Vitamin C (as ascorbic acid) 500mg (833%)

Citrus Bioflavonoid Complex 500mg

---[standardized to 45% (225mg) bioflavonoids: hesperidin, and other naturally occurring phenolic compounds]

Other Ingredients: Cellulose, silica, stearic acid (vegetable), croscarmellose sodium, magnesium stearate (vegetable), coating (hypromellose, medium chain triglycerides, and hydroxypropylcellulose)

Contains NO: gluten, GMOs. Vegetarian.

#### **ProBiotics**

##### ***Designed to Help Balance Intestinal Flora***

Probiotics are microorganisms (bacteria and yeasts) that are brought into the body to benefit a person's health, particularly their digestive system. This good bacteria can be obtained from certain foods and from supplements. Their role is to balance intestinal flora. Prebiotics are indigestible substances that feed friendly bacteria and stimulate their growth.

Vinco offers a natural supplement called ProBiotic that provides 25 billion CFU/gram of a 50/50 blend of *Lactobacillus acidophilus* and *Bifidobacterium infantis*.

- A professional formulation
- 25 billion CFU/gram
- With 3% prebiotic FOS
- 50/50 Lacto and Bifido blend
- Stimulates growth of beneficial bacteria
- Gluten free
- Formulated in the USA
- Keep refrigerated

This formula is free of wheat, gluten, corn, dairy, soy and yeast. Recommended use is to take one to two capsules per day, preferably before meals, or as directed by a healthcare provider.

If you're looking for a natural supplement that provides 25 billion CFU/gram of a 50/50 blend of Lacto and Bifido, check into Vinco's ProBiotic. Order online today!

#### **Supplement Facts**

***2 capsules (1 gram) contain:***

**Total ProBiotics 25 Billion CFU/Gram**

---(from Lactobacillus acidophilus 12.5 billion and Bifidobacterium lactis (infantis) 12.5 billion)

**In a base of:** Microcrystalline Cellulose and Fructo-Oligosaccharides (FOS).

**Other Ingredients:** Gelatin (capsule), Magnesium Stearate, Stearic Acid.

**Contains NO:** wheat, gluten, corn, dairy, soy, yeast.

Must keep refrigerated.

#### **Warning:**

If you are pregnant or nursing, please consult your healthcare professional before using this product. Keep out of the reach of children.

#### **Does a person has to order several food supplements?**

No, many people begin with one or two products that appear to them to be appropriate. Sometimes they just want a daily multiple vitamin/mineral.

#### **Flagging information you want**

This book and The Encyclopedia For Natural Health contains a great deal of health information and those looking for some specific information can easily find it by several ways -

1. Type in [www.nutri-dyn.com](http://www.nutri-dyn.com)
2. “**Find**” and type in the subject you’re interested and in you will see the related food supplements or
3. Telephone NutriDyn at (763.479.3444/ 800.444/0998) and they will assist you,

If you to order any of those GPM Certified Food Quality food supplements from them make sure that you give them the Account Number **100160** and they will process your order at a discount of 10%. On orders of \$200.00 or more the traditional \$8.00 handling and shipping fee will not be charged.

**Warning:** If you order food supplements and fail to give the Nutri Dyn Service Representative Account # 100160 you will not be given the 10% discount.

**Does a person has to have diagnostic tests before they can order GMP Certified Pharmaceutical Food Quality food supplements through Nutri Dyn Midwest?** No.

**What is the most common diagnostic test that people request?** Hair Mineral Toxic Metal Analysis. Many people telephone, email or fax (preferred) laboratory tests and previous

medical records for our response. This is the convenience for the patient and the doctor. For several reasons including:

1. Freedom and independence - anyone can contact one of those testing laboratories without having to go to a doctor to order the test.
2. It reveals the levels of 60 mineral and toxic metals in their body for no less than the past six months.
3. They avoid typical profit mark ups that clinics charge.

**We will never share your name, email, address, or telephone number without your specific permission.** If you would like e-blasts that are relative to updates on natural health, we will do so without any charges.

**Now Onto Hormones** – Through this journey take you time, mark done any questions you might have and when you confront something you think you already know see it as a good thing in that the more we review things the greater the probability that we learn more thus we begin with a foundational discussion of food supplements that will serve to make the specific information on Hormones and Hormone Related Health Problems much more valuable.

Many people have recognized hormone imbalances as well as health problems that they are unaware related to hormone issues as well as foods, vitamins, minerals and herbs. When that's the situation countless bodily functions are abnormally altered resulting in predispositions to acute as well as chronic health problems that are in fact the results of those accumulated issues that are related to problems originating in hormone producing glands.

#### **Primary Hormone Producing Glands**

The ovaries, testes adrenal, pituitary, pancreas, hypothalamus, thyroid, parathyroid are not functioning properly causes health problems occur.

#### **Synthetic Vs Natural Hormones**

Synthetic hormones are often prescribed without proper hormone-related diagnostic tests or looking at possible other internal biochemical issues from a natural solution perspective.

Similarly, very often people often turn to vitamins, minerals, homeopathic remedies and all sorts of alternate regimes which often prove to be of little to no value.

#### **To See Is Too Know**

Because so much of traditional as well as alternative approaches to hormone therapy is symptom-based rather than based on diagnostic testing resulting in those people in failing with those therapies and or reacting negatively to them. That being the case it is important to pursue science-based, proven diagnostic tests for health problems and we do so because many of the

health issues women suffer with are related to hormone irregularities that prove to respond when science-based, natural health care regimes are pursued.

**Determining one's levels of hormones are found by performing a 24 Hour Hormone Analysis and by some Doctors of Chiropractic with advanced post graduate training in Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT).**

A 24 Hour Urine Hormone Analysis gives an entire picture of the levels of these hormones and their relationship to one another and the proven sequence of their source and flow within the body. As possible good as that is one has to be very careful that some doctors who order the tests as well as laboratory that performs them do not order or perform a complete hormone analysis and AKMRT.

**Is there any difference between Urine Vs Blood Hormone Analysis**

The blood drawn shows results what hormones were in the blood at that moment and does not reflect what the hormone levels were through a 24 hour cycle. The 24 Urine Hormone analyses give a more complete picture of the individual's hormone cycle.

**Which hormones are analyzed in the 24 Hour Urine Hormones test?**

Estrogens (estrone, estradiol, estriol, progesterone), Hydroxyestrogen, 2- Methoxyestrone, 16-a-hydroxyestrone, 2OH-e- 16OH estrogen Ratio, 4 – hydroxyestrogen, 4 – Methoxyestrone, Estriol (E3), Estriol (E3 Women on HRT).

etiocholanolone, DHEA, androsterone, testosterone, Pregnanediol, and pregnanediol (Women on Hormone Replacement Therapy) and the Corticosteroids (cortisone, cortisol and aldosterone, THE, Cortisol, THF, 11b-OH-Androsterone (OHET), 11b-Etiocholanolone (OHET), Cortisone/Cortisol, THA, THB, and Sa-THB, Testosterone, Androstandiol, DHEA, 7 –Keto DHEA and Androsterone (AN). All in several ways are inter-related and essential for health.

Initially those may seem very complicated but when it comes to health the names aren't as important as knowing what their levels are in your body and the simplest method is by having a 24 Hour Urine Hormone Analysis and/or **Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT).**

**Get a complete picture of your hormones** Any urine or blood test for hormones that does not include those hormones is not giving a full picture of the your hormone status therefore any food supplement or hormone drug therapy would in part be guessing at what drugs or nutraceuticals you have been are contemplating taking on their own is like walking against a red light. If you do that you are shot-gunning yourself and in all probability will not going to achieve the results you want and/or predispose yourself to future health problems



*THE ABSENCE OF DISEASE DOES NOT INDICATE THE INTERNAL PRESENCE OF WELLNESS.*

### **Common Hormone Related Problems**

As we look at those possibilities we are not in any way saying the hormone irregularities are to one and only cause but rather the possibility that a 24 Hour Urine Hormone Analysis may show casual links to them opening the door to helping correct them through vitamin, mineral and hormone supplementation. Some of problems are necessary not hereditary or due to injuries but the manifestation of the accumulated effects of nutritional deficiencies: Alcoholism, Anorexia, Apprehension, Arthritis, Back Problems, Bulimia, Cancer, Chronic Fatigue Syndrome, Dépression, Diabetes, Dizziness, Drug Addiction, Dysmenorrhea, Endometriosis, Low Libido, ~~Fibrocystic~~ Breast Disease, Gastric Upset, Headaches, Hair Loss, Heart Disease, Hypoglycemia, Indigestion, Infertility, Insomnia, Lupus, Menopause Problems, Menstrual Cramps, Menstrual Irregularity. Muscle/Joint Pains, Mood Swings, Obesity, Osteopenia//Osteoporosis, Premenstrual Syndrome, Spotting, Uterine Cysts,

### **The importance of bio-identification**

Everyone is physically, physiologically and psychologically unique therefore has bio identity that is possible to determine. The hormonal, vitamin and mineral uniqueness of health fluctuates thus is best monitored periodically. It has proven scientific preventative monitoring is the best preventative measure. Why? Because if we refuse to monitor we have no up-to-date data on the internal aspects of our body therefore we are unable to manage it correctly.

### **Correct diagnosis**

The 24 Hour Urine Hormone Analysis and/or Applied Kinesiology Muscle Response Testing (AKMRT) gives a picture of the levels of hormones in the body therefore giving you access and the opportunity to control and direct your health's future, with you an internal profile of the functioning of the ovaries, adrenal and other hormone producing glands and in the case of men, also the testes and their sexual nature.

### **Are there any other collaborative diagnostic tests?**

In conjunction with the 24 Hour Female Hormone Profile, she/he one or more of the following:  
Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT)

Chem Screen and CBC with Differential blood test,

Red and White Blood Elements,

Homocysteine,

Hair Mineral Analysis

IgG and IgG4 Food Sensitivity test

Neurotransmitter Amino Acids Analysis and or a comprehensive view of the chemical activates of your body, possible causes of health issues as well as natural things a person could do to enhance their future health.

**If a person was interested in one test would all of them have to be conducted?** No they can choose any test they desire and if they want some other tests at a later we will accommodate them.

*“God grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference”. Reinhold Niebuhr*

#### **And with is the Golden Rule “**

*So whatever you wish that others would do to you, do also to them, for this is the Law and the Prophets.” (Matthew 7:12)*

*We donot site those references in any evangelical way but rather nbecause we not only incorporate them into our relationship but also because doing so most definitely has had positive influences in our lives.*

Doing so is not always easy but the more we practice it and move on is far better to either get back into peace and refuse the temptation to let go of our own peace and serenity.

#### **References:**

*Abraham, G.E., et al., Obstet. Probiotic Pro*

1. *Gynecol*, 44:522, 1974
2. *Gaby, Alan R., MD, DHEA: The Hormone that “Does it All”*
3. *Hentoghs, Jacques, MD, Meridian News, Vol 94.3, Dec. 1994*
4. *Metcalf, M.G., et al., J. Endocr*, 97:213, 1983
5. *Physiology*, 2<sup>nd</sup> Ed., 1988, C.V. Mosby Company, St. Louis, p. 832
6. *Rosenberg, S., Luciano, A., Riddick, D., Fertility & Sterility* 34:17, 1980
7. *Safe Uses of Cortisone*, C. Thomas Pub., 1990.
8. *Seegar-Jones, G., Fertility & Sterility* 27:351, 1976
9. *Soules, M.R., et al., Fertility & Sterility*, 28:1033, 1977
10. *Tintera, John W. MD, The Hypoadrenocortical State and It’s Management*
11. *Vuorento, T., et al., Scand J., Clin. Lab. Invest.* 49:395, 1989
12. *Wong, Y.F., et al., European J. Obstet. & Gynecol & Reproductive, Biol.* 34:129-135, 1990
13. *Wright, MD, MVCL*

#### **The Roles of Endocrine – Exocrine Hormones**

There are many hormones produced by various exocrine and endocrine organs. To varying degrees everyone has some idea that hormones have multiple effects upon physical and mental well-being but some idea is not enough - one needs a comprehensive picture of hormones and their roles in the body to remain avoid being vulnerable to health problems occurring, but never finding the cause or possible corrections.

### **What are hormones?**

Hormones are complex chemical messengers, which are secreted into the blood which transports them to targeted organs and/or hormone sensitive tissues or receptor sites where in many ways they affect the cells, tissues and organs within those receptor sites.

### **Your Endocrine Gland Hormones**

Adrenals (2), Gonads—ovaries and Testes, Parathyroid (4), Pancreas, Placenta, Pituitary and Thymus.

Endocrine glands are ductless—their secretions pass directly into the blood (from cells to glands). They function independently of one another and are interconnected by a network of biochemical interactions. If an imbalance of one gland occurs it will cause other glands to malfunction. They are mutually interdependent. For example: in the case of physical, mental well-being, if the pituitary gland malfunctions it can cause the thyroid and adrenal glands to malfunction causing the individual to be unable to manage stress in healthy ways.

### **Exocrine Gland Hormones**

Exocrine glands include the Salivary, Sweat and Digestive all of which are vital components of health therefore increased understanding of them is important.

**Exocrine glands have ducts** - secrete or exit their hormones via ducts into other body parts:

### **Growth Hormone Releasing Hormone (GHRH)**

GHRH is synthesized (produced) by the hypothalamus gland (that is located in the brain) and affects the growth of cells. In addition to thyrotropin-releasing, gonadotropin-releasing, growth hormone-releasing, so are corticotrophin-releasing, somatostatin, dopamine, oxytocin and vasopressin. When functioning normally those hormones are released into the blood via the capillaries (small vessels) and travel to the pituitary gland and play major roles in emotional well-being, the metabolism of cholesterol and muscle and bone strength, regulation of thirst, hunger, sleep, mood, sex drive, and the release of other hormones within the body and is related to pituitary and adrenal and other glands in the body. GHRH also has within it set-points involved in regulation the body's systems, including electrolyte and fluid balance, body temperature, blood pressure, and body weight.

### **The IGF -1 (Insulin Growth Factor-1) Hormone (**

IGF-1 is a hormone produced by the liver that. Insulin-like growth factor 1 (IGF-1), also called somatomedin C, is a protein that in humans is encoded by the IGF1 gene. It has similarities to insulin and affects cellular development. It stimulates the thymus gland and has positive influences on the immune system.

Formatted: Font: 14 pt, Bold

IGF-1 is sometimes referred to as a "sulfation factor" and its effects were termed "non-suppressible insulin-like activity" (NSILA) in the 1970s. IGF-1 is a hormone similar in molecular structure to insulin.

**What about men who had gender issues utilizing natural female hormones and women who have gender issues? - Utilizing natural male hormones**

Even though we do not advocate doing so, we accept that some people have gender issues and are concerned about prescribed hormone therapy thus are either supplement their prescriptions with natural hormones or no longer taking the prescribed hormones and replacing them with natural supplements that might support their gender inclinations.

Women

Women who have male inclinations and stopped taking prescribed male hormones and began taking natural hormone food supplements reported that they found those natural hormones (Wellness Essentials For Men, Meta- 1-3-C, DHEA, Testralin) be effective in being more male like and the same effects without any of the adverse effects of prescribed hormones.

Men

Similarly the same occurred in men who had female inclinations stopped taking prescribed male hormones and began taking natural female supplements (Estro Pro Cream, Estriun/Estro Factors, Chasteberry and Wellness Essentials For Women, Androgen, and DHEA) in that their inclination of being more female like without any of the adverse effects they were encountering while taking prescribed male hormones. As we previously stated we are advocating people do that but we accept that sometimes the DNA in one's body's is different than the gender they were born with and they have the right to decide what gender they want to pursue.

**Estrogen**

Estrogen—most certainly most women are familiar with the term estrogen but it has far more reaching effects that many realize. It is a hormone produced by the ovaries prior to menopause and by the adrenal glands after menopause but its full potential significance is often not recognized or taken into the greater relationship to other hormones and health.

Formatted: Font: 14 pt, Underline

**Does physical or emotional stress have any bearing on the adrenal glands synthesizing estrogen?**

Yes that's possible but inclusive to all adrenal hormone synthesis. With reference to functioning correctly prior to perimenopause, menopause and the post menopause years the androgens are designed to help prevent heart disease, osteoporosis, cancer, aging, dementia and countless other health issues.

**Testosterone in males**

Formatted: Font: 14 pt, Bold

In the male, the testicles produce testosterone but women have the need and ability to also synthesize testosterone. Testosterone is an androgen hormone that influences male characteristics, bone density, strength, muscle mass, masculinity and male wellbeing but it should be remembered that it has biochemical and bio physiological relationships with other hormones, their DNA, the foods men eat and the life styles they pursue.

### **Testosterone in women**

In women testosterone is manufactured in the ovaries, the adrenal glands and in the peripheral tissues from the various precursors produced in the ovaries and adrenal glands. That being the case women should give importance to the levels of testosterone in their body and it appears that even though stimulation and enhancement with adrenal based food supplements a woman could very well support her ovary's in their increase of testosterone.

### **The Steroid and Corticosteroids**

As initially complex as the following discussion of hormones can be the steroid hormones or corticosteroids are synthesized (manufactured or produced) from cholesterol and science considers them so important they are included in the 24 Hour Urine Hormone Analysis. Cholesterol therefore is important in that low levels of it in the blood can cause hormone synthesis issues thus blood evaluation of cholesterol, LDL and HDL is also very important only with reference to cardiovascular health but hormones.

The Corticosteroids consist of: Cortisone (E), THE, Cortisol (FO, THF, Sa –THF, 11b-OH-Androssterone (OHAN), 11b-Ethiocholanolone (OHET), Cortisone/Cortisol,

The Corticosterones consist of THA, THB, and 5a-THB

Progesterone consists of Pregnanediol E, and Pregnanediol (PD (Women on Hormone Replacement Therapy).

Androgens consisting of: Testosterone, Androstandiol, DHEA, 7 –Keto DHEA and Androsterone (AN)

Estrogens consist of: Estrone (E1) Estrone E-1 Women on HRT), 2- Hydroxyestrogen, 2-Methoxyestrone, 16-a-Hydroxyestrone, 2OH-16OH Estrone ratio, 4 – Hydroxyestrogen, 4 – Methoxyestrone, Estradiol, Estridiol (E3 and Estriol E3 - Women on HRT). All are interrelated and the glands that produce them have relationships to cholesterol and are included in a full spectrum 24 Hour Urine Hormone Analysis.

### **Disclaimer**

You will discover and have access to natural healing supplements that were previously exclusive to health care providers thus gives you independence and control your destiny but

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

again they are not intended to in anyway imply that they are a medical food nor suggest that if ingested. They are not a medical food (exceed the level of nutrients that the FDA feels should only be prescribed by a physician). It should be understood that we do not in any way encourage anyone to exceed the recommended daily ingestion on the labels nor that we imply cure disease, prevent diseases promise cure, make a diagnosis, treatment or that the FDA has evaluated the product. From what we know at present Nutri Dyn, Inc. does not violate those requirements and we also have endeavored not to do so.

**DHEA (Dehydroepiandrosterone )**

DHEA is an androgenic hormone produced by the cortex of the adrenal glands. It appears to have special benefits for the health of the heart, immune system, rest, relaxation, sleep and freedom from joint and muscular pains many which are common in people who have hormone related issues but unfortunately very often aren't relatively recognized.

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

**Central Switching Molecule**

Research has found that cholesterol is converted to a substance called dehydroepiandrosterone (DHEA), which serves as the central or primary “switching molecule” from which specific steroid hormones are manufactured in the endocrine glands mainly the adrenal glands.

Formatted: Font: 14 pt, Bold

**DHEA and The adrenal Glands.**

When the adrenal glands are functioning normally DHEA also acts as a reservoir essential for the production of hormones. The DHEA in these glands provides an important reserve from which hormones can be made upon internal demands to help control physiological function and psychological balance and stability. The body’s demand to convert DHEA into various hormones increases dramatically when an individual’s body is under stress from infection, illness, trauma, back problems or psychological distress.

**Osteoporosis and DHEA**

DHEA is important in the prevention of osteoporosis as it assists estrogen and testosterone in calcium absorption and bone deposition, all of which leads to stronger bones and other muscle skeletal health.

It is believed that there is a possibility that DHEA assists in normalizing testosterone and estrogen balance including estradiol and estrogen.

**DHEA and Progesterone**

DHEA is involved in helping maintain normal levels of progesterone. When functioning correctly DHEA is converted directly into progesterone, and the hormone pregnanolone as well.

**DHEA and Menopause**

DHEA is also reported to help women pass more effortlessly into menopause without the use of estrogen replacement therapy.

**Progesterone and Aging**

Progesterone being related to aging indicates that it is important to consume foods that promote progesterone manufacture, Some believe that doing so will contribute to reducing the influence of oxidation and aging when progesterone levels are at normal levels.

**Progesterone and Metabolism**

Progesterone is also thought to be an anti-obesity agent in that it naturally alters the body’s ability to store fat while assisting the body in better metabolism of fats and being that cholesterol is a fat and necessary in the synthesis of hormones.

Excerpt taken from the book *Natural Progesterone: The Multiple Roles of a Remarkable Hormone*, by Dr. John R. Lee who passed away in 2013.

**DHEA - A conditionally essential substance for health**

If the demand for DHEA exceeds the ability of the glands to convert cholesterol to make it therefore is a “conditionally essential” substance.  
DHEA becomes what is known as a “conditionally essential” substance in that when a substance is conditionally essential, (an additional source of the substance, (in this case DHEA), is needed to meet the demands on the individual, beyond what the body can effectively manufacture through its normal processes which is relative to what are referred to as edible plants.

**DHEA What do edible plants have to do with steroid hormones?**

It is known that certain substances in edible plants can support the body’s manufacture of DHEA and its subsequent conversion to various steroid hormones.

**What is DHEA designed to do?**

Support Healthy Hormone Production  
DHEA is an all-natural supplement comprised of the hormone dehydroepiandrosterone (DHEA) that is developed and reported to help support healthy hormone production.  
DHEA has a multitude of functions in the body, including, but not limited to: supporting stress levels, regulating sex drive/libido, and managing oxidative stress and inflammation.

Given the importance of proper endocrine balance and function, individuals stand to benefit from DHEA in a variety of ways. The benefits and quality difference of DHEA include:

- Support healthy androgen and estrogen production (which is crucial for overall health and longevity)
- Support proper stress levels

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

Formatted: Font: 14 pt, Bold

- Support healthy inflammation and oxidative stress

#### **Other Ingredients :**

Rice flour, vegetable capsule†, and magnesium stearate (vegetable source).

#### **What plants contain sterols?**

These substances, called plant sterols, include the compounds stigmasterol, beta sitosterol and campesterol found in tuberous vegetables.

#### **The most common tuberous vegetables**

Plant sterols are found in a variety of plants, especially certain tuberous vegetables like the Mexican yam, a member of the Dioscorea family and in certain sprouted seeds like alfalfa. This is particularly important to keep in mind when we move forward into our forthcoming discussion of perimenopause, menopause and post menopause and hormone receptors in the body.

#### **Your hormone receptors**

To varying degrees and functions everyone has hormones and hormone receptors that are vital to their health.

**Where are hormones produced in the body?** Hormones are produced by the endocrine glands and are designed to circulate and be attracted to organs that contain hormone receptors sites such as the breast and endometrium of the uterus, which are designed to respond appropriately when the hormone is delivered to them through blood.

#### **Estrogen and your Adrenal Glands**

When functioning correctly the adrenal glands can produce estrogen therefore the health of the relationship of the spine and nutrition is important to the functioning of the adrenal glands.

#### **The Spine, Foods and Healthy Adrenal Glands**

Like every other organ in the body the adrenal glands function is greatly influenced by the foods we consume, the amount of nerve and blood that flows to them from the spinal cord and through the intervertebral foramina of the spine. Part and parcel of that occurring is the health of the adrenal glands and their relationship to the spine.

One (if not one of the most parts of the body) that takes on emotional and physical stress is the spine. When that's the case the organs supplied by the spine and nervous system are adversely affected over and interfere with their ability to synthesize or manufacture estrogen and the corticosteroids is compromised thus predisposing women to hormone related physical and emotional issues.



**The Spine and Healthy Ovaries**

Like every other organ in the body the ovaries (and their synthesis is prior to menopause) function is greatly influenced by the foods we eat and amount of nerve and blood that flows to them from the spinal cord and through the intervertebral foramina of the spine. An hysterectomy that include both ovaries and adrenal and spinal problems predisposes those people to other health related problems. What does that tell us? If a person is encountering health problems they might serve themselves well by looking at their hormones and spine.

**The Adrenal Corticosteroids**

When the adrenal corticosteroids and the ovaries production of estrogen capacity of declines, then there exists an innate ability of the adrenal glands to produce supplemental estrogen and when her body successfully does so it helps prevent such menopausal symptoms as fatigue, weight gain, sleep disturbances and hot flashes. That being possibility hopefully the person’s adrenal glands are functioning normally. How does one find the functions of their adrenal glands? Principally through blood and a 24 Hour Urine Hormone Analysis.

**Estrogen and the Adrenal Glands**

If the estrogen produced by the adrenal glands is to be used effectively, however, the target tissues in the hormone receptor sites must be able to respond which in part is related to the foods we consume as well as the vitamins, minerals and herbs we ingest and the degree of health of the spine and nervous system

**The Spine – The Switchboard of the Body**

Once again, research and time proven experience indicates that the brain, spine and nerves, arteries, veins, lymphatics emitting as certain plant food substances can help improve women’s responses to estrogens produced in their body. To varying degrees, vitamins, minerals, fats, proteins, carbohydrates, herbs (Isoflavones) are vital components in the secretion and metabolic effects of not just hormones, but also the body’s immune system.

**Isoflavones, Estrogen and You**

Genistin and Daidzin are *Isoflavones* that are naturally occurring phytochemicals (plant chemicals), both of which have been identified as beneficial in controlling the activity of estrogen in women and testosterone in men (*Food Technology*, Jan. 1982:60-64) and that has consistency be re-confirmed. If a person’s diet has been deficient in Isoflavones it could predispose them to not only estrogen but many other health related health issues that many people have no recognition of.

**Soy Foods are Isoflavones**

Soy foods contain high concentrations of Isoflavones with natural estrogen and testosterone normalizing effects. The potential effect of these substances potentially is remarkable.

- Formatted: Font: 14 pt, Not Bold
- Formatted: Font: 14 pt, Not Bold
- Formatted: Font: 14 pt, Not Bold
- Formatted: Font: 14 pt, Not Bold
- Formatted: Font: 14 pt, Not Bold

- Formatted: Font: 14 pt, Bold
- Formatted: Font: 14 pt, Bold

### **Balancing Estrogens**

If a woman's body produces too much estrogen, Isoflavones have the capacity of balancing it in that it's possible that the isoflavones could also help lower excess estrogens. If the woman's ovaries or adrenal glands are producing too little estrogen, Isoflavones may help increase their activity.

### **Fats, Vegetables and Legumes**

Similarly fats, tuberous vegetables or legumes have the potentials to affect hormones just as some vitamins, minerals and herbs can. The breakthroughs in understanding how plant foods in the diet can help normalize both the production of steroid hormones by the adrenal glands, ovaries and testes and the activity of those hormones in the body may lead to the creation of new dietary guidelines for health improvement.

### **Plant Sterols and Your Hormones**

Balancing hormones are said to be effective by consuming a diet low in total dietary fat (30% hopefully unsaturated fats) and ample amounts of tuberous vegetables, legumes, whole grains and soy foods, (which are rich in plant sterols and Isoflavones).

### **Genistin and Hormones**

Soy is the only known source of an Isoflavone (a phytochemical) called genistin. Soy is reported to be effective in the prevention and treatment of many health problems.

### **Soy and Balancing Hormone**

It should be noted that some studies show that eating soy-containing foods did not improve hormone reproduction in women while others did.

### **-Is there a difference between urine, blood and salivary hormone analysis?**

Yes in that blood is drawn or salivary samples are taken the results show what hormones were in the blood/saliva at that moment and does not reflect what the hormone levels were through a 24 hour cycle. Therefore the 24 Urine hormone analyses gives a more complete picture of the individual's hormone cycle.

### **More about DHEA.**

DHEA (Dehydroepiandrosterone) is very important hormone synthesized by the Adrenal glands and brain therefore because of its importance we spend a little more time discussing it. It is a major hormone affecting many aspects of health that in part acts like a traffic officer directing traffic (direction and flow of hormones) in the body.

### **DHEA and Bone Health**

When one looks at the various biochemical effects of DHEA, they tend to read like a “who’s who of osteoporosis prevention” but DHEA has potentials far beyond its relationship to bone health.

**What ailments has DHEA been found to be in low levels?**

Alzheimer’s disease, HIV/AIDS, Heart Disease, Depression, Diabetes. Osteoporosis, Muscle problems, Immune Disorders, Inflammations, Depression and diminishment of sexual characteristics.

**What can DHEA affect in the human body?**

The levels of estrogen, and testosterone which are related to other hormones and health.

**DHEA and Estrogen Receptors**

One of the breakdown products of DHEA, a compound called 5 androstanol 3B diol, is known to bind strongly to estrogen receptors.

Estrogen and androgen receptors/centers that are sensitive to hormones and respond in many internal activities of the body and depending on their levels (lack of and/or excess) in the female as well as male body the persons over-all health will be effected. The same holds true with prescribed drugs as well as food supplements that are reported to effect the female as well as male hormone secreting glands.

**Types of Estrogen Receptors**

There are two types of estrogen receptors—alpha and beta. Estrogen receptor cells could be visualized as docking sites within tissues where estrogens unite and carry out its function. Both are nuclear receptors located in the center of cells. They have a DNA binding capacity and act as a genetic control centers.

**Cancer and estrogen receptors**

Oncologists study biopsied cancer tissues to determine if the tissue is sensitive (positive) or negative to estrogen and is leading to ongoing immunotherapy treatments for not only cancer but many other health conditions – this is a rapidly advancing area and in many cases either eliminating cancer in some peoples body’s and/or causing the cancer to go into varying times of remission.

**Aromatase and hormones** - Estrogen not only has profound effects on the body, but the body itself can generate additional hormones through the activity of the enzyme aromatase. Aromatase has the ability to convert hormone precursors into estrogen.

**Beta Estrogen Receptors** - The beta estrogen receptors appear to have a high attraction to estradiol—the most powerful of the estrogen family. Normally it is most active in women

during their reproductive years and decreases during menopause. Lack of it in a woman's body interferes with reproduction, contributes to vaginal dryness, and hot flashes.

### **Hormone Cellular Attractions**

When the estrogen and androgen receptor cells are empty they attract their receptive androgens or estrogens begin activating and deactivating cellular activities.

### **Beta-receptors binding to plant estrogens**

In particular, beta-receptors are much more efficient than alpha-receptors in binding the plant estrogens—genistin which is found in soy beans and other beans and vegetables. If a person wants to consume those products and desires to increase the rapidity of the outer shell breaking down they can do so by soaking the beans in a vinegar water solution the night prior to making whatever the desire.

Does soaking beans weaken the genistin in soy or other beans and vegetables?

There is no scientific evidence that doing so weakens genistin and if fact may enhance not only its release from the foods but also increased its predominance.

Does microwaving or applying heat to soy or other beans or vegetables alter the strength of genistin or the fibers, vitamins minerals or herbs in the beans or vegetables?

Again there is no scientific evidence that doing so weakens genistin and if fact may enhance not only its release from the foods but also increased its predominance.

With reference to vitamins, minerals and herbs they (Vitamin A,D,E and K) are heat stable therefore heat does not destroy them.

Vitamin C and the B Complex vitamins (which are not heat stable) they tend to be eliminated from foods exposed to temperature above 212 F but they remain potentially viable in the liquid by products of cooked foods therefore those liquids can contain viable health benefits.

### **Genistein and cancer**

Genistein is reported to play important roles in guarding against certain types of cancer, especially of the prostate and breast, by preventing estradiol from over activating cells.

What does that tell us? It tells us that if a person (female or male) has been diagnosed with cancer and/or is a person who wants to minimize the possibility of developing cancer they might want to consider consuming foods high in Genistein and/or food supplements that contain high amounts of Genistein.

**Caution:** Before anyone considers that possibility they should first discuss that idea with their oncologist or family physician.

We would also encourage you to look up our free book **The Encyclopedia of Natural Whole Person Health, Wellnesses, Long Life and Good Health. The A to Z Essentials for Health Well Being**

**and Long Life** as it contains other significant information on the possible natural alternatives to preventing and/or treating cancer.

**Alpha Estrogen Sensitive Tissues** - The Uterus and Liver

**Beta Estrogen Sensitive Tissues** Blood Vessels, Bones, Intestines, Liver, Prostate, Testes, Organs, Lungs, Genitourinary Tract

### **Alpha and Beta Estrogen Sensitive Tissues**

The Central Nervous System consists of the brain and spinal cord (something Doctors of Chiropractic have advanced education in). It originates in the brain, courses through the spinal cord and passes out from the spine sending sensory impulses to every cell in the body effecting motor activities in the body.

**The Safety Pin Cycle** - In the simplest of terms the safety pin cycle involves the central nervous system in that included in the nervous system are afferent and efferent nerves. The efferent nerve carry impulses out to cells where interpretation takes place and then (if functioning correctly) afferent nerves carry the impulses to the brain where we consciously recognize (for example some motor reaction and react accordingly). Again the brain, spinal cord and spine are the major components – the spine being the switchboard of the nervous system.

### **History has good information**

The basics of what we share herein is not new, far back as 1943 A review of the literature remains consistent to this day) and as an example when trials were conducted they revealed the efficacy of oral or injectable vitamin E therapy in ameliorating menopausal symptoms produced positive clinical results.

### **Vasomotor stabilization and alpha-tocopherol therapy**

A number of cases are reported to have experienced a higher degree of vasomotor stabilization from alpha-tocopherol therapy, relative to estrogens. Doses ranged between 15-30 mg. a day of the acetate form of synthetic tocopherol.<sup>8</sup> When a woman considers supplementing her diet with vitamin E, we suggest that she consider it in the mycellized form.

### **DHEA may inhibit bone reabsorption**

DHEA, like estrogen, might inhibit bone resorption. Secondly, there is evidence that weight bearing exercise and androgens (a class of hormones that include testosterone and DHEA) stimulate bone formation and calcium absorption.

### **DHEA, Progesterone and Bone Building**

DHEA might, therefore, augment the bone building effect of progesterone in that normal process of bone breaking down (osteoclasts) and re-building (osteoblasts) of which DHEA and progesterone are known to be involved in.

#### **DHEA and balancing of estrogens, testosterone and progesterone**

From the literature that we see DHEA may be the only hormone that appears capable of both inhibiting bone resorption and stimulating bone formation thus it is important that at minimum DHEA, estrogens, testosterone and progesterone be in balance and accompanied with regular weight bearing physical exercise and spinal flexibility exercises.

Our clinical experience has shown that when people (especially women) who have muscle skeletal or other bone and joint problems who supplement their diet with GPM Certified Pharmaceutical Quality food supplement with DHEA that they not only feel better but that comparative bone studies indicate a stop of their degenerative bone issues but new bone formation.

#### **Why spinal flexibility exercises?**

Being that the spine is the switch board of the nervous system it needs to be kept as flexible as possible which in turn promotes the best possible health of not only the spine and nervous system but all other systems and functions in the body.

#### **DHEA influences on other hormones**

DHEA functions as a precursor hormone, almost certainly resulting in beneficial influences on osteopenia and osteoporosis.

#### **DHEA conversion into other vital hormones**

When at optimum, the body can convert other hormones including estrogen and testosterone, a role in prevention of bone loss.

#### **DHEA and post menopause**

Studies of administering DHEA to postmenopausal women showed increased serum levels of both testosterone and estrogen (estradiol, estriol and estrone) other important female hormones which we will discuss later in greater detail.

#### **DHEA and increased levels of progesterone**

DHEA has the ability to raise the levels of progesterone. Although DHEA is not converted directly into progesterone, it may, through an internal, innate feedback mechanism, indirectly increase the production of progesterone.

#### **DHEA and pregnanolone**

Both DHEA and progesterone are produced from the same precursor hormone, pregnanolone. Many authorities believe that if enough DHEA is present in the body, then pregnenolone will be converted primarily to progesterone, rather than to DHEA.

#### **DHEA and estrogen, progesterone, and testosterone**

Not only does DHEA have a direct potential effect on both resorption and formation of bone, but it can also increase the levels of the other major hormonal “players,” namely, estrogen, progesterone, and testosterone.

#### **How does a person determine their DHEA level?**

In our clinical experience a 24 Hour Urine Hormone Analysis reveals a person’s levels of DHEA.

#### **DHEA and the sex hormones**

DHEA does affect the sex hormones as well as corticosteroids thus it is of vital importance that the levels of DHEA being determined.

#### **DHEA - perimenopause and menopause**

It has been shown that perimenopause and menopause are associated with a reduction in DHEA levels.

#### **Does DHEA has any impact on aging?**

Yes, since bone mass and serum/urine/saliva, DHEA both decline with advancing age, one cannot be certain that falling DHEA levels are actually the cause of reduced bone mass.

#### **Does DHEA have any potential effect on calcium and its deposition into bones?**

Study’s performed several years ago by Dr. Hollo, a Hungarian researcher proved yes. Dr. Hollo found that plasma levels of DHEA were significantly lower in the postmenopausal women with osteoporosis than in matched controls. He also found another abnormality in these women; when they were given calcium by intravenous injection, the calcium level in their blood stream remained elevated for an unusually long period of time. However, after receiving DHEA (100 mg/day by mouth for seven days) their calcium metabolism returned to normal. In some of our Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT) and 24 Hour Urinary Hormone Analysis we very often find that when the DHEA levels were below normal the patients often suffered with osteopenia and/or osteoporosis. Correctly treating the osteopenia or osteoporosis involved attempting to supplement the patient with DHEA.

#### **When should DHEA be started?**

There still lacks a clear understanding of who should receive DHEA, or when it should be started and that should be decided by your nutritionally oriented physician who hopefully has ordered a 24 Hour Urine Hormone Analysis.

#### **Is DHEA safe?**

DHEA appears to be quite safe especially when a Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT), 24 hour Urine Hormone Analysis confirms the need and the DHEA product is it is GMP Certified and is Pharmaceutical Quality.

#### **What does Pharmaceutical Quality DHEA offer that others don't?**

GMP Certified Pharmaceutical Quality guarantees that there is actually DHEA in the product and that it does not contain pesticides, herbicides, antibiotics and other hormones.

#### **Does DHEA affect other hormones?**

It has the potential to positively affect estrogen and progesterone. One of the most important principles of hormone therapy is to try to naturally mimic as closely as possible the natural glandular secretions.

#### **How long should a woman who is taking DHEA remain on it?**

Generally until she notices improvement in her symptoms.

#### **Do any women who are not experiencing and hormone related symptoms need to take DHEA?**

That is entirely up to them but many such women take DHEA as a preventative measure. They recognize that shifts in their hormones can suddenly occur therefore they take daily doses of it with the attitude of hoping to maintain hormone balance.

#### **Postmenopausal hormone replacement therapy**

Postmenopausal hormone replacement therapy would include the use of estrogen, progesterone, and DHEA.

#### **The Ovaries and Testosterone**

Although when functioning correctly the ovaries also manufacture testosterone, production of this hormone usually does not decline after menopause.

#### **DHEA and enhancing other hormones**

DHEA sometimes enhances the effectiveness of estrogen against menopausal symptoms such as hot flashes. Christiane Northrup, MD has found a similar interaction between estrogen and natural progesterone. However, as far as we are aware, no one has yet studied the effects of giving all three of these hormones at the same time.



### **Does DHEA have any relationship to obesity?**

Schwartz says, "DHEA is a very effective anti-obesity agent." Other researchers are finding similar effects. "It works," declared Norman Applezweig of Progenics, Inc. of New York City. "In mice, it gives almost fifty (50) percent reduction in excess fat. Barrett-Conner ("A prospective study of dehydroepiandrosterone," *The New England Journal of Medicine*, December 11, 1986) and been confirmed many times since then

### **Can DHEA affect the Corticosteroid hormones?**

Yes DHEA has for years been known as the precursor of all steroidal hormones. Research has long shown its ability to help maintain a healthy existence, but only in recent years has it begun to receive international acclaim based on new scientific findings. It is now thought that DHEA may be the body's most important link to the aging process as well as significantly reducing the risk of cancer, diabetes, obesity and other age related illnesses.

### **The Roles of Estrogen and Progesterone Managing Them Naturally**

**What effects does estrogen have on the body?** Estrogen creates growth of the endometrium and its secretions (lining of the uterus and other organs).

#### **Estrogens and the breasts**

Lack of and or excess levels of estrogens are known to cause increased size of the breasts, increased body fat, salt and fluid retention, depression and headaches, interferes with thyroid hormone, Increased blood clotting, decreases libido, Impairs blood sugar control, Loss of zinc and retention of copper, Reduced oxygen levels in all cells predisposing the body to cellular disease or death.

#### **Does estrogen have any relationship to cancer?**

Yes, in that imbalances of estrogen can predispose women to increased risk of uterine (endometrial) and breast cancer.

Increased risk of breast cancer as well as causes the epithelium of the uterus to grow and increase in size during the first part of the mensural cycle.

#### **Estrogen restrains osteoclast (breakdown) of bone**

Estrogens have the ability to affect the health of bones and reduce vascular ton. Therefore if estrogen is deficient in a body the person could be predisposed to breakdown of bones (Osteopenia/osteoporosis) as well as many other health problems

#### **Progesterone. What effects does progesterone have on the body?**

Progesterone is known to protect against breast fibrocysts, help use fat for energy, be a natural diuretic and natural antidepressant. Facilitates thyroid hormone action. Normalizes blood clotting, Restores libido, Normalizes blood sugar levels, Normalizes zinc and copper levels,

**Progesterone and the Breasts** – Prevents endometrial fibroids and cancer. Helps prevent fibrocystic breast disease and breast cancer.

#### **Progesterone and Bones**

Stimulates osteoblast bone building, preventing and/or hindering the development of osteopenia, osteoporosis and other bone problems.

#### **Progesterone and the Fetus**

Necessary for healthy survival of embryo. Precursor of corticosterone production. The previous excerpt is from the book Natural Progesterone: The Multiple Roles of a Remarkable Hormone and utilization of natural progesterone cream by Dr. John Lee, M.D.

#### **What is natural progesterone cream?**

Natural progesterone creams are botanical transdermal natural skin supplements containing wild yam (recognized as a source of natural progesterone) and high concentrations of DHEA. \

#### **Many women are using natural progesterone some with very good results others not**

This may be related to the fact that unbeknownst to the unsuccessful ones they were using a progesterone cream that was not of pharmaceutical quality

#### **Are all progesterone creams bioidentical?**

No not all are bioidentical to progesterone made in the human body. Pharmaceutical Quality transdermal progesterone creams are certified by independent laboratories as bioidentical thus compatible in the human body.

#### **What does wild yam root have to do with hormone issues?**

Researchers have discovered that wild yam may have important health benefits associated with the misery and discomfort of PMS, menopause and prevention of osteopenia and osteoporosis.

**Dr. Russell Marker discovery** In 1943v Dr. Russell Marker discovered that wild yam root contains diosgenin and saponin, important precursors in the synthesis of natural progesterone.

#### **Diosgenin and saponin**

Diosgenin and saponin are natural precursors in the building blocks for the adrenal glands (manufacturers of the corticosteroids), When with some consistency applied to sensitive areas of the human skin they have the ability to stimulate the body's own natural production and regulation of estrogen, progesterone and other hormones.

#### **Symptoms associated with imbalances of estrogen, progesterone and other hormones.**

Other research has indicated prevention of bone loss and relief of symptoms such as water retention, breast tenderness, mood swings, anxiety, bone density loss, insomnia, hot flashes,

night sweats, discomfort and a host of over 150 other symptoms. When the body returns to its natural balance, symptoms decrease.

### **Transdermal Progesterone Cream**

There are other advertised forms of transdermal progesterone cream but most are not GPM Certified Pharmaceutical Quality transdermal cream and we patients who were using non GPM progesterone cream and changed to using GPM Certified Pharmaceutical Quality transdermal cream found a remarkable change in their health .

How is that possible?

GPM Certified Pharmaceutical Quality transdermal cream have is formulated to be bioidentical natural progesterone. It is not the same as synthetic forms called “progestins” or “progestogens” or chemically altered progesterone.

GPM Certified Pharmaceutical Quality transdermal cream is a natural plant extract that contains no drugs or prescription pharmaceuticals. It formulated to allow the powerful active ingredients to be optimally used by the body.

In effect the GPM Certified Pharmaceutical Quality transdermal cream is designed to flow/pass through the skin completely bypassing digestion and the liver by going directly into the bloodstream which then transports them directly to hormone receptor sites where they are needed.

### **What about taking a pill form of natural progesterone?**

Not as good or effective because it has to go through the digestive processes and liver before it enters the blood stream and with its potential benefits comes with it the potential of causing short and long term adverse health consequences.

Similarly natural progesterone ingested in pill forms is destroyed in the stomach and thus of no biochemical value.

### **How long should a Pharmaceutical Quality transdermal progesterone Cream be used?**

You and your nutritionally oriented health care provider should determine that. Many clinicians report that for potential benefit it should be used for at least ninety days as it gives the body opportunity to adjust to and respond to it.

It is postulated that part and parcel of that occurring is that it takes time for the adrenal glands to respond to it thus affecting the endocrine and exocrine system. If they have been and/or are over-stressed their ability to synthesize or manufacture estrogen and the corticosteroids is compromised thus predisposing the women to hormone related physical and emotional issues.

### **Do any women who have no apparent symptoms related to adrenal or ovarian gland insufficiency utilize transdermal Progesterone Cream?**

Yes, we have patients who have no typical symptoms of ovarian or adrenal gland insufficiency who utilize the GPMPTC with the goal of hopefully continuing to feel good and maintain internal hormone integrity.

**Could doing so cause health problems?**

No women have reported to us nor we have seen any reports of related problems.

**Seek competent professional health care advice**

We highly recommend that you first consult with a nutritionally oriented Doctor of Chiropractic or some other Board Certified and State Licensed health care provider with proven education and experience in hormone therapy before you attempt to use any natural hormone.

**How does a person using a hormone based transdermal cream know it is helping stabilize their hormones?**

Certainly symptoms or a lack of prior symptoms is an important consideration but better yet a Touch For Health Applied Kinesiology Muscle Response Testing (TFHAKMRT), 24 Hour Urine Hormone Analysis is very important and hopefully a 24 Hour Urine Hormone Analysis was performed prior to embarking on the use of the transdermal cream. Why? Because it gives a comparative base.

**Is progesterone needed during menstruation?**

No, progesterone is not needed during menstruation and if one has been using a transdermal hormone cream they should cease doing so when they seem to be coming close to beginning of menstruation.

Some clinicians suggest that it's best to gradually cut back and adjust the cream once symptoms begin to diminish. Adjustments can be made for individual use. If you are a Chiropractic patient, you would serve yourself well by seeing your Doctor of Chiropractic for spinal care at a level that you and your Chiropractor would find appropriate to your menstrual cycle.

**What about hormone cycles**

Typically hormones change throughout the month. Estrogen is predominant while progesterone is low; ovulation occurs and estrogen peaks; progesterone rises above estrogen; both hormones drop and menses begins. It may take two or three cycles to see results.

**Can Profeminell Cream Be Used For Osteoporosis?**

As long as there are no contraindications Yes, natural progesterone has been used for prevention and maintenance of bone loss and to balance low hormone levels of progesterone.

**Are there any side effects to the use of natural hormone creams?**

In our clinical experience and our present studies there have been no reports of any significant adverse side effects or health problems associated with natural progesterone.

**What about spotting while using transdermal progesterone cream?**

There have been reports of temporary incidental spotting. When that occurs it is minimal and tends to stop after three months. A physician should always check any persistent problems.

**Do not confuse side effects of synthetic progesterone with natural Pharmaceutical Quality progesterone**

This is especially important because many women have tried products sold as natural progesterone and had no positive results because unbeknown to them they were using a Food Grade product which was either inferior or contained other products.

**Buyer Beware:**

Again before one tries natural progesterone they should consult a nutritionally oriented health care provider. Your health is your most important asset and it should not be experimented with. You would not believe the number of women we see in our clinic who have been running to various self-proclaimed health practitioners and/or personally experimenting with drugs and natural formulas without first undergoing credible diagnostic testing. Doing so causes them to be improperly diagnosed and the treatments they pursue miss the mark.

**Is it possible that women who suffer with depression, anxiety, cognitive dissonance and other mental issues could be related to hormone issues? Yes****Is it then possible that utilizing nutraceuticals such as DHEA and/or Transdermal Progesterone Cream might find help dealing naturally with those emotional problems?**

Many women report feeling not only physically better but emotionally.

**Women and cardiovascular issues**

Increasing numbers of people, especially women are encountering cardiovascular problems. What factors could increase heart disease in women?

It is a longstanding myth that women don't get coronary heart disease, but heart disease is the leading killer of women over 40 years old.

***SYMPTOMS ARE THE FINAL ALARM THAT SOME FORM OF INTERNAL DISEASE HAS BEEN ONGOING***

**Many sources content that** the incidence of women getting heart disease increases if:

- ❖ They use birth control pills and/or have hormone irregularities
- ❖ They smoke tobacco products and/or are exposed to secondary tobacco smoke
- ❖ They are past menopause
- ❖ There is a history of heart disease and hormone irregularities in the family
- ❖ They have high blood pressure

- ❖ They have diabetes
- ❖ Cigarette smoking increases the likelihood by 50 percent.

**Elevated cholesterol has a more dramatic effect on men's hearts than on women's hearts.**

LDL Persistent hypertension and LDL (Low Density Lipoprotein) are the single most important and accurate predictions of cardiac death in women than anything else. HDL is the good cholesterol whereas LDL is the bad cholesterol and other than heredity the foods we consume and they life styles we pursue have direct influences.

**Types of fat in food:**

- ❖ Saturated Fat: Animal (poultry and fish), coconut, palm, hydrogenated or partially hydrogenated vegetable oils.
- ❖ Monounsaturated Fat: Olives, olive oil, peanuts and peanut oil and avocado.
- ❖ Polyunsaturated Fat: Vegetable oils other than olives, peanut or avocado

**What about cholesterol lower drugs?**

As popular as current cholesterol lowering drugs can be, they bring with them potentially serious adverse reactions. As good intentions as The American Heart Associations are lowering cholesterol in one diet does lower mean *HDL*—but if one is going to pursue that they need to be very careful because in that process they could also be upsetting their hormone levels..

**What about using Coconut oil or palm oil?**

Read the labels in that some products coconut oil or palm oil is partially hydrogenated (saturated) thus potentially harmful to health.

**What does that say?**

It says that one might want to seriously consider not just changing their diet, but taking a scientific look at their hormone levels and consider adding GPM nutraceuticals that are reported to be effective in lowering LDL.

**Additional Options**

Emphasis should be on vegetable fats.), low fat dairy products

- ✓ Watch for whole milk or nonfat milk (cholesterol vs. no cholesterol), and if Yogurt, or Pizza make sure they are low in fat and refined carbohydrates, that the saturated animal fat is removed, along with the cholesterol and replaced with vegetable oil, which is polyunsaturated and is much better.
- ✓ Mozzarella Cheese has 7 grams of fat and 55 mgs. of cholesterol per oz.

**Be heart healthy - Substitutes:**

One whole egg - two egg whites

One egg yolk - one ounce of egg substitute

Cream - evaporated skim milk  
Whole milk - nonfat milk  
Butter - soft margarine or corn oil  
Oil to fry - Pam cooking spray  
Shortening in baking - substitute ripe banana for half the shortening, or applesauce  
One egg yolk contains 250 mgs. of cholesterol

**Read the Labels:** Ingredients are supposed to be listed by volume.  
What is at the top is what is highest.

### Amenorrhea

Amenorrhea is the lack of menstruation in women who are classified as being in the age and hormone status for mensuration but for some reason had not or once did but has ceased menstruating.

There are two principle types of amenorrhea:

- ❖ The girl who normally should have mensural cycles and/ or
- ❖ A female who had begun menstruation but her mensural periods ceased.

There are possible instances where she might cease menarche when there is premature lactation and/or after menopause.

Most other causes of amenorrhea could be considered abnormal (hormone issues such as ovarian, pituitary, adrenal or hypothalamus gland disharmony) and she should seek the advice of her family physician.

### Possible Causes

Hormone Irregularities - Women with hormone disharmony usually have issues involving infantile genitalia (e.g. Turner's syndrome), and those with ambiguous genitalia (e.g. hermaphrodites). Their medical doctor may recommend Karyotyping (examining her chromosomes). Again if not Turner's Syndrome, very often the causes could be issues involving ovaries, hypothalamus, adrenal or pituitary gland failure and that most certainly diagnostic testing at minimum should include a 24 Hour Urine Hormone Analysis, Chem Screen and CBC with Differential blood test, Red and White Elements, Homocysteine, Hair Mineral Analysis or Bio Individual Identification.

*DISEASE BEGINS AT THE CELLULAR LEVEL THEREFORE THE BEST WAY TO DETERMINE POTENTIAL DISEASE IS THROUGH CELLULAR ANALYSIS*

HBI (Hereditary Birth Issues) including: Virginal agenesis (under development), vaginal septa (malformation where the uterus cavity is partitioned by a longitudinal septum), cervical atresia

(the absence of a vaginal opening), or bicornuate (divided) uterus; imperforate hymen (the hymen is imperfect) all of which can restrict the exiting of blood.

**Lack of blood flow** - Logically when blood flow is restricted the female often complains of abdominal spasms or cramps. When that's the situation very often surgery involving hymen opening is called for which includes aspiration of the anatomical region posterior to the vagina.

Endometrial Sclerosis which can be related to having a D&C. - As important as D&C can be they predispose women's endometrium (external lining of the uterus) to become hardened and fibrotic. Similarly many women report that after a D&C there vaginal secretions decrease predisposing them to painful intercourse and reduction in orgasmic response during intercourse. Typically poorly performed D&C's and/or multiple D&C's increase those predispositions.

**Cervical Stenosis** - **lack of adequate blood supply to the cervix** - Note: Here we are referring to the cervix of the uterus not the cervical spine. Uterine cervical stenosis may result in post conization (electrosurgical-loop excision) of the cervix leaving scars on her cervix, or where the os (Cervix opening) is unable to be located because of the possibility of intrauterine growths – benign or cancerous.

#### **Anovulation**

Anovulation (lack of ovulation). Which can be intermittent or persistent.

Hypothalamus dysfunction - In some cases of persistent anovulation there could be the possibility of lesions (tumors, scars) or some ovarian issue such as POD (polycystic ovarian disease), hyperprolactinemia, and amenorrhea.

Pituitary dysfunction such as Sheehan's syndrome, tumors and/or adenomas.

Ovarian dysfunctions related to scarring, tumors, cysts.

Lack of sufficient adipose tissue (body fat) which can be related to hormone issues.

Over physical exercise which can have deleterious effects predisposing her to anovulation which in many females is related to anorexia nervosa, or over-emphasis on being abnormally thin which can abnormally affect other organs, hormones, immunity and psychological wellbeing.

#### **Other possible causes of anovulation**

Adrenal Dysfunction: The adrenal glands (which we have earlier referred to) are involved in hormone functions.



Adenomas, tumors, persistent emotional or physical stress.  
Systemic Dysfunctions including Cushing's disease.  
Women who had been on oral contraceptives but then stopped taking them,  
Hyperprolactinemia; ulcerative colitis, hypothyroidism, hyperthyroidism,  
Diabetes mellitus, issues involving women's steroids,  
Celiac disease.

Usually when these diseases are corrected the menses will return to normal.

Avitaminosis – a diet involving a lack of adequate vitamins and minerals, fats, carbohydrates, proteins and herbs.

Vitamin D Deficiency is often found in blood analysis of females suffering with hormonal issues including amenorrhea, endometriosis, conception and fertility issues.

#### **Contributing Factors**

- Poor diet
- High stress
- Impaired fatty acid conversion

#### **Chiropractic Care**

Having been involved in caring for people as a Chiropractic whole person health care professional for 50 plus years you would correctly assume that we have cared for many women who were suffering with and interested in a natural holistic approach to feminine health and wellbeing.

One of our focuses has been in the functional aspect of the body, but also included looking at the human frame, particularly the brain, spinal cord, spine, and nervous and muscle skeletal systems.

#### **The Spine and Nervous System**

From the spinal perspective, we have never found a perfect spine and we doubt that there are any. Issues within the brain, spinal cord and all the other organs and systems in the human body are adversely affected.

This is supported not only by credible research, but also by the high percentages of people afflicted with back problems, muscle skeletal as well as systemic health issues such as those related to feminine health issues. As potentially good as diet and bioidentical diagnosis and treatment can be, if the spine and nervous system are not evaluated and cared for, the potential

benefits of whole person related functional nutrition medicine might not be as complete as it might be without functional whole person spine and muscle skeletal care.

#### **24/7/365 Access**

**For your convince we periodically list the procedures when people want to order food supplements from Nutri Dyn Midwest? Yes and its simple and easy**

**Via Telephone: Telephone:** 1-800-444-9998. **Fax:** 763-479-1288

#### **Online**

1. Go to [www.futurehealth-today](http://www.futurehealth-today)
2. Go to [www.nutri-dyn.com](http://www.nutri-dyn.com)
3. Click on Create Account
4. Click on Patients
5. Complete the short form and type in the following Account Number 100160
6. Click submit

Then you will be able to log in with your address and whatever password you just created on the registration form and enabled to list the food supplement products you want to order and receive

**On orders of \$200.00 or more there will be a 10 % discount and no Shipping and Handling Fee.**

**On orders less than \$200.00** there is a 10% discount and an \$8.00 shipping and handling fee. Basically on the minium order of \$200.00 the person saves \$28.00

**Warning:** If you order food supplements and fail to give the Nutri Dyn Midwest Service Representative Account 100160 you will miss the 10% discount.

**For your conscience we will periodically list that ordering procedure**

#### **Menopause - Passing through it successfully**

Natural menopause is related to a woman's body gradually producing less and less of the hormones estrogen and progesterone. The average age when a woman has her last menstrual period is 51 years, and menopause is defined as the absence of menstrual periods for 1 year. Changes and symptoms can start several years earlier. They include:  
A change in menstrual cycle — flow can become shorter or longer, lighter or heavier, with more or less time in between, hot flashes and/or night sweats, trouble sleeping, vaginal dryness, mood swings, trouble focusing, loss of scalp, pubic hair or hair on face, legs or arms.

**Difficult reproductive years** - Many women have difficulty during the climacteric or transition period from reproductive years. In fact they may have desire to bear children but because of the hormonal changes in their body they fail at becoming pregnant.

Certainly that problem has generated a big industry involving (HRT) Hormone Replacement Therapy and implantation of other women's ovum.

Ceasing menstruation often for some women means a time of physical and mental trauma and that is especially so when she enters that phase of life not being fully aware of the natural things she can utilize to make those years more pleasant .

#### **What Happens:**

Menopausal problems vary between the ages of 40 and 51 years of age. Those who begin menstruation early have a late menopause. **Perimenopause** The years leading to menopause are often called perimenopause. This is a time of gradual decrease in estrogen levels and changes in the menstrual cycle. In general, perimenopause lasts from 45 to 55 years of age, although the timing varies among women.

Those who begin menstruation late in life can encounter an early menopause. Early menopause can increase the likelihood of an early death. Many celibate women usually have an early menopause in that their ovaries become inactive as in reverse puberty causing a decrease in estrogen and other hormone production.

Menopause does not necessarily cause a loss of sexual desire nor does it increase the wrinkling of skin, and proper nutritional intake is one of the important considerations.

#### **Adrenal Glands and Menopause**

One of the functions of the adrenal glands is in production of estrogens and regulation all estrogen functions and menstruation in that it is designed to also affect: Skin, emotions, energy, Fright or flight, calcium deposition in bones, blood sugar regulation, inhibit sympathetic nervous system (assists in keeping blood pooled internally)

**When the adrenal gland are not functioning correct not only is estrogen adversely affects but also the following:**

Dry mouth, Circulatory imbalance, Chills and flushing, Hypertension, Tremors or internal nervousness, Excessive perspiration, mood swings, insomnia.

#### **Factors that can make menopause and perimenopause worse**

Stress, Internal hurts (wounds, poor self-worth, rejection low self-esteem), Hypoglycemia (low blood sugar), High fat consumption CATS (caffeine, alcohol, tobacco, sugar), Food allergies. Nutritional or dietary imbalances, Spinal curvature or back problems, Lack of intercourse (testosterone), Having been on birth Control pills and ceasing taking them.

#### **Post-Menopause**

Post-menopause refers to a woman's stage of life after menopause.

Menstruation may stop abruptly in some women, but menopause is usually a gradual process. Menstrual cycles shorten and become irregular for anywhere from two to seven years prior to entering a true menopausal state.

Just because a woman may no longer be biologically productive doesn't mean that she can't be productive in other areas of life.

#### **Is morbidity affected by menopause?**

Yes, varying degrees of morbidity attend the development of the menopause in a number of women.

In light of the large numbers of premenopausal (the last few years of the climacteric and the first year after menopause) and postmenopausal women in the United States and the morbidity of the condition, effective treatments are needed and at its basis in hormonal balance.

#### **Are there different types of menopause?**

Yes, there are three types of menopause: natural, surgical and premature and they can include:

#### **What causes natural of Physiologic Menopause**

This is caused by ovarian failure due to senescence.

For example, at birth there are about two million eggs within the ovaries; at puberty this is reduced to about 300,000. At menopause, eggs are virtually absent.

#### **What about surgical or Artificial Menopause?**

Refers to the woman who has had both of her ovaries surgically removed.

Upon removal of the ovaries, the production of estrogen is dramatically reduced. This creates an artificially induced, yet variable state of menopause. According to one report as many as 30 percent of postmenopausal women in the United States have had menopause surgically induced. These women possess the same capacity to suffer from the clinical symptoms and complaints associated with natural menopause.

#### **Premature Menopause:**

Refers to idiopathic ovarian failure before the age of 40.

Possible contributing factors include radiation exposure, smoking, cancer, drugs, stress, nutritional imbalances, surgery that reduces ovarian blood supply.

#### **The relationship menopause and spinal problems**

For optimum function every cell in the body needs nerve and blood supply thus impingement on the nerves and/or arteries in the spine which interferes with proper nerve and blood supply to the reproductive organs.

#### **Hot Flashes**

Seventy-five to 85 percent of menopausal women experience discrete symptoms associated with menopause. Dr. Peggy Budoff states “The decline of estrogen and the absence of progesterone result in hot flashes that more than two-thirds of women undergoing a surgical or natural menopause will experience. longer.”

**What symptoms are associated with premenopausal, menopausal and postmenopausal states?**

They may vary from minor disturbances to major debilitating symptoms.

Such as: hot flashes, fatigue, vaginal dryness and associated problems, insomnia, backaches, headaches, poor memory, skin changes, vertigo, breast symptoms, bloating, nausea, decreased or uncontrollably increased libido, an increased risk for osteoporosis, spontaneous bone fractures, cardiovascular disease, and psychological problems, e.g., depression, mood swings, nervousness, inability to concentrate, a general decline in physical and mental energy, and a decreased sense of well-being.

**What symptoms can be associated with causes hot flashes? Many things including:**

Night sweats or power surges), also referred to as vasomotor spasm, are the most common menopausal symptom. In fact, most women regard hot flashes as the “hallmark of menopause.”

**What percentages of women experience hot flashes?**

Eight percent of these women will be disturbed by hot flashes for more than a year and 25 to 50 percent will have them for more than five years. Some continue to flush for ten years or more.

**A Clinical Description of Hot Flashes:**

Most women “sense” when a hot flash is going to occur, referred to as the “preflight period.”

This usually lasts from one to four minutes before the actual flash beings. Women will describe a “vague aura” that signals the onset of a hot flash. The hot flash is marked by a sudden sensation of heat and warmth, usually starting in the face and spreading to the chest and other parts of the upper body. The heat is often described, as “wavelike” like flushing experience, lasting from several minutes to half hour, five minutes being the average duration.

**How long can Hot flashes last?**

Eight percent of these women will be disturbed by hot flashes for more than a year and 25 to 50 percent will have them for more than five years.

Some continue to flush for ten years or eighty percent of these women will be disturbed by hot flashes for more than a year and 25 to 50 percent will have them for more than five years. Some continue to flush for ten years.

**Other possible hot flash related symptoms**

Redness, sweating, and sometimes vertigo, cephalgia, and palpitations accompany the sensation of heat.

Most women experience hot flashes for one to two years. The frequency reported is from one to three per hour to one to two hot flashes per week.<sup>1</sup> Ten percent of postmenopausal women are severely affected by hot flashes, rendering them unable to perform work or normal daily activities.<sup>21</sup>

### **What causes vasomotor spasms (power surges)?**

The principal event in the endocrinology of the menopause is the decrease in ovarian follicular production of estrogen.<sup>15</sup>

This in part involves a marked reduction in the number of oocytes coupled with a diminution in oocyte response to gonadotrophins and serves to explain this hormonal shift but there are other authority's that have other opinions including Vasomotor spasms which are the manifestation of these involving precipitous partial drops in serum estrogen levels and ovarian conversion.

### **What is extra ovarian conversion?**

Circulating estrogens in the postmenopausal woman are derived from the extra ovarian conversion of androstenedione into estrogen.

Some researchers estimate that eight percent of circulating androstenedione is a product of adrenocortical steroidogenesis, which goes on in the adrenal glands. The remaining 20 percent is of ovarian origin. This is related to fat (adipose) because adipose tissue is a primary focus of peripheral conversion, and since peripheral estrogen biosynthesis is a function of adipose tissue mass, relatively lean women may be predisposed to experiencing vasomotor spasms. Conversion also occurs (outside the adrenals and the ovaries) in the kidneys, skeletal muscles and in the hypothalamus.

### **Conquering hot flashes Vasomotor Stimuli**

Hot flashes are often unpredictable. Certain situations, however, may increase the probability of their occurrence and should be made known to women who present with menopausal complaints: Emotionally stressful situations, Hot liquids, e.g., coffee or soup, Alcoholic beverages, Loud and unexpected sound, Exposure to tobacco products,

### **Conventional Treatment**

In the early 1960's the pharmaceutical industry introduced estrogen as a means of staying "feminine forever" and ameliorating the complaints accompanying the climacteric.

The sales of estrogen continued to increase in that hundreds of millions of women have been and continue to be encouraged to take estrogens for menopause.

### **Are there any risks to using estrogen therapy?**

Yes, endometrial carcinoma is the primary risk consideration among women receiving prolonged, unopposed (progestin-free) estrogen therapy.

This cancer risk is verified by a large number of corroborative studies. Estrogen therapy after the menopause increases the risk of endometriosis carcinoma from four to 12 times the mean annual incidence of seven per thousand.

### **Risk Factors**

This risk is dosage and duration dependent, and is greater in all women regardless of their race and socioeconomic class.

Many of those who are encouraging women to go on or stay on estrogen replacement therapy minimize the potential risk. This problem is compounded when women do not take the time to personally evaluate estrogens before they take them.

### **Cessation of estrogen therapy**

Cessation of estrogen therapy decreases the risk for endometrial cancer, although the duration necessary to minimize risk remains enigmatic.<sup>12</sup>

Endometrial cancer rates have fallen since 1975, the initial point of decline coinciding with the publication of controlled research studies as far back as 1975 that illustrated a causal relationship between estrogen use and endometrial cancer. Paralleling this decline has been a reduction in the sales of conjugated estrogens. Other disease risks remain equivocal.

### **Questionable Risks**

As far back as 1987 *Gynecology: Principles and Practice*, published that the following are considered to be “questionable” risks: breast carcinoma, cardiovascular disease, gallstones, and gallbladder disease.<sup>2</sup>

However, Henderson has estimated that a menopausal woman of 50 years, who received 1.25 mg. of conjugated estrogens for three years, doubles her risk of developing breast cancer by the age of 75.

### **Does estrogen therapy have any good effects?**

Estrogen therapy has been found to be of proven benefit for three major climacteric symptoms: vasomotor effects, genital atrophy, and short-term osteoporosis.

But the potential accumulated adverse effects are far worse. In a carefully controlled study, Bush and colleagues reported that the overall mortality of women on exogenous estrogen replacement therapy was 12.2 or 50 percent the mortality of women who were not on such therapy. In total, both protective/palliative and adverse effects attend elevation of estrogen levels by exogenous estrogen therapy.

### **Are there any foods a woman could do to avoid and/or minimize menopausal symptoms?**

Yes and they include:

Animal fats, Refined sugar, CATS (caffeine, alcohol, tobacco, sugar), Salt, Dairy products, Enriched bread, Also avoid excessive exercise.

### **Dietary Options**

You might want to consider:

15-20 percent dietary fat intake through vegetable source, Unrefined sugars, Whole grains, Natural sugars and fresh fruits, Daily moderate weight bearing exercises, Green leafy vegetables

### **Possible Food Supplements**

- B Complex, may increase the sensitivity of capillary estrogen receptors. This suggests another phytoestrogenic role for plant flavonoids vitamins (yeast free), Multiple minerals, Mycelized A, E, Herbs, Red raspberry, Licorice, Ginseng, Squaw vine, Sarsaparilla, Cleanse Liver with appropriate detoxification program.

### **Regulate Your Surroundings**

Consider Lowering the thermostat if you're feeling hot,

Use a ceiling/portable fan, desk fan, or hand fan, Avoid hot places and where there typically might be emotional turmoil.

Adopt a New Dress Code

Wear thin layers, Choose breathable fabrics (cotton, linen, rayon), Set a Nightly Routine, Use cotton bed sheets, and Take a cool shower before sleeping.

### **Consider Food & Beverage Choices**

Drink plenty of water, Choose cold drinks over hot ones, Avoid spicy foods, Eat sea vegetables like dulse and kelp to replace minerals lost by sweat.

Choose high phytoestrogen and lignin-rich foods that act as gentle estrogen mimics:

Beans (navy, pinto, black, red, peas), Legumes (chickpeas, peanuts, lentils), Soy items (tofu, tempeh, soy milk, protein powder), Flax & sunflower seeds

Whole oats, groats & wheat berries, Pears, broccoli & carrots

Anxiety is closely related to hot flashes, so keeping a cool state of mind alleviates hot flashes.

### **Reduce Common Stress Triggers**

While sometimes used as so-called "stress relievers," these actually, increase stress and trigger hot flashes. Limit caffeine and alcohol, Stop or reduce smoking,

### **Fine-Tune Your Eating Habits**

Maintaining blood sugar balance throughout the day helps you avoid, triggering the stress response.

Eat a high quality protein breakfast every day

Space meals 3 to 4 hours apart to curb hunger cravings

Keep healthy snacks handy if you're a "stress eater"

### **Get to Know Your Stress Relievers**

When you turn on the relaxation response, the stress response turns off. Find your "on" switch to relax.

Try deep breathing, visualization & guided imagery

Prayer- hopefully it is grace based



Meditation  
Bible Study that is mercy and grace oriented  
Yoga and Pilates  
Regular exercise

### **Share Your Experience & Passion for Life**

This is a time to reconnect and plan the next 30 to 40 years of your life. Share your menopause experience with other women for support. And finding your passion and community participation influence your emotional well-being and mood to counter stress.

### **Minimizing the potential negative effects of menopause.**

Menopause is a natural, very personal and inevitable passage — an experience that ultimately passes as your body adjusts to the decline in reproductive hormones, estrogen and progesterone. Hot flashes and sweats are typically the most bothersome symptoms. They come and go in waves, vary in number, frequency and intensity, making it difficult to know if your efforts to manage them are effective.

### **What diagnostic tests are important in evaluating hormone status?**

1. Touch For health Applied Kinesology Muscle Response Evaluation
2. hem Screen/CBC, Red and White Blood Cell Elements
- 3..Hair Mineral Toxic Metal Analysis
4. Combined IgE and Ig4 Food Allergy Test
5. 24 Hour Urinary Hormone Test
6. Adrenal Stress Index Test
- 7..Chiropractic physical examination

### **Premenstrual Syndrome (PMS)**

Premenstrual syndrome, or PMS, is a group of symptoms that start one to two weeks before your period. Most women have at least some symptoms of PMS, and the symptoms go away after their periods start.

For some women, the symptoms are severe enough to interfere with their lives. They have a type of PMS called premenstrual dysphoric disorder, or PMDD.

### **In recognition Begins The Cure**

To ignore an ongoing symptom or on going symptom is like a yellow or red light at an intersection traffic intersection is like opening yourself to health crisis in your body

### **Common PMS symptoms include:**

Breast swelling and tenderness, Acne, Bloating , weight gain, headache or joint pain, Food cravings, Irritability, mood swings, crying spells, depression.

Researchers are not certain what causes PMS. The most popular explanation is that PMS symptoms are related to cyclic changes in: Female sex hormones

•• Pituitary hormones

•• Prostaglandins

Certain brain chemicals (neurotransmitters)

There is some evidence that magnesium deficiency could play a role.

Reference: Dept. of Health and Human Services Office on Women's Health

## **WHAT ARE NEUROTRANSMITTERS? HOW DO THEY EFFECT HEALTH?**

Neurotransmitters are natural chemical messengers found in the brain and nervous systems of the body. They are designed to facilitate and regulate the transmission of electrical energy and subsequent chemical release between the brain and nervous systems. Neurotransmitters affect neurons (nerve cells) that communicate with the brain and other organs in the body. Just like an automobile, neurons use accelerator neurotransmitters and brake neurotransmitters in regulating the speed of the neurological signal between brain, nerves and other organs of the body. When there is an excess, deficiency and/or imbalance of neurotransmitters, disease or illness can occur including both psychological as well female health.

### **Excitatory and Inhibitory Functions**

Neurotransmitters have either an excitatory or inhibitory reaction on the body. Excitatory

neurotransmitters accelerate nerve and chemical reactions in the brain, nerves and organs.

Excitatory neurotransmitters include: Glutamate, Epinephrine (Adrenaline), Norepinephrine, PEA, (Beta-phenylethylamine).

Inhibitory neurotransmitters slow down nerve activity and they include: GABA, Serotonin, Dopamine.

Histamine is classified as neither excitatory or inhibitory but instead acts as a catecholamine (Dopamine, Epinephrine, and Norepinephrine) release.

Excitatory Neurotransmitter	Low	Appr Low	Norm	Appr High	High
Epinephrine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norepinephrine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norepinephrine/Epinephrine Ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glutamate-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEA-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inhibitory Neurotransmitter	Low	Appr Low	Norm	Appr High	High
Dopamine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serotonin-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GABA-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Catecholamine Release	Low	Appr Low	Norm	Appr High	High
Epinephrine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norepinephrine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norepinephrine/Epinephrine Ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histamine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Neurotransmitter Patterns & Associated Symptoms

While no neurotransmitter test will diagnose a particular disease, a number of general health/disease patterns of and predispositions to illnesses and diseases are commonly seen. They are:

**Epinephrine** – affects metabolism, behavior, fatty acids (cholesterol) and blood glucose (diabetes/hypoglycemia).

High Levels – Anxiety, Hyperactivity, Stress.

Low Levels – Fatigue, Poor Concentration, Adrenal Gland Insufficiency, Obesity.

**Norepinephrine** – affects attention, concentration, anxiety, depression.

High Levels – Hypertension, Insulin Resistance, Stress, Malfunction in Neurotransmitter Metabolism, Obesity.

Low Levels – Fibromyalgia, Mood Disorders, Depression, Anorexia, Bulimia.

**Dopamine** – affects emotions, functions of the heart, kidneys, central nervous system and hormones.

High Levels – Autism, Hyperactivity, ADD, Abuse, L-DOPA containing therapies, Parkinson's Disease, High Glycemic Carbohydrate Diets.

Low Levels – Drug/Alcohol Addiction, Sleep Disorders, Neurotoxicity, Cognitive dysfunction.

**GABA** – affects sleep (insomnia) and anxiety.

High Levels – Anxiety, Insomnia, Autism, Elevated Catecholamines, Compulsive Disorders.

Catecholamines are stimulatory chemicals that affects the nerve synapses.

Low Levels – Schizophrenia, Epilepsy, Neurotransmitter metabolism.

**PEA** – affects roles in mental stability and behavioral problems.

High Levels – Schizophrenia, Psychotic Disorders, Phenylketonuria, ADD/ADHD, Autism.

Low Levels – Depression, Food Cravings (Chocolate), Fatigue, Cognitive dysfunction.

**Histamine** – affects allergies, immunity, sleep, and secretion of Pituitary secretions.

High Levels – Allergies, Inflammations, Tobacco Addiction, Restlessness, Inability to Relax, Stress, Serotonin Depletion.

Low Levels – Antihistamine use, L-Dopa therapy, Depression. Fatigue.

**Glutamate** – affects behavior and secretions of the Pituitary gland.

High Levels – ALS (Amyotrophic Lateral Sclerosis), Depression, Obsessive Compulsive Disorders, Autism, Amino Acid (protein) metabolism errors.

Low Levels – ADHD, Schizophrenia, Fatigue, Amino Acid (protein) metabolism errors.

**Serotonin** – affects mood, compulsive disorders, anxiety, insomnia, migraine headaches and depression.

**Creatinine** – effects roles in kidney functions, water retention and excretion.

### The Neuroendocrine Connection - The Sex Hormones

The role of sex hormones in brain function (as well as other health problems) is multifaceted and influences the actions of multiple neurotransmitters, i.e. Anxiety disorders, depression, low libido disorders, substance abuse, impotence and antisocial behavior. Some of that tendency is related to hormones which are in fact neurotransmitters.

### Parkinson's Disease and Neurotransmitters

Estrogen has an antidopamine which explains why Parkinson's Disease, which previously tended to be more severe in women, is now becoming equally prevalent in both genders.

Estrogen, Progesterone, Estradiol, Testosterone, Androstenediol, Androsterone, Etiocholanolone and other Adrenal Cortico Steroid hormones all affect other hormones and their activities in the body. All neurotransmitters (including the male - testosterone and female hormones) should be regularly evaluated. Research is showing that many men have excessive levels of estrogens and many women have excess levels of androgens and it is those issues that are at the base cause of their health problems including loss of sex drive and aggression.

### The Adrenal Hormones

In particular DHEA, Cortisol, Epinephrine and Norepinephrine affect not only personality, but influence metabolism, body weight, stress response and cognitive function.

Cortisol inhibits the release of catecholamines and reduces the post-synaptic responses to norepinephrine. In addition to reducing the effects of norepinephrine, Cortisol, like progesterone, potentiates GABA receptors. These affects of Cortisol explain its ability to reduce anxiety.

Adrenal Hormones	Low	Appr Low	Norm	Appr High	High
DHEA-saliva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cortisol-saliva (early morning)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cortisol-saliva (late morning)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cortisol-saliva (mid-afternoon)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cortisol-saliva (evening)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Norepinephrin-urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norepinephrin/Epinephrine Ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DHEA

DHEA is another hormone secreted by the adrenal glands which affects neurotransmitter function and disorders. DHEA enhances the neurotransmission of both serotonin and norepinephrine. This may explain its ability to enhance cognitive function, reduce depression and its inverse association with pain in Fibromyalgia. DHEA is a hormone readily available without prescription and can cause short as well as long term adverse effects on the health of those who take it. Just because a chemical is natural or available without prescription doesn't mean its safe or that it will not have adverse affects on the health of those who take it without proper diagnostic testing,

## Diagnosing The Whole Person – To See Is To Know, To Know Gives The Ability To Correctly Manage

In many areas of health care neurotransmitter and hormone evaluation is neglected. And people who want to get well and/or prevent illnesses are not equipped to properly manage their present or future health. If you fail to see the internal chemical activities of the body you cannot properly manage your health. An integral approach to neurotransmitter related diseases takes into account the important role of both male (Androgen) and female (Estrogen) hormones. With an understanding of neurotransmitters female and male hormones, more options are available to either augment existing or create new science based natural nutrition of therapeutic regimens.

## Targeting hormone Imbalances

There are four approaches to attempting to deal with PMS

1. Attempt to ignore it
2. Attempt to cover up/mask the symptoms with over the counter NSAID's. Doing so is like putting frosting on a burnt cake in that the problem is still there which in fact predisposes the problem from becoming bigger
3. Shot-gun oneself with food supplements without any credible science based evidence
4. Based on accepted laboratory evidence attempt to support healthy estrogen metabolism and detoxification.

## Supporting a Healthy balance of Hormones

May provide significant relief for women with hormone related health issues, and may result in improvement in symptoms of premenstrual syndrome, perimenopause, and menopause.

## Food Supplements

As you might correctly assume we are aware of the countless numbers of food supplements advertised as effective in treating female/male related hormone problems but we chose not to discuss them in this format as it would be questionably legal. Likewise we recognize that there are other health care providers who sell those products and that's their choice but we have learned that it is far better to base any drug or food supplement recommendation on having the past and present health history, the results of appropriate examination and credible diagnostic tests which we have referred to herein.

#### References:

1. Abraham, G.E., "Nutritional Factors in the Etiology of the Premenstrual Tension Syndromes," *Journal Rep. Med.* 28:446, 1983
2. Abraham, G.E., "Primary Dysmenorrhea," *Clin. Obstet. Gynecol.* 21:139, 1978
3. Abraham, G.E., et al., "Effect of Vitamin B6 on Plasma and Red Blood Cell Magnesium Levels in Premenopausal Women," *American Journal Clin. Lab. Sci.* 11:333, 1981
4. Abraham, G.E., and J.T Hargrove, "Effect of Vitamin B6 on Premenstrual Symptomatology in Women with Premenstrual Tension Syndromes: A Double Blind Crossover Study," *Infertility*, 3:155, 1980
5. Abraham, G.E., and M.M. Lubran, "Serum and Red Cell Magnesium Levels in Patients with Premenstrual Tension," *American Journal of Clinical Nutrition*, 34:2364, 1981
6. Baskin, M.S., Nutritional "Deficiency in the Etiology of Menorrhagia, Metrorrhagia, Cystic Mastitis and Premenstrual Tension: Treatment with Vitamin B Complex," *Journal Clin. Encoder. Metab.*, 3:277, 1943
7. Funkels, CG., et al., "Effect of a Long Acting Contraceptive Drug, Norethidrone Enanthale, on Serum Zinc and Copper in Human Volunteers," *Contraception*, 14:291-295, 1976
8. Goei, G.S., and G.E Abraham, "Effect of a Nutritional Supplement, OPTIVITE for Women, on Premenstrual Symptomatology in Patients with Premenstrual Tension," *Journal Rep. Med.* 28:527, 1983
9. Hargrove, J.T., and G.E. Abraham, "Effect of Vitamin B6 in Infertility in Women with the Premenstrual Tension Syndrome," *Infertility*, 2:315, 1980
10. Larsson-Cohn, U., "Oral Contraceptives and Vitamins: A Review," *American Journal of Obstet. Gyndecol.* 121:84-90, 1975
11. Muentzer, M.D., et al., "Chronic Vitamin: An Intoxication in Adults," *American Journal of Med.* 50:129-135, 1971
12. Olaf, Adam, MD, and Gunther Wolfram, MD, "Effect of Different Linoleic Acid Intakes on Prostaglandin Biosynthesis and Kidney Function in Man," *The American Journal of Clinical Nutrition*, 40:763-770, 1984
13. Prasad, A.S., et al., "Effect of Oral Contraceptives on
14. Nutrients. III. Vitamins B6, B12 and Folic Acid, *American Journal of Obstet. Gynecol.* 125:1063-1069, 1976
15. Ribner, Richard, *Mash Miseries: A Natural Non-Drug Answer*,
16. Seeing, M.S., "Magnesium Requirements in Human Nutrition," *Magnesium Bulletin*, 1a:26, 1981

## Cervical Dysplasia / Cervical Cancer / Abnormal Pap Smear

### Introduction

Cervical dysplasia is the abnormal growth of precancerous cells on the surface of the cervix. The condition is classified as low-grade or high-grade, depending on the extent of the abnormal

cell growth. Low-grade cervical dysplasia progresses very slowly and often gets better on its own.

### **Cancer**

High-grade cervical dysplasia can lead to cervical cancer.

Without treatment, 30-50% of cases of severe cervical dysplasia progress to invasive cancer.

The risk of cancer is lower for mild dysplasia.

Cervical dysplasia is associated with the human papillomavirus (HPV).

HPV is a sexually transmitted virus. Regular Pap tests can usually find cervical dysplasia and treat it in its early stage.

Currently, 11% of U.S. women report that they do not have regular Pap tests.

### **Signs & Symptoms Of Cervical dysplasia.**

Often women will have no symptoms and is usually discovered during an annual Pap test.

Occasional signs and symptoms of the condition can include:

Genital warts. Abnormal bleeding, Spotting after intercourse, •• Vaginal discharge, Low back pain, These symptoms can also be caused by other conditions. It's important to see your doctor for an accurate diagnosis.

### **Causes of cervical dysplasia**

The precise cause of cervical dysplasia is not known. Studies have found a strong association between cervical dysplasia and infection with HPV.

### **Risk Factors of Cervical dysplasia**

The following may increase a woman's risk for developing cervical dysplasia:

Human papillomavirus (HPV) infection, Genital warts, Smoking, Being sexually active at a younger age (younger than 18 years old), Giving birth before age 16, Having multiple sexual partners, Having a partner whose former partner had cervical cancer,

### **History of one or more sexually, transmitted diseases, such as:**

Genital herpes or HIV, Having suppressed immune system, such as from HIV or chemotherapy to treat cancer, Using birth control pills for longer than 5 years, Being born to a mother who took diethylstilbestrol (DES) to become pregnant or to sustain pregnancy, (This drug was used many years ago to promote pregnancy but it is no longer used for these purposes.)

### **Deficiency of Folate acid**

Low levels of folate (vitamin B9) in red blood cells. This possibility should be looked dietary deficiencies in folic acid, vitamin A, beta-carotene, selenium, vitamin E, and vitamin C.

### **Diagnosis of Cervical dysplasia**

If you have any of the symptoms mentioned above, your doctor will perform a physical, including an abdominal, back, and pelvic examination and a Pap test.

The Pap test is utilized to detect precancerous or cancerous cells in the cervix. A Pap test is also done annually for screening purposes even when no symptoms are present. Depending on your history, a Pap test may be done more or less often.

### **What if the Pap's test is positive?**

If there are any questionable or unclear results from the Pap smear, a gynecologist will do one of the following tests:

Colposcopy — a procedure where the doctor uses a viewing tube with a magnifying lens to examine the abnormal cell growth in the cervix.

Biopsy — a small sample of tissue is removed from the cervix and examined under a microscope for any signs of cancer.

## **Cervical Dysplasia / Cervical Cancer / Abnormal Pap Smear**

### **Preventive Care**

While there is no sure way to prevent cervical dysplasia, regular Pap smears are the most effective way to identify it in its early stages and preventing it from progressing to cervical cancer.

Many authorities suggest that women should begin getting annual Pap smears as soon as they become sexually active or no later than age 21. Women whose mothers took DES during pregnancy are advised to begin regular Pap smears at age 14, at the onset of their first menstrual period, or as soon as they become sexually active, whichever comes first.

### **Barrier Contraceptives and Cervical dysplasia**

Barrier contraceptives, such as condoms, may offer some degree of protection from cervical dysplasia.

Some lifestyle modifications may also help prevent the development of cervical dysplasia including: Practicing safe sex, Not smoking, consideration of the possible need for eating a diet rich in beta-carotene, vitamin C, and folate (vitamin B9) from fruits and vegetables. Cruciferous vegetables, such as cabbage, cauliflower, and broccoli, are especially important in preventing cancers such as cervical cancer.

### **Treatment Approach**

An important consideration in deciding whether or not to treat cervical dysplasia is how the treatment may affect future fertility. There is some evidence of increased risk of preterm delivery among pregnant women.



### **Surgery and Medications**

Surgical removal of abnormal tissue is still the treatment of choice for cervical dysplasia. Generally medications are not used to treat cervical dysplasia, and few complementary or alternative therapies have been evaluated for their effectiveness in treating the condition. Surgical removal of abnormal tissue is the most common method of treating cervical dysplasia.

Ninety percent of these procedures

can be done in an outpatient setting. These procedures include:

- Cryocauterization — Cryocauterization uses extreme cold to destroy abnormal cervical tissue. This is the simplest and safest procedure, and it usually destroys 99% of the abnormal tissue. Cryocauterization is frequently performed without anesthesia.
- Laser therapy — Lasers destroy abnormal cervical tissue with less scarring than cryocauterization. Lasers are more costly than cryocauterization, are performed with local anesthesia, and have a 90% cure rate.
- Loop electrosurgical excision (LEEP) — During a LEEP, a thin loop wire excises visible patches of abnormal cervical tissue. LEEP is performed with local anesthesia and has a 90% cure rate.
- Cervical conization — During a cervical conization, a small cone-shaped sample of abnormal tissue is removed from the cervix. Cervical conization requires general anesthesia and has a 70-98% cure rate, depending on whether cancer cells have spread beyond the cervix.

### **Nutritional Supplements**

Some studies indicate, however, that the development and progression of cervical dysplasia may be related to certain nutritional deficiencies, including folate, beta-carotene, and vitamin C.

### **Nutrition & Dietary Supplement Considerations**

Following these nutritional tips may help reduce the chances of developing cervical dysplasia. However, if you have cervical dysplasia you should ask your doctor before making any changes to your diet or taking any supplements. Some nutrients can interfere with certain medications and procedures.

Note: We are not necessarily recommending the following but rather offering them as options to consider and discuss with the physician who is managing the cervical dysplasia and in all actuality the following are generally considered good dietary components.

Consider: calcium rich foods including beans, almonds, and dark green leafy vegetables, such as spinach and kale, cruciferous vegetables such as cabbage, broccoli, and cauliflower, antioxidant rich foods including fruits such as blueberries, cherries, and tomatoes; and vegetables such as squash and bell pepper. Avoid refined foods such as white breads, pastas, and sugar. Eat more lean meats, cold-water fish, or beans for protein. Use healthy oils, such as

olive oil. Reduce or eliminate trans-fatty acids, found in commercially baked goods such as cookies, crackers, cakes, French fries, onion rings, donuts, processed foods, and margarine.

- Consider avoid caffeine, alcohol, and tobacco. Drink 6-8 glasses of filtered water daily.

Exercise moderately for 30 minutes daily, 5 days a week.

Several population-based studies suggest that eating a diet rich in the following Beta-carotene, Folate (vitamin B9), Omega-3 fatty acids, multivitamin daily, A, C, D, E, the B-vitamins including folic acid, and trace minerals such as magnesium, calcium, zinc, selenium. Indole-3-carbinol, Green tea (Camelia sinensis) extracts, green tea, Turmeric (Curcuma longa),

#### **Other Considerations**

Pregnancy in the Cervical dysplasia may get worse during pregnancy, but treatment can generally be put off until after delivery. It's safe to do a biopsy to diagnose cervical dysplasia during pregnancy.

Treatment with cervical conization may affect fertility.

#### **Prognosis & Complications**

Pap smears are essential to detecting precancerous lesions as well as early stages of cervical cancer..

Despite their value, they are not always 100% accurate. Up to 2% of women with normal Pap smear results actually have high-grade cervical dysplasia at the time of evaluation

In some rare cases, Pap smears may produce “false positive” results, meaning that a healthy woman may be falsely diagnosed with cervical dysplasia. Despite these errors, Pap smears are the most effective and reliable method of identifying cervical dysplasia.

#### **Early detection and treatment**

With early identification, treatment, and consistent follow-up, nearly all cases of cervical dysplasia can be cured.

Without treatment, many cervical dysplasia cases progress to cancer. Women who have been treated for cervical dysplasia have a lifetime risk for recurrence and malignancy. Fortunately, while the numbers of cervical dysplasia has been on the rise, the numbers of cervical cancer have declined dramatically. This may be due to better screening techniques, which identify cases of cervical dysplasia in the early stages.

#### **Candida Albicans / Yeast Overgrowth and Candidiasis Yeast Infection Overview.**

Candidiasis is an infection with a fungus of the candida strain, usually limited to the skin and mucous membranes, but sometimes is systemic and can be life-threatening.

#### **A Single Cell Yeast/fungus**

Candida Albicans are a single cell yeast/fungus that is found in practically 100% of the population.

#### **Where does it live?**

It lives on the mucous membranes of the body, the digestive/intestinal tract, vagina, and the skin.

Most importantly, in the proper environment, Candida Albicans will co-exist with no negative side effects. So to understand, diagnose, and treat “candidemia,” we must understand what causes the candida Albicans relationship in our bodies to change from a saprophytic to a parasitic one. Most researchers agree that the pathogenesis of candidemia is primarily due to an altered/improper balance of gut microflora.

#### **Candidiasis - This is primarily a result of:**

The indiscriminate use of antibiotics in both people and animals/food; high beef, fat, sugar, and low fiber diets; use of birth control pills, cortisone, cortisone-like drugs, and immunosuppressant drugs.

#### **Results in**

As a result we end up with a drastic imbalance of the microecology in our body.

This allows the Candida yeast and other “enemies” to over-populate, convert into a fungal form which reduces some 70 neurotoxins, and irritate the gut lining to the point of allowing macromolecular absorption of many things not designed to enter into the circulatory system including the Candida albicans, toxins, and potential allergens. It is therefore extremely important to identify and implement a program designed to approach this problem.

#### **More than 20 species of candida**

There are more than 20 species of candida, the most common being Candida albicans.

#### **Where do they live?**

These fungi live on all surfaces of our bodies. Under certain conditions, they can become so numerous they cause infections, particularly in warm and moist areas.

Examples of such infections are vaginal yeast infections, thrush (infection of tissues of the oral cavity), skin and diaper rash, and nailbed infections.

#### **Predisposing Factors to Candidiasis**

Candidal infections commonly occur in warm, moist body areas, such as underarms. Usually your skin effectively blocks yeast, but any breakdown or cuts in the skin may allow this organism to penetrate.

Typical affected areas in babies include the mouth and diaper areas. vaginitis, is often referred to as vaginal Candidiasis.

#### **Adults**

In adults, oral yeast infections become more common with increased age.

Adults can also have yeast infections around dentures, in skin folds under the breast and lower abdomen, nailbeds, and beneath other skin folds. Most of these candidal infections are superficial and clear up easily with treatment.

#### **Infections of the nailbeds often require prolonged therapy.**

In some cases, the yeast infection may spread throughout the body. In severe systemic candidal disease (in which the fungus enters the bloodstream and spreads throughout the body), up to 45% of people may die. Even common mouth and vaginal yeast infections can cause critical illness and can be more resistant to normal treatment.

#### **Candidiasis – Vaginal Infections**

In women, yeast infections are the second most common reason for vaginal burning, itching, and discharge.

Yeasts are found in the vagina of 20% to 50% of healthy women and can overgrow if the environment in the vagina changes.

#### **Antibiotic and steroid medications**

The prolonged use of use anabolic steroids (not corticosteroids) is the most common reason for yeast overgrowth. Taking corticosteroids does not predispose people to candidiasis.

But pregnancy, menstruation, diabetes, and birth control pills also can contribute to getting a yeast infection. Yeast infections are more common after menopause.

#### **A Weakened Immune System**

Individuals with weakened immune systems can develop a systemic illness caused by candida (systemic candidiasis).

These infections enter into the bloodstream (Systemic) through breakdowns or cuts in the skin or mucous membranes.

#### **Candidal organisms in the Intestines**

Over growth in the intestinal tract as result of frequent use of antibiotics, which kill the good intestinal bacteria.

Are often beneficial bacteria that normally keep them under control.

#### **Compromised Immunity**

People who have a weakened immune system because of cancer treatments, steroids, or diseases such as AIDS, candidal infections

can occur throughout the entire body and can be life-threatening.

The blood, brain, eye, kidney, and heart are most frequently affected, but candida can also grow in the lungs, liver, and spleen. Candida is a leading cause of esophagitis (inflammation in the swallowing tube) in people with AIDS.

### **Implanted medical devices**

Use of devices implanted in the skin such as urinary catheters and IV ports also provide access for the yeast to enter the body.

IV drug users utilizing dirty needles may inject the yeast directly into their bloodstream or deep tissues.

### **Candida Yeast Infection in women**

Ongoing vaginal discomfort and increased in many women during and after intercourse

The infection typically causes itching and irritates the vagina and surrounding outer tissues. On occasion there may be pain with sexual intercourse or burning with urination.

### **Yeast Infection in Men**

Men may develop symptoms of a genital yeast infection (SID) after intercourse with a woman who has a vaginal yeast infection.

However, yeast infection is not considered to be a sexually-transmitted disease (STD) because women can have the yeast normally in the body and do not acquire it from an outside source.

### **Symptoms Men may encounter**

Can include itching and burning of the penis as well as a rash on the skin of the penis.

The same holds true with men in that if their genital organs are infected with candidiasis they can pass that infection on to them have sexual relations with. Men in particular should thoroughly clean their reproductive organs after sex and make sure that those organs are free of any disease causing organisms,

### **Yeast infections In infants and adults**

Candidal infection can appear many different ways.

Oral candidiasis is called thrush. Thick, white lacy patches on top of a red base can form on the tongue, palate, or elsewhere inside the mouth. These patches sometimes look like milk curds but cannot be wiped away as easily as milk can.

If the white plaques are wiped away with a blade or cotton-tipped applicator, the underlying tissue may bleed. This infection also may make the tongue look red without the white coating. Thrush can be painful and make it difficult to eat. Care should be given to make sure a person with thrush does not become dehydrated. Thrush was formerly referred to as moniliasis, based upon an older name for *Candida albicans* (Monilia).

Candidal organisms naturally live on the skin, but breakdown of the outer layers of skin promote the yeast's overgrowth.

This typically occurs when the environment is warm and moist such as in diaper areas and skin folds. Superficial candidal skin infections appear as a red flat rash with sharp scalloped edges.

There are usually smaller patches of similar appearing rash nearby, known as “satellite lesions.” These rashes may cause itching or pain.

### **Weakened immune system**

In people with weakened immune systems, candidal infections can affect various internal organs and cause pain or dysfunction of the organ.

People with suppressed immune systems due to AIDS, chemotherapy, or other conditions may contract a yeast infection called esophagitis in their upper gastrointestinal (GI) systems. This infection is similar to thrush but extends down the mouth and esophagus to the stomach.

### **Esophageal and GI candidiasis**

Candida esophagitis can cause painful ulcers throughout the GI system, making it too painful to swallow even liquids.

If the infection spreads into the intestines, food may be poorly absorbed. People with this condition are in danger of becoming dehydrated. There may be associated pain in the area of the sternum (breast bone), pain in the upper abdomen, and/or nausea and vomiting.

### **Systemic candidiasis**

If candida gets into the bloodstream, the person may become sick with or without fever. If the infection spreads to the brain, they may have acute changes in mental function or behavior.

### **Candidiasis and the Herxheimer Reaction:**

When a large number of Candida is killed off during the initial, period of treatment, a great amount of toxic material is suddenly released – The Herxheimer Reaction.

The Herxheimer Reaction (manifestation of Candida) die off is can produce certain uncomfortable effects such as stuffiness, headache, general aches, diarrhea, skin rashes, vaginal irritation/discharge, or even something unusual such as numbness in the legs or mental confusion. The die-off reaction normally lasts from one day to no longer than a week.

### **Common Organs affected by Candida Overgrowth**

**Central Nervous System** – it’s good to remember that the brain is the master control center of all body functions and the spinal thus it is highly possible that chronic back and muscle skeletal problems may be related to Candidiasis

### **Gastrointestinal Tract Genitourinary Tract**

### **Generalized “Allergic” Symptoms**

Headache Chronic heartburn Yeast vaginitis Fatigue Hay fever

Depression Gastritis Irregular menses Joint pain/stiffness Sinusitis

Lethargy Colitis Cramping Cold hands/feet Earaches, Agitation Distension/bloating

Endometriosis Increased body hair Hives

Hyperirritability Gas Cystitis Numbness/tingling Asthma

Memory loss Constipation Urethritis Food cravings Food/chemical

Inability to: Concentrate, Diarrhea Kidney/bladder Infections, Loss of libido Sensitivities

### **Treatment**

The standard medical approach to candidemia has been aptly termed “the silver bullet approach,” referring to the idea of finding something that “kills off” only Candida albicans, which is not a very logical approach.

If you COULD kill them off completely, they would just come back as soon as treatment stops. Since they are found practically everywhere, it is essentially impossible to prevent their re-entry into the body.

### **Environmental**

A more logical focus on nutritional treatment protocols should be to create an environment which keeps this naturally occurring yeast form at an appropriate saprophytic population concentration as well as keeping it in its yeast form by preventing its conversion to the mycelial/fungal form of the organism.

The treatment protocols outlined are designed to accomplish just that goal.

Following the Candida Albicans Dietary Guide can be used to reduce yeast overgrowth and enhance immune function from a dietary standpoint.

### **Identification**

Dr. Crook’s symptom questionnaires for candidemia are excellent indicators.

1. The candida antibody blood test along with the cytoplasmic antigen-antibody test has been utilized by many practitioners, but appears to have approximately 60% e.
2. The dark-field identification of yeast forms has a high degree of accuracy/reliability.
3. The applied kinesiology identification correlates well with dark-field identification and Dr. Crook’s symptom questionnaires.

### **Diagnostic Considerations**

Obtaining a case history, having a Chem Screen/CBC Red and White Blood Cell Elements, Candida Antigen Titer Blood Test and Combined IgG and IgG4 Food Allergy Tests (ALCAT) and 24 hour Urinary Hormone Analysis, Dysbiosis and Intestinal Barrier Function Test, consider an Applied Kinesiological Identification Food Hypersensitivity testing.

### **Candida Albicans Dietary Consideration**

There are those who treat candidiasis who postulate food supplements and dietary modifications.

In our clinical practice we have food supplement protocols but to continue to be in accord with State Statutes that govern our clinical practice we do not make note of them here.

### **Dietary Considerations**

Sweets Unpasteurized honey, unsulfurated black-strap molasses, raw sugar sorghum by themselves or used as sweeteners. NOTE: Use in moderation!

Refined sugar, candy, chocolate.

Fish All white flesh fish, water-packed tuna, salmon, shellfish. Baked or broiled. Very fresh. All fried or oil packed fish and seafood.

Meat Lean trimmed beef, very fresh calf liver, chicken, lamb, and turkey.

NOTE: Consider removing skin on chicken and turkey.

Bacon, ham, pork, smoked meat, sausage, and pork sausage.

Milk Products Occasional yogurt (unsweetened), occasional powdered milk. Yogurt (sweetened), whole milk, chocolate milk, sweet cream, buttermilk, sour cream.

Fruits Fresh fruits only: apples, pears, apricots, bananas, cherries, grapes, guava, currants, nectarines, papaya, peaches, plums, quince, tangerines, avocados, ripe pineapple. Fruits should be limited to a maximum of two per day.

Canned fruit, oranges, melons, dried or candied fruits.

Juices Only fresh juices. May be selected from list of vegetables permitted, including the following green leaves: chicory, endive, escarole lettuce, Swiss chard, and watercress.

Canned juices, and juices with artificial coloring or sweetening.

Beverages Mineral water, herb tea, mint tea, papaya tea, fresh vegetable juices.

Alcohol, coffee, tea, soft drinks containing preservatives.

Breads Rye, whole wheat, soya, bran, whole grain stone-ground breads.

NOTE: Consider limiting to a maximum of two slices per day.

White bread, bleached flour products.

Cereals Buckwheat, corn meal, cracked wheat, millet, oatmeal, sesame, grits.

Refined, bleached flour, and sugar coated cereals.

Cheese, Butter only very occasionally. Margarine, cheese

Eggs Limit to two eggs per day. Poached, hard-, or soft-boiled.

Oils Cold pressed oils, preferably flaxseed, safflower, canola or soya lecithin spread.

Shortening, margarine, saturated oils and fats.

Nuts Fresh, raw nuts such as almonds, pecans, cashews, Brazil nuts, and walnuts (peanuts very occasionally).

Roasted and salted nuts. No peanuts if patient has digestive or colon related problems.

Vegetables Raw or lightly cooked: artichokes, asparagus, carrots, cauliflower, celery, chives, corn, eggplant, endives, green leeks, green peas, green pepper, leeks, lentils, lima beans, potatoes, radishes, spinach, squash, tomatoes, wax beans, yams. Any vegetables listed under salads. NOTE: Washing vegetables in a 10% Clorox solution and rinsing well will reduce microbial growth.

All canned vegetables.



Potatoes Baked, boiled, or mashed. May substitute brown rice or corn. French fried, chips, white rice.

Salads The following raw vegetables shredded or finely chopped, separated or mixed: broccoli, Brussels sprouts, carrots, cauliflower, celery, chicory, green pepper, lettuce, onions, radishes, Swiss chard, tomatoes, turnips, and watercress.

Any other. No white or cider vinegar.

Seasonings Chives, garlic, onion, parsley, laurel, marjoram, sage, thyme, savory, cumin, oregano, salt substitutes such as Co-salt or other potassium salt, sea salt, kelp salt, and herbs.

Spices, pepper, paprika, sodium salt.

No white or cider vinegar.

Soups Vegetable soup. Barley, brown rice, or millet can be added. Canned and creamed soup, fat stock, consommé.

### **Yeast Questionnaire — Adult**

In Section A circle the score for each YES answer. For Sections B and C score as indicated. Record total scores at the end of the questionnaire. Add the totals to get your **GRAND TOTAL SCORE.**

#### **Section A — History**

1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer? .....35
2. Have you ever taken other “broad spectrum” antibiotics for urinary, respiratory, or other infections for two months or longer, or in shorter courses four or more times in a one year period?.....35
3. Have you ever taken a “broad spectrum” antibiotic drug? ..... 6
4. Have you ever been bothered by persistent prostatitis, vaginitis, or other reproductive organ problems?.....25
5. Have you been pregnant: two or more times?..... 5  
1 time?..... 3
6. Have you taken birth control pills for more than two years? .....15  
For six months to two years? ..... 8
7. Have you taken prednisone, Decadron, or other cortisone type drugs for more than two weeks?.....15  
For two weeks or less? ..... 6
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke:  
Moderate to severe symptoms?.....20  
Mild symptoms? ..... 5
9. Are symptoms worse on damp, muggy days or in moldy places? .....20

10. Have you had athlete's foot, ring worm, "jock itch," or other chronic fungous infections of the skin or nails?	
Severe or persistent.....	20
Mild to moderate?.....	10
11. Do you crave sugar?.....	10
12. Do you crave breads?.....	10
13. Do you crave alcoholic beverages? .....	10
14. Does tobacco smoke <i>really</i> bother you?.....	10

### Section B — Major Symptoms

Enter the appropriate score for each symptom below.

If a symptom is *occasional* or *mild* Score 3 points

If a symptom is *frequent* or *moderately severe* Score 6 points

If a symptom is *severe* or *disabling* Score 9 points

1. Fatigue or lethargy.....	_____
2. Feeling of being "drained".....	_____
3. Poor memory.....	_____
4. Feeling "spacey" or "unreal".....	_____
5. Depression.....	_____
6. Numbness, burning, or tingling.....	_____
7. Muscle aches.....	_____
8. Muscle weakness or paralysis.....	_____
9. Joint pain.....	_____
10. Abdominal pain.....	_____
11. Constipation.....	_____
12. Diarrhea.....	_____
13. Bloating.....	_____
14. Troublesome vaginal discharge.....	_____
15. Persistent vaginal burning or itching.....	_____
16. Prostatitis.....	_____
17. Impotence.....	_____
18. Loss of sexual desire.....	_____
19. Endometriosis.....	_____
20. Cramps and/or other menstrual irregularities.....	_____
21. Premenstrual tension.....	_____
22. Spots in front of eyes.....	_____
23. Erratic vision.....	_____

### Section C — Other Symptoms

Enter the appropriate score for each symptom below.

If a symptom is *occasional* or *mild* Score 1 point

If a symptom is *frequent* or *moderately severe* Score 2 points

If a symptom is *severe* or *disabling* Score 3 points

1. Drowsiness.....	_____
2. Irritability or jitteriness.....	.. _____
3. Incoordination.....	.. _____
4. Inability to concentrate.....	. _____
5. Frequent mood swings.....	*** _____
6. Headache.....	_____
7. Dizziness/loss of balance.....	... _____
8. Pressure above ears, feeling of head tingling.....	. _____
9. Itching.....	_____
10. Other rashes.....	_____
11. Heartburn.....	_____
12. Indigestion.....	_____
13. Belching and intestinal gas.....	.. _____
14. Mucus in stools.....	_____
15. Hemorrhoids .....	. _____
16. Dry mouth.....	_____
17. Rash or blisters in mouth.....	. _____
18. Bad breathe.....	_____
19. Joint swelling or arthritis.....	. _____
20. Nasal congestion or discharge.....	. _____
21. Postnasal drip .....	_____
22. Nasal itching.....	_____
23. Sore or dry throat.....	.. _____
24. Cough.....	_____
25. Pain or tightness in chest.....	. _____
26. Wheezing or shortness of breath.....	.. _____
27. Urgency or urinary frequency .....	.. _____
28. Burning on urination.....	.. _____
29. Failing vision.....	_____
30. Burning or tearing of eyes.....	. _____
31. Recurrent infections or fluid in ears.....	. _____
32. Ear pain or deafness.....	.. _____
Scores: Section A _____ Section B _____ Section C _____	

**GRAND TOTAL SCORE**

The **GRAND TOTAL SCORE** will help determine if your health problems are yeast connected. Scores in women will run higher because more questions apply only to women than to men.

Yeast connected health problems are almost **CERTAINLY PRESENT** in women with scores over 180, and in men with scores over 140.

Yeast connected problems are **PROBABLY PRESENT** in women with scores over 120 and in men with scores over 90.

Yeast connected problems are **POSSIBLY PRESENT** in women with scores over 60 and in men with scores over 40.  
Scores less than 60 in women and 40 in men: yeasts are less apt to cause health problems.

**Yeast Questionnaire —Children**

Circle the appropriate point score for questions you answer “yes.” Total your score and record it in the box at the end of the questionnaire.

1. During the two years before your child was born, were you bothered by recurrent vaginitis, menstrual irregularities, premenstrual tension, fatigue, headache, depression, digestive disorders, or “feeling bad all over”?

30

2. Was your child bothered by thrush? (Score 10 if mild, 20 if severe or persistent.)

10 20

3. Was your child bothered by frequent diaper rashes in infancy? (Score 10 if mild, 20 if severe or persistent.)

10 20

4. During infancy, was your child bothered by colic and irritability lasting over 3 months? (Score 10 if mild, 20 if moderate or severe.)

10 20

5. Are your child’s symptoms worse on damp days or in damp or moldy places?

20

6. Has your child been bothered by recurrent or persistent “athlete’s foot” or chronic fungous infections of his skin or nails?

30

7. Has your child been bothered by recurrent hives, eczema, or other skin problems?

10

8. Has your child received:

(A) 4 or more courses of antibiotic drugs during the past year? Or has he received continuous “prophy-lactic” courses of antibiotic drugs?

60

(B) 8 or more courses of “broad-spectrum” antibiotics (i.e. Amoxicillin, Keflex, Septra, Bactrim, or Ceclor) during the past 3 years?

30

9. Has your child experienced recurrent ear problems?

10

10. Has your child had tubes inserted in his ears?

10

11. Has your child been labeled “hyperactive”? (Score 10 if mild, 20 if moderate or severe.)	10 20
12. Is your child bothered by learning problems (even though his early developmental history was normal?)	10
13. Does your child have a short attention span?	10
14. Is your child persistently irritable, unhappy, and hard to please?	10
15. Has your child been bothered by persistent or recurrent digestive problems, including constipation, diarrhea, bloating, excessive gas? (Score 10 if mild, 20 if moderate, 30 if severe.)	10 20 30
16. Has your child been bothered by persistent nasal congestion, cough, and/or wheezing?	10
17. Is your child unusually tired or unhappy or depressed? (Score 10 if mild, 20 if severe.)	10 20
18. Has your child been bothered by recurrent headaches, abdominal pain, or muscle aches? (Score 10 if mild, 20 if severe.)	10 20
19. Does your child crave sweets?	10
20. Do you feel that your child isn’t well, yet diagnostic tests and studies haven’t revealed the cause?	10
<b>GRAND TOTAL SCORE</b>	
Yeasts <b>POSSIBLY</b> play a role in causing health problems in children with scores of 60 or more.	
Yeasts <b>PROBABLY</b> play a role in causing health problems in children with scores of 100 or more.	
Yeasts <b>ALMOST CERTAINLY</b> play a role in causing health problems in children with scores of 140 or more.	
<i><b>Copyright 1984, William G. Crook, M.D.</b></i>	

### Freedom From Cystitis

It is estimated that 15 percent of all menstruating women experience urinary bladder infections. That being the case, let us look at some common causes as well as known natural solutions.

### Symptoms:

Typical symptoms of urinary bladder infections include burning pain on urination, increased urination, nocturnal urination, dark cloudy coloration of urine, foul smelly urine and lower abdominal pain and cramping.

### **Causes:**

Ninety percent of all urinary bladder infections are due to infection from the *Escherichia coli* bacteria.

But only 60 percent of all urinary bladder infections have significant diagnosable bacterial urine levels.

### **Diagnosis**

Thus it is imperative that one includes the patient's symptoms as well as the results of microscopic examination of urine.

Frequently when an infection exists, the urine will contain high levels of white blood cells and bacteria, but it is possible that a low-grade infection can exist without abnormal signs in the urine.

### **Urine**

Typically all human urine is sterile until it reaches the urethra where upon bacteria are introduced via vaginal secretions.

The body has multiple defenses against bladder infections including the positive effects of urine flow which irrigate and wash away bacteria, the pH of the urine itself which is supposed to be acid, preventing bacterial growth, leukocytes (white blood cells) that fight bacterial infestations and antimicrobial properties that line the bladder.

### **Natural Considerations to Cystitis (urinary Bladder Infections):**

There are several essential keys to preventing as well as treating bladder infections. They include;

1. High fluid intake of no less than 64 ounces of water per day.
2. Use of Herbs and Herbal Teas:

The use of the herb *Uva Ursi* (Some clinicians report that *Arctostaphylos uva ursi*) has been found effective, but only through the direction of a qualified natural health care provider in that if not taken correctly it can cause side effects. G

3. Goldenseal (*Hydrastis canadensis*) and Gotu Kola (*Cantrellia asiaticais*) are other effective antimicrobial herbal remedies.

4. Cranberry or Blueberry Juices or Concentrated Extracts:

Cranberries and blueberries contain high levels of hippuric acid, which is known to inhibit cystitis by its ability to prevent bacterial organisms like *Escherichia coli* from adhering to the lining of the urinary bladder and urethra.

Caution should be noted that many cranberry and blueberry juices are mixed with sugar and water, sugar known to be detrimental to a strong immune system. A good healthy alternative is taking capsule concentrations made from cranberries or blueberries.

#### **The Importance of Reacidifying the Urine:**

If the urine is alkaline it can be reacidified with the ingestion of ascorbic acid or cranberry or blueberry extracts or their juices.

This is possible through the high concentrations of hippuric acid within cranberries and blueberries.

#### **The Importance of Alkalizing the Urine:**

Very often when the microscopic examination of the urine fails to identify bacterial infestation, it suggests the possibility that the cystitis may be due to extreme acidity.

If that is the situation, the use of citrate salts may be necessary. The citrate salts include potassium citrate, and sodium citrate, which are rapidly absorbed and metabolized without producing adverse effects on the acidity of the gastrointestinal system. The body partially excretes them as carbonate, thus raising the pH or alkalinity of the urine. The herbs Goldenseal and Uva Ursi have the ability to alkalize the urine.

#### **Intercourse**

Avoidance or Post Hygiene

If the woman is involved with sexual intercourse it is recommended that she also make sure that she urinates after having intercourse, which will assist in irrigating the urethra. The labia should be washed with tea made from Goldenseal.

#### **Chronic Intestinal Cystitis:**

Chronic intestinal cystitis is a chronic form of cystitis not related to bacterial infection but rather food allergies.

One of the best ways to determine what food may be causing the problem is through:

#### **Diagnostic Tests**

Urinalysis, The Combined IgE and IgG4 Food Allergy Test. It is also recommended that a Candida Antigen Titer Test as well as Chem Screen and Chem Screen and CBC with Differential blood test, Red and White Elements, Homocysteine, Hair Mineral Analysis

#### **References:**

1. **Bode, P.T.**, R. Conran and E.H. Kass, "Cranberry Juice and the Action of the Antibacterial Action of Hippuric Acid," *Journal Lab Clin Med.*, 54:881, 1969

2. Moen, D.V., "Observations on the Effectiveness of Cranberry Juice in Urinary Tract Infections." *WI. Medical Journal*, 61:282, 1962
3. Prodromos, P.N., C.A. Brusch and G.C. Cereria, "Cranberry Juice in treatment of Urinary Tract Infections," *Southwest Med. Journal*, 47:17, 1986
4. Sternlieb, P., "Cranberry Juice and Renal Disease," *New England Journal of Medicine*, 268:57, 1963
5. Werbach, Mr., M.D., Asst. Clin Proof School Med., UCLA, "Nutritional Influence on Illness," 1989

#### References:

1. Anonymous, "PABA & Cortisone," *Lancet*, 13:674, October 1951
2. Benjamin, F. & V. L. Seltzer, "The Menopause and Perimenopause, *Gynecology: Principles and Practice*, Z. Rosenwaks, F. Benjamin, & M.L. Stone, eds., p.165, Macmillan Pub., NY, 1987
3. Blok, J., B.A.A. Sheven, et al., "Endocytosis in Absorptive Cells of Cultured Human Small Intestinal Tissue: Effect of Cytochalasin B and D Cell Tissue," *Res.* 222:113, 1982
4. Budoff, P., *No More Hot Flashes and Other Good News*, p. 35, G.P. Putnum & Sons, NY, 1983
5. Bush, T.L., L.D. Cowan, et al., "Estrogen Use and All-Cause Mortality, *JAMA*, 249:903, 1983
6. Chang, R.F. & H.L. Judd, "The Ovary After the Menopause," *Clin. Obste. Gynecol.* 24:181, 1981
7. Cheraskin, C.E., W.M. Ringsdorf, Jr., & F.L. Sisley *The Vitamin C Connection*, 1st Ed., Harper & Row, NY, 1983
8. Christy, C.J., "Vitamin E in Menopause," *Am Journal Obstet. Gynecol.*, 50:84, 1945
9. Congewell, B.B, A.E. Reif, & E. Honsbury, "The Effects of Pantothenic Acid Deficiency on the Secretion of Corticosteroids by the Albino Rat," *Endocrinology*, 62:565, 1958
- Detre, T. T. Hayaski & D.F. Archer, "Management of the Menopause," *Ann interm Med*, 88:373, 1978
- Dry, T.J., H.R. Butt, & C.H. Scheifley, "The Effect of Oral Administration of Para Aminobenzoic Acid on the Concentration of Salicylates in the Blood: A preliminary Report," *Proc.Mayo Clin. Staff Meet*, 21:497, 1946
- Henderson, B.E., "Breast Cancer," in H.L. Judd, moderator, "Estrogen Replacement Therapy: Indications and complications," *Ann Interm Med.*, 98:195, 1983
- Hikino, H., Y. Kiso, et al., "Anti Hepapotoxic Effects of Ginsenosides from Panax Ginseng Roots, *Planta*," *Med.*, 51:62, 1985
- Judd, H.L., & Meldrum, D.R., "Physiology and Pathophysiology of Menstruation and Menopause," *Gynecology and Obstetrics: The Health Care of Women*, 2<sup>nd</sup> Ed., p. 885, McGraw Hill, NY, 1991
- Judd, H.L., *Menopause and Postmenopause, Current Obstetric and Gynecologic Diagnosis and Treatment* 1984, R.C. Benson, ed., 5th Ed., p. 570, Lange Medical Pub., Los Altos, CA, 1984
10. Levine, M., & K. Morita, "Ascorbic Acid in Endocrine System," *Vitamin Horm.*, 42:1, 1985
11. Longcope, C., T. Kato, & R. Horton, "Aromatization of Androgens by Muscle and Adipose Tissue," *Vivo. Journal of Clin. Endocrinol Metab*, 46:146, 1978
12. McLaren, H.G., "Vitamin E in Menopause," *Br Menopause*" *Br. Med. Journal*, 17:1378, December 1949
13. Nishihata, T., J.H. Rytting, et al, "Enhanced Intestinal Absorption of Insulin in the Presence of Sodium 5-Methoxysalicylate," *Diabetes*, 30:1065, 1981
14. Ross, S., P.A. McLendon, & H.H. Davis, *Clin. Proc. Child. Hosp.*, 4:247, 1948
15. Rybo, G. & H. Westerberg, "Symptoms in the Post menopause: A Population Study," *Acta Obstet Gynecol Scand* 50 (Suppl 9): 25, 1971
16. Shoemaker, E.S., J.P. Forney & P.C. MacDonald, "Estrogen Treatment of Postmenopausal Women: Benefits and Risks." *JAMA*, 238:1524, 1977
- Smith, D.C., R. Prentice, et al., "Association of Exogenous Estrogen and Endometrial Carcinoma, *N. Engl Journal Med.*, 293:1164, 1975
17. *Statistical Bulletin, Metropolitan Life Insurance Company*, pp. 17-19, New York, January-March 1984
18. Weisel, L.L., A.S. Barritt & W.M. Stumple, "The Synergistic Action of Para Aminobenzoic Acid and Cortisone in the Treatment of Rheumatoid Arthritis," *Am. Journal Med. Sci.*, 222:243, 1951



19. Weisel, L.L., "Effect of Para Aminobenzoic Acid on the Metabolism of Cortisone in Liver Tissue," *American Journal Med. Sci.*, 227:80, 1954
20. Weisel, L.L. & A.S. Barritt, "Long Term Treatment of Rheumatoid Arthritis", with: (28)
21. Ansbacher S., W.A. Wisansky, & G.J. Martin, "Para Aminobenzoic Acid and Hormones," *Fed. Proc.* 1:99, 1942
22. Zarafonitis, C.J.D., A.C. Curtis, & A.E. Gulick, "Use of Paraminobenzoic Acid in Dermatomyositis and Scleroderma," *Arch. Intern Med.*, 85:27, 1950
23. Ziel, H. K. & W.D. Finkle, "Increased Risk of Endometrial Carcinoma Among Users of Conjugated Estrogens," *N. Engl. Journal Med.*, 293:1167, 1975
24. Zuin, M., P.M. Battezzanti, et al., "Efficacy of a Preparation Containing a Standardized Ginseng Extract Combined with Trace Elements and Multivitamins Against Hepatotoxins Induced Chronic Liver Disease in the Elderly," *Journal International Med. Res.*, 15:276, 1981

## 24/7/365 Access

**Is there some procedure when people want to order food supplements from Nutri Dyn Midwest? Yes and its simple and easy**

**Via Telephone: Telephone:** 1-800-444-9998. **Fax:** 763-479-1288

### Online

1. Go to [www.futurehealth-today](http://www.futurehealth-today)
2. Go to [www.nutri-dyn.com](http://www.nutri-dyn.com)
3. Click on Create Account
4. Click on Patients
5. Complete the short form and type in the following Account Number 100160
6. Click submit

Then you will be able to log in with your address and whatever password you just created on the registration form and enabled to list the food supplement products you want to order and receive

**On orders of \$200.00 or more there will be a 10 % discount and no Shipping and Handling Fee.**

**On orders less than \$200.00** there is a 10% discount and an \$8.00 shipping and handling fee. Basically on the minimum order of \$200.00 the person saves \$28.00

**Warning:** If you order food supplements and fail to give the Nutri Dyn Midwest Service Representative Account 100160 you will miss the 10% discount.

**For your conscience we will periodically list that ordering procedure**

## **Female Sexual Dysfunction / Female Libido Concerns**

**"Sexual Problems in Women," from the American College of Obstetricians and Gynecologists**

**"Female sexual dysfunction" is a general term for a problem with interest in or response to sex.**

### **What causes sexual problems in women?**

**Some common causes of sexual problems in women include the following:**

**•• Aging — A woman's libido (another term for interest in and desire for sex) and sexual activity sometimes decrease with age. This decrease is normal and usually is not a cause for**

concern, but problems can arise if one partner in a relationship desires sex more often than the other.

•• Hormonal changes — Changes in hormones at certain times of a woman's life may cause changes in her interest in or response to sex. For example, decreased estrogen levels (such as during perimenopause and menopause) may cause vaginal dryness and lead to pain during intercourse.

### **Other Causes**

Relationship problems, Past negative sexual experiences.

### **What are the types of sexual problems that affect women?**

Sexual problems fall into four groups, which often overlap:

- Desire
- Arousal
- Orgasmic
- Sexual pain disorder

### **What are desire problems?**

Lack of desire is the most common sexual concern reported by women. A lack of desire before having sex is normal for some women. They may not feel that they want to have sex until they begin to engage in sexual activity and become aroused.

**A lack of desire** - we should consider that all women (and men) are not interested in sex therefore we should not consider it an issue, but the following should be taken into consideration:

- Does not want to engage in any type of sexual activity, including masturbation
- Does not have (or has very few) sexual thoughts or fantasies
- Is worried or concerned about these issues

### **What are arousal problems?**

Arousal is the name given to the physical and emotional changes that occur in the body as a result of sexual stimulation.

Arousal can be affected by many things including medications, alcohol, smoking, illegal drug use, and medical conditions. Anxiety, stress, problems with your partner, and past negative sexual experiences can also cause arousal difficulties.

### **Orgasmic problems?**

Not having an orgasm during sexual activity may not be a problem. Sharing love and closeness without having an orgasm is satisfying for many women.

Other women may feel that not having an orgasm is a problem. They may want to find a solution.

Women with orgasmic disorders may have never had an orgasm from sexual encounters, or they may have had orgasms at one time but no longer have them, despite healthy arousal.

**Intensity of orgasms** - The causes of decrease of orgasm.

Orgasmic disorder may be caused by a poor body image or a fear of losing control. It also may occur when a woman does not trust her partner. It is common for women who do not have orgasms to have arousal problems.

**What is sexual pain disorder?**

Painful sex may be a lifelong or short-term condition. Pain that occurs during sexual activities other than intercourse is called “noncoital sexual pain disorder.” Pain during intercourse is called dyspareunia.

Most sexually active women have had pain during sex at some point in their lives. If it occurs often or is severe, a woman should see her health care provider (see the FAQ “When Sex Is Painful”).

**Can certain substances affect sexual response?**

Smoking, alcohol, and drugs can affect sexual response for both women and men. Smoking can slow down blood flow in the sexual organs and cause arousal problems.

Alcohol and drugs affect how your body responds. A good first step in addressing sexual problems is to stop or limit smoking and the use of drugs or alcohol.

**What can I do to enhance desire?**

Address and work toward resolving relationship concerns, stresses, and misunderstandings about sex your partner.

Focus less on intercourse and more on intimacy.

Improve your sex knowledge and skills.

Make time for sexual activity and focus on enjoyment and pleasuring each other.

**What can I do to increase arousal?**

Be well rested. Increase the time spent on foreplay.

Try a vaginal lubricant for dryness. Consider Kegel exercises (contract and relax pelvic muscles). Do not smoke.

**What can help me have an orgasm?**

Increase sexual stimulation.

Try sexual toys. Use mental imagery and fantasy.

Make sure that if organisms involve another person that the other person is collaborative. Some people simply are not sexually turned on therefore poor sexual partners.

### **How can I minimize sexual pain?**

Try different positions or sexual activities that do not involve intercourse.

Allow plenty of time for arousal before penetration.

Empty your bladder and bowel before sex.

### **How can I address sexual problems with a health care provider?**

Discuss any of the following issues

You could start off with a statement like: “I am having some concerns about my sex life.”

I do not enjoy sex like I used to.”

I am feeling sad lately; my partner is complaining I never want sex.”

Lately, I have been having trouble with intimacy. What can I do?”

I am just not interested in sex. Do you have any advice?”

Getting older has affected my love life. Is there a fix?”

### **What should I expect when I visit a health care provider for a sexual problem?**

You may have a physical examination and a pelvic exam. If you have pain during intercourse,

your health care provider may try to re-create this pain by touch. Inquire about ordering a

Chem Screen, CBE and 24 Hour Urine Hormone blood test to measure hormone levels.

### **What should I expect during treatment of a sexual problem?**

Each type of female sexual dysfunction is treated differently. Sexual problems may overlap and, therefore, treatment can be complex.

### **If deficient consider changing existing medications or taking new medication including.**

Such as estrogen to treat vaginal dryness If a medical problem is suspected, you may need to have treatment directed at that specific problem.

You may be referred to a sex therapist, even if you also are receiving medical treatment.

### **Consult with a sex therapist**

Sex therapists help people work on the different aspects of sexual disorders, including the emotional, physical, and interpersonal aspects and realize that initially there may not be the right person for you to relate to.

### **How about couples therapy.**

Couples therapy may be suggested to help with interpersonal issues. Individual counseling may help build sexual confidence by helping you understand how past experiences may be affecting your current sexuality.

### **Male - Glossary**

**Depression:** Feeling of sadness for periods of at least 2 weeks.

**Dyspareunia:** Pain with intercourse.

**Estrogen:** A female hormone produced in the ovaries.

**Hormones:** Substances produced by the body to control the functions of various organs.

**Kegel Exercises:** Pelvic muscle exercises that assist in bladder and bowel control as well as sexual function.

**Libido:** The desire for or interest in sex; sex drive.

**Masturbation:** Self-stimulation of the genitals, usually resulting in orgasm.

**Menopause:** The time in a woman's life when the ovaries have stopped functioning; defined as the absence of menstrual periods for 1 year.

**Orgasm:** The climax of sexual excitement.

**Pelvic Exam:** A physical examination of a woman's reproductive organs.

**Perimenopause:** The period around menopause that usually extends from age 45 to 55 years.

#### **Concerns**

**Problems with male over aggression and low libido. Could this involve testosterone?**

Researchers suggest that testosterone isn't the bad guy, but some people refer to it as the hormone of aggression.

Testosterone may not be the substance that drives men to behave with quintessential gayness. If anything, this hormone may be a source of very different sensations: calmness, happiness, and friendliness, for example.

#### **Testosterone replacement therapy**

In one study where men placed on testosterone they reported a general sense of well-being improved markedly. Their anger and agitation decreased; their sense of optimism and friendliness heightened.

#### **The hypothalamus and low libido.**

Hypogonadal men report a sharp drop in sexual interest, which testosterone replacement quickly restores.

#### **Androgen and women's sex drive**

Some menopausal women who were placed on testosterone reported restoration of lackluster libido..

#### **What about tribulus terrestris for male libido problems?**

The herb tribulus terrestris has been reported to increase the body's natural production of testosterone.

#### **Breast Problems**

**-Mastalgia, Fibrocystic Breast Disease & Breast Dysplasia.**

Those names exist to describe clinical breast tissue changes and clinical syndromes that may occur under the hormonal influence of the menstrual cycle.

The names Include: cyclic mastalgia, fibrocystic disease, and aberrations of normal development, benign breast disease, fibrous disease, benign breast syndrome, cystic breast disease and mammary dysplasia.

### **Breast Changes in the menstrual cycle**

For purposes of simplicity we will be referring to these conditions as Fibrocystic Breast Syndrome (FBS), as this term coins the two most common breast changes, which occur (cystic, fibrous), and defines the condition as a syndrome, not a disease.

#### **References:**

1. Abraham, G.E., & J.T. Hargrove, "Effect of Vitamin B6 on Premenstrual Symptomatology in Women with Premenstrual Tension Syndromes: A Double Blind Crossover Study," *Infertility*, 2:155, 1980.
2. Abrams, A.A., "Use of Vitamin E in Chronic Cystic Mastitis, *New England Journal of Medicine*, 272:1080, 1965
3. Ames, S.R., "Factors Affecting Absorption, Transport and Storage of Vitamin A., *American Journal Clin. Nutrition*, 22:943, 1969
4. Anonymous, "Iodine Relieves Pain of Fibrocystic Breasts," *Med World News*, 29:25, 1988
5. Aquino, T.J. & B.A. Eskin, "Rat Breast Structure in Altered Iodine Metabolism," *Arch Pat.*, 94:280, 1972
6. Backstrom, T. & H. Carstensen, "Estrogen and Progesterone in Plasma in Relation to Premenstrual Tension," *Journal Steroid Biochem.*, 5:257, 1974
7. Beer, A.E., R.E. Billingham, "Adipose Tissue A Neglected Factor in Etiology of Breast Cancer," *Lancet* ii:296, 1978
8. Bendich, A., & L.J. Machlin, "Safety of Oral Intake of Vitamin E." *American Journal Clin. Nutr.*, 48:612, 1988
9. Biskind, M.S. "Nutritional Deficiency in the Biology of Menorrhagia, Metrorrhagia, Cystic Mastitis and Premenstrual Tension: Treatment with Vitamin B. Complex," *Journal Clin. Endocrinol Metab.*, 3:227, 1943
10. Briggs, C.J., "Herbal Medicine: Evening Primrose: La Belle de Nuit, the King's Cureall," *Can Pharm Journal*, 86:249, 1986
11. *British Medical Journal*, 2:585, 1972
12. Bush, M.G. & M. Perry, "Pyridoxine and the Premenstrual Syndrome," *Dept*

### **Knowledge, Wisdom, Experience and Thoroughness Is What Matters**

#### **The Orientation of Being True North oriented**

There are all kinds of lay as well as health care professionals that dabble in nontraditional diagnostic and some aspect of alternative health but history proves that few are through or truly whole person oriented.

Most of them dabble in that they will pursue one or two diagnostic tests that are either not science based or make off like they are experts and more often than not have the goal of loading those who seek their services with some diet or a whole slew of food supplements.

### **Endometriosis**

Endometriosis is characterized as an excessive growth of uterine tissue.

#### **Blog**

In particular the small islets of uterine endometrial tissue undergo excessive growth, which spreads into the muscular wall of the uterus, out into the Fallopian tubes, ovaries, other pelvic

tissues and even the colon. Very often the tissue fills with blood and appears as small chocolate colored blobs, which are responsive to the menstrual cycle and quite commonly swell and bleed as the cycle changes. When the blood remains trapped in the tissue it is referred to as adenomyosis, which is a major contributing factor to painful menstruation. It does not spread outside of the pelvis as cancer can.

### **Symptoms of Endometriosis**

Abdominal bleeding and cramping, pelvic pressure, low back pain, pain during intercourse and/or dyspareunia (painful intercourse).

Because the uterus is designed to respond to hormones, it can malfunction if the hormones within a woman's body are not in balance.

This is especially so with regards to her menstrual cycle. When the woman is diagnosed with In the situation of endometriosis typical medical protocol usually involves Endometriosis, drug and surgery-oriented medical practitioners often prescribing synthetic estrogens (to decrease endogenous estrogens), progestins (to suppress menses) and analgesics, intermuscular injections, D&C and/or castration.

When that's the case is doing so wrong? No in that is the accepted medical

Protocol and often effective but with doing so comes the possibility of adverse side effects..

### **D&C's**

D&C are not very effective because when the tissue is surgically removed if the hormonal or dietary imbalances are not corrected, it simply grows back.

When limited to the uterus the condition is referred to as adenomyosis. Pregnancy usually stops the Endometriosis.

### **What diagnostic tests should be performed?**

In addition to taking a complete case history, women well advised to consult with a nutritionally oriented Doctor of Chiropractic and inquire about the possibility of performing a Chem Screen and CBC with Differential (blood Tests) that are evaluated from both a clinical as well as homeostatic basis, 24 Hour Female Hormone Analyses, Urinalysis and Combined IgE and IgG4 Food Allergy Tests. Said tests offer her the opportunity to evaluate her internal biochemical nature as it relates to her overall health as well as Endometriosis.

### **Ovarian cysts -Two Categories of Ovarian Cysts.**

Yes There are two primary categories of ovarian cysts—non polycystic and polycystic.

Non-Polycystic ovarian cysts can produce symptoms or in many cases do not cause any symptoms.

When symptoms do occur they can include abdominal pain and pressure, bleeding with ovulation and hemorrhage if the cyst ruptures. The most common method of diagnosis is sonogram, endometrial laparoscopy and biopsy.

Polycystic ovarian cysts are often manifested by one or more of the following; hirsutism (facial hair growth), obesity, lack of ovulation, irregular periods, infertility, enlargement of the ovary(s), lengthy periods followed by amenorrhea (absence of normal periods). Other contributing factors are hypothyroidism, food allergies, high fat, caffeine, refined sugar and alcohol intake, low water soluble fiber intake, liver dysfunction and stress.

#### **Hormones are also involved in PC.**

Another factor involved in PC is LH Luteinizing hormone

Women afflicted with this form of ovarian cyst usually have increased serum levels of LH (luteinizing hormone), androstenedione and testosterone, normal serum FSH (follicular stimulating hormone)

#### **Another factor is increased urine levels of 17-KS and pregnanediol.**

They most commonly are benign in nature, but if malignant, usually require surgery.

Typical medical treatment involves use of medications, estrogen, and BCP (birth control pills), Those drugs are designed to suppress secretion of LH (luteinizing hormone) by the pituitary glands.

#### **The Relationship of The Pituitary and Hypothalamus Gland:**

Cysts on the ovary are often associated with problems of the pituitary and hypothalamus glands wherein their secretions are imbalanced.

#### **The Stein-Leventhal Syndrome.**

When multiple cysts exist on the ovary(s) it is referred to as POS (Polycystic Ovary Syndrome AKA Stein-Leventhal Syndrome).

Very often ovarian cysts are related to Endometriosis, which is related to hormone imbalances and interferes with ovulation and the health of afflicted women.

#### **The Roles of FSH (Follicle Stimulating Hormone}**

Normally the ovary produces ovum by actions of FSH (follicle stimulating hormone} which is produced by the pituitary gland. The transformation of the follicle (after ovulation) into the corpus luteum of the ovary is controlled by progesterone and progestin which play major roles in preparing the endometrium of the uterus for implantation of a fertilized ovum.

#### **The role of progesterone**

In situations of normal health, the ovaries, adrenal glands and placenta produce progesterone.

As a woman enters menopause, her adrenal glands are supposed to produce female support hormones (Estrone, estradiol and estriol), testosterone, progesterone, DHEA, etiocholanolone, androsterone, cortisone, cortisol and aldosterone.



### **The importance of fat and hormones**

During her menstrual years her body is supposed to store estrogen in fat cells, which it can utilize during perimenopause and menopause. Thus if her body does not have adequate amounts of fat her ability to synthesize those hormones is inhibited.

### **The Mittelschmerz Syndrome.**

During the initial years of menstruation young women may experience small hemorrhages in the follicular sites in their ovary(s), where they may notice abdominal discomfort and/or low-grade fever during ovulation. This is referred to as Mittelschmerz Syndrome.

### **The reality of ovarian cysts**

Women who experience ovarian cysts after age 30 may note no initial abdominal pains, but many ovarian cysts collapse and resolve themselves without complications.

### **The reality of anovulation**

Cysts that continue to grow are usually related to failed ovulation (anovulation) wherein the luteinizing hormone produced by the anterior aspect of the pituitary gland causes the Graafian follicular site within the ovary to become cystic, swell, cause abdominal discomfort and possible bleeding.

### **What are the treatments?**

When ovarian cysts continue to develop, many gynecologists call for surgical removal of the involved ovary. Prior to surgery, medicine prescribes (BCP (birth control pills) in an attempt to reduce the pituitary glands' secretions of luteinizing hormone. Its effectiveness is not always good and it predisposes women to many other potential health problems.

### **Natural alternatives for PCOD**

From a natural perspective, many nutritionally oriented Doctors of Chiropractic suggest the use of natural progesterone prior to ovulation (10-26 days) which can assist the woman's body in normalizing and regulation of her hormones as they affect the ovaries, uterus, adrenal, pituitary and hypothalamus glands. In essence, the use of natural progesterone would have the same goal as prescribing birth control pills without causing other health problems that synthetic progesterone can.

### **Caution**

Birth control pills, natural progesterone nor any other drug or food supplements should be used without proper laboratory diagnostic tests including a Chem Screen, CBC with Differential and serum LH, FSH, and androstenedione, urine 17-KS and 24 Hour Female Hormone Analysis. Anyone who takes BCP, natural progesterone or any other drug, herb, homeopathic remedy, vitamins or minerals without these tests is not only endangering their present health, but predisposing themselves to serious future loss of health. As good as many food supplements

and hormone therapy might be, it is foolhardy for a woman to ingest those products without first knowing her individual biochemical nature and needs.

### **Fibrocystic Breast Syndrome**

#### **ANDI Aberrations of Normal Development**

Multiple names exist to describe cyclical breast tissue changes and the clinical symptoms that occur monthly under the hormonal influence of the menstrual cycle. The names include: cyclic mastalgia, fibrocystic disease, aberrations of normal development (ANDI), benign breast disease, fibrous disease, benign breast syndrome, cystic breast disease, and mammary dysplasia.

We will refer to this phenomenon as Fibrocystic Breast Syndrome (FBS), as this term coins the two most common breast changes which occur (cystic, fibrous), and defines the condition as a syndrome and not a disease.

The condition of fibrocystic breasts has been labeled a syndrome, and is no longer recognized or properly referred to as an actual disease manifestation. Indeed, Hutter in 1985 posed the question,

### **Percentages of FBD in women**

Is it reasonable to define as a disease any process that occurs clinically in 50% and histologically in 90% of women?" Additionally, the fibrocystic breast was classified as a manifestation disease

### **Breast Cancer development.**

Based upon the spurious belief that women with this condition were at 2 to 4 times the risk of developing breast carcinoma.

This is currently not considered to be the case. Most women with cyclical fibrocystic breast changes are not at increased risk of cancer.

Rather it is a special subset of these women who are at risk. Dupont and Page, in 1985, demonstrated in a study of 10,366 breast biopsies over a period of 17 years, that women are at increased risk of cancer only if the breast syndrome is histologically atypical hyperplasia and/or there is a familial risk factor; the majority of women (70%) who underwent breast biopsy were not at risk.

### **Incidence**

The incidence of FBS peaks in 30 to 40-year-old women, occurring more frequently in the left breast.

In most women it is experienced as a mild to moderate aching, burning, or intermittent sharp discomfort in one or both breasts during the premenstruum, at any time from ovulation to the onset of the menses.

### **Contributing Factors**

High fat diet, Iodine deficiency, Caffeine Alcohol intake, Obesity  
And Impaired fatty acid conversion

### **Uterine Fibroids**

Uterine fibroids are the most common, non-cancerous tumors in women of childbearing age. The fibroids are made of muscle cells and other tissues that grow within and around the wall of the uterus.

### **Occurrence**

Uterine Fibroids are myometrial growths of the uterus, also termed “Fibromyoma” or “leiomyoma.” These occur in 25% of women over age 35 and are often asymptomatic, discovery being made during the pelvic exam.

### **Causes**

They may, however, cause excess menstrual bleeding and/or pelvic pain or bloating is often related to uterine fibroids.

### **Precipitating factor**

Their growth is increased during pregnancy and with estrogen therapy, and they tend to atrophy after menopause.

### **Locations**

They may either grow into the lumen, into the pelvic cavity, or remain in the wall of the uterus. Otherwise known as myoma of the uterus, fibroids are the most common neoplasm of the female genital tract.

### **Locations of uterine myomas**

They are discrete, round, firm, benign lumps of the muscular wall of the uterus, composed of smooth muscle and connective tissue, and are rarely solitary.

Usually as small as an egg, they can gradually grow to orange or grapefruit size. The largest fibroid on record weighed over one hundred pounds.

### **Types**

They often cause, or are coincidental with, heavier periods (hypermenorrhea), irregular bleeding, (metrorrhagia), and/or painful periods (dysmenorrhea).

### **Complications**

Due to their mass, they may cause a cystocele (dropped uterus)

After menopause when pelvic floor supports weaken, leading to stress urinary incontinence and may atrophy.

### **Treatment**

Contemporary medical treatment is usually surgical. Some particularly skillful surgeons are adept at excising only the myoma, leaving the uterus intact.

Generally, however, hysterectomy is performed. Here again, natural progesterone may offer an alternative.

### **Fibroid tumors**

Uterine fibroids, like breast fibrocysts, are a product of estrogen dominance.

Estrogen stimulates their growth and lack of estrogen causes them to atrophy.

Estrogen dominance is a much greater problem than is recognized by contemporary medicine.

### **Anovarycycles**

Many women in their 30s begin to have anovulatory cycles. As they approach the decade before menopause, they are producing much less progesterone than expected, but still produce normal (or more) estrogen.

### **The problems with water retention**

As a result, they retain water and salt, breasts swell and become fibrocystic, they gain weight (especially around the hips and torso).

### **Mood and Libido changes**

Another possible complication is they become depressed and lose libido (and if that becomes the case you should never feel ashamed of those issues), their bones suffer mineral loss, and they develop fibroids.

Changes in estrogen and progesterone

All are signs of estrogen dominance, i.e., relative progesterone deficiency.

### **Natural options**

It is reported that the use of natural progesterone is replaced, fibroid tumors no longer grow in size (generally they decrease in size) and can be kept from growing until menopause, after which they will atrophy. This is the effect of reversing estrogen dominance.

### **Monitoring Anovulatory periods**

Anovulatory periods can be verified by checking serum progesterone levels the week following supposed ovulation. A low reading indicates lack of ovulation and the need to supplement with natural progesterone.

### **Cause of anovulation**

The cause of anovulation is uncertain, but probably attests to premature depletion of ovarian follicles, secondary to environmental toxins and nutritional deficiencies common in the U.S. today.

### **Contributing Factors**

Impaired fatty acid conversion, Obesity, High fat/caffeine intake, Metabolic syndrome/insulin imbalance, Low fiber intake, Liver damage/dysfunction, High stress.

African American women are at three to five times greater risk than Caucasian women, Women who have given birth are at lower risk.

Lab Findings: ultrasound; laparoscopy; D&C.

### **Course & Prognosis**

Treatment should only occur in symptomatic patients. In women who do not desire to become pregnant, conventional physicians generally perform a myomectomy or hysterectomy.

### **Differential Diagnosis of uterine issues**

- Ovarian cysts or carcinoma
- Endometrial hyperplasia
- Cervical polyps
- Uterine carcinoma
- Adenomyomas

### **Symptoms**

Many women with uterine fibroids are asymptomatic. Presenting symptoms of uterine fibroids can include:

Heavy or painful periods or bleeding between periods, Uterine Fibroids  
Menstrual irregularities, Vaginal discharge, Uterine pain or cramps, Feeling “full” in the lower abdomen, Urinating often, Pain during intercourse, Lower back pain, Anemia, Reproductive problems such as infertility, multiple miscarriages, or premature labor.

### **Are there potential problems with fertility?**

Most women with fibroids do not have problems with fertility and are successful in getting pregnant. Some women with fibroids may not be able to get pregnant naturally, but advances in treatments for infertility may help some of these women get pregnant.

Uterine fibroids also are referred to as fibromyomas or leiomyomas. In simple terms they are abnormal growths in the uterus.

**Which age group?**

They are most commonly observed in women after age 35 who have been taking estrogens.

**What are they commonly related to?**

This is related to the fact that, like fibrocystic breast disease, uterine fibroids are the result of excessive estrogen levels within the woman's body.

**How is estrogen involved?**

Estrogen stimulates fibroid growth while lack of estrogens causes fibroids to atrophy.

**Which age group?**

Estrogen dominance is particularly prevalent in many women past age 30.

**Why?**

Because they may have anovulatory cycles (menstrual cycles where her ovaries do not produce ovum).

**What is progesterone's involvement?**

If that is the situation, when she reaches perimenopause, her body is producing insufficient progesterone because progesterone production is greatly diminished when ovulation is absent.

**Accessing progesterone**

Anovulatory status can be accessed through serum and urine progesterone testing the week after ovulation should have taken place.

**The roles of the ovarian follicles**

Anovulation is felt to be related to loss of function of the ovarian follicles, exposure to environment deficiencies of progesterone, food allergies and/or nutritional deficiencies.

**Do excess estrogens and/or deficiencies of progesterone affect uterine health?**

Yes, when there exists a state of excess estrogen and deficiencies of progesterone, a woman are predisposed to experiencing loss of libido, muscle/joint pain. (Fibromyalgia/arthritis). Her bones are predisposed to demineralization (osteopenia/osteoporosis) water and salt retention, breast swelling, weight gain (especially around the hips and torso) and her breasts become fibrotic.

**Diagnosis**

Uterine fibroids are most commonly diagnosed during pelvic examinations.

They may cause pelvic pain, abdominal cramps, pressure and bloating, vaginal discharge, hemorrhage and anemia.

#### **Invasion of other pelvic organs.**

They are known to grow to the extent that they invade tissues and organs adjacent to the uterus. Growth increases during pregnancy and they tend to atrophy after menopause.

#### **What are the fibroids like?**

They tend to be round, fibrotic, multiple and can vary from the size of an egg to that of a grapefruit.

#### **Do they interfere with anything?**

They can interfere with the normal menstrual cycle; predispose the woman to hypermenorrhea (heavy menstrual flow), metrorrhagia (irregular bleeding) dysmenorrhea (painful menstrual flow), painful intercourse and cause cystocele (dropped uterus). It is important that their symptoms are differentiated from endometrial hyperplasia, cervical polyps, uterine cancer and ovarian cysts. In addition to having been on estrogen therapy, women who have diets high in fat and caffeine and low in water-soluble fiber have a high risk of uterine fibroids.

#### **Traditional treatment**

Traditional medical treatment is surgical removal of the uterus and very often a total hysterectomy.

#### **Other complimentary diagnostic tests**

In addition to pelvic examination, women should consider having a Chem Screen, CBC with Differential that is evaluated from a clinical as well as homeostatic perspective, urinalysis, 24 Hour Urine Female Hormone Analysis, a combined IgE and IgG4 food allergy test and pelvic ultrasound. If her blood and urinary hormone tests suggest, she may respond to natural progesterone therapy, vitamins, mineral and/or certain homeopathic compounds.

#### **Dysmenorrhea / Excessive Menstrual Cramps**

Dysmenorrhea, or painful menstruation, is the second most common gynecologic complaint, superseded only by premenstrual tension.

Dysmenorrhea has been described as a discrete clinical entity, characterized by “labor-like” pains. The morbidity attending this condition is manifested in the voluminous hours lost in the workplace and schools as a result of dysmenorrhea.

#### **Types of Dysmenorrhea**

The first type is *primary*, characterized by the absence of an organic etiology. This most commonly occurs in adolescence, about 6 to 10 months post-menarcheal.

Dysmenorrhea almost invariably is associated with ovulatory cycles. Thus, women taking oral contraceptives rarely experience dysmenorrhea. It is ameliorated in many women by pregnancy due to a decreased excitability of associated nerve fibers. However, some women experience an increase of primary dysmenorrhea after pregnancy, with some women continuing to experience dysmenorrhea throughout most of their reproductive years.

**Another type is classified as *secondary dysmenorrhea*, the pain being secondary to specific pathologies.** These include endometriosis (the most common secondary cause and misdiagnosis of primary dysmenorrhea), ovarian cysts, adhesions, pelvic inflammatory disease, fibroid polyps, adenomyosis, cervical stenosis, and possibly uterine displacement with fixation.  
***Membranous dysmenorrhea describes the third and most infrequent type. It is characterized by:***

The passage of an intact cast of the entire secretory endometrium through a non-dilated cervix.

### **Prevalence**

Investigations by Moos, Coppen, and Kessel have noted moderate or severe dysmenorrhea in 45% of women surveyed. Additional studies have described similar prevalence rates.

A survey of 113 patients from a family practice setting revealed the incidence of dysmenorrhea to range from 29% to 44% in any given two-month period.

**The percentage of women suffering from primary from primary dysmenorrhea.**

Extrapolations from currently available data indicate that approximately 10% of women of child-bearing age suffer from severe primary dysmenorrhea.

### **What are the possible health consequences?**

They are predisposed to being rendered unable to continue their normal work tasks at employment, school, or home.

### **Nutritional Options?**

Consider Vitamin D Deficiency in that vitamin D deficiency appears to occur frequently in women with hormonal balance dysfunction, such as PCOS, dysmenorrhea, endometriosis, and possibly fertility issues, and may be a contributing factor to some of the biochemical abnormalities seen in these conditions.

In a study published in *Steroids* (1999; 64(6):430-435), of 13 women with PCOS, 5 were found to have frank vitamin D deficiency (serum 25-hydroxyvitamin D concentration < 9 ng/mL) and 3 others had borderline-low vitamin D status. All 13 women were treated with vitamin D2 at a dose of 50,000 IU once or twice a week to maintain a serum 25-hydroxyvitamin D concentration of 30 to 40 ng/mL. Each woman also received 1500 mg of supplemental calcium per day. Of the 9 women with amenorrhea or oligomenorrhea prior to vitamin D treatment, 7 experienced normalization of their menstrual cycles within 2 months and the other



2 became pregnant. Dysfunctional uterine bleeding also resolved within 2 months in both women whom it had been present.  
Vitamin D3 (the form of the vitamin produced in the human body after sunlight exposure) is at least 3.4 times as potent as vitamin D2 and may be as much as 9.4 times as potent according to a study published in *J Clin Endocrinol Metab.* (2004;89(11):5387-5391).  
Therefore, when supplementing with vitamin D3, lower doses than those administered in the aforementioned study should be used.  
According to the *Food and Nutrition Board of the Institute of Medicine*, long-term vitamin D3 intake up to 5000 IU per day is unlikely to have any adverse effects in the general adult population.

### **Vaginitis/Leukorrhea.**

Vaginitis is an infection of the vagina and most commonly is related to overgrowth of the vaginal flora, and/or bacteria/viral infestation, commonly transmitted through sexual intercourse.

### **Any relationship to *Candida albicans*?**

If the yeast (*Candida albicans*) within the intestines proliferates overflows) and gains entrance into the blood, they are predisposed to systemic diseases including vaginitis.

### **Relationships to *Hemophilus vaginitis*/Gardnerella E. Coli, Staph or strep vaginitis.**

Vaginal infections may also be transmitted through sexual intercourse and proliferate causing vaginal infections. The same holds true with bacterial organisms such as E. Coli, staph or strep, which is precipitated by inadequate hygiene or forgetting to remove tampons from the vaginal vault.

### **Signs and Symptoms:**

Vaginitis is commonly manifested by vaginal itching, vulvar irritation, swelling and redness of the labia/vagina and leukorrhea (discharge).

Leukorrhea will be manifested by one or more of the following:

White curdish discharge suggests yeast infection, creamy white or off-white discharge suggests gardnerella and greenish-yellow or frothy discharge suggests trichomonas.

### **Odor: Vaginitis can produce odor.**

When that odor is fishy, it indicates gardnerella. When there is vaginal discharge without odor it indicates yeast or Trichomonas. PAP smear may confirm infection. Candida, Trichomonas and gardenerella are non-cancerous, but if not corrected can cause lifelong health problems. Trichomonas is easily transmitted through sexual intercourse.

**Treatments:** Typical medical treatment is as follows:

Candida nystatin; Trichomonas metronidazole; Hemophilus oxytetracycline; normalizing the vaginal flora, and education regarding vaginal hygiene and sexual contacts.

### **Female Fertility Concerns — Infertility / Hormone Imbalance**

10-15% of couples experience the inability to conceive, and the percentage is growing.

Men account for 40% of failures to conceive.

Of the women who are responsible, hormonal imbalance/failure to ovulate accounts 30% of infertility problems; hormonal imbalance/pelvic factors (such as tubal disease and endometriosis) account for 50%;cervical pathology is responsible 10%; and in 10-20% of the women no reason is found.

### **Contributing Factors — Female**

Many and as follows

Poor diet, •• Too low or too high body fat, Increased caffeine and alcohol consumption, Nutrient deficiency of the following: vitamin C, zinc, B12, folic acid, selenium, iron, history of •• Endometriosis, Tubal obstructions, Immunologic problems, Polycystic ovary syndrome, Celiac Disease / Nonceliac Gluten Sensitivity or Gluten Sensitivity.

### **Conception Challenges**

The definition of old is changing. People are living longer, and waiting longer to have children.

•• In women, frequency in disorders such as endometriosis, PCOS, and tubal obstructions increase with age. In men, the quality and quantity of sperm declines with age. In the United States, at least 15-30% of all couples have great difficulty conceiving a child. 30-40% of these cases are due to male infertility.

### **The Role Endocrine Disruption**

Many believe that it is affected by synthetic chemicals in the environment

Synthetic chemicals in the environment that look like or interfere with natural hormones that control development from the moment the sperm enters the egg until an individual is born.

•• Synthetic compounds can interfere with the action of estrogens, first by mimicking them, and then by antagonizing them.

•• The interference may be directly (through binding with a specific hormone receptor), or indirectly altering the rate of synthesis or metabolic breakdown of a hormone.

•• Now hormone disruptors have been shown to interfere with many more hormone systems, including estrogen blockers, androgen blockers, progesterone blockers, and compounds that interfere with thyroid.

•• The cautious assumption would be that all chemically-mediated communication systems—of which hormones are one class—are vulnerable to disruption.

**It's not just the disruption of the endocrine system.**

Natural chemical signals are important at all levels of organization of life—within cells, among cells, between organs, even between organisms, including from one species to another.

- Any of these chemical signals, in principle, are vulnerable to disruption.
- Studies have demonstrated that female rats exposed to environmental estrogens produced male rat pups that have a significant reduction in their Sertoli cells, which are critical for sperm production.
- These chemicals can also affect testosterone production and secretion by the Leydig cells.

#### **Endocrine disrupting chemicals may also lead to sperm maturing too quickly.**

This causes the sperm to lose the enzymes that are needed to enter an egg and cause conception. Lifestyle changes and nutritional supplements may help protect and nourish your overall health and fertility.

#### **From what sources?**

“The most alarming of all man’s assaults upon the environment is the contamination of air, earth, rivers, and sea with dangerous and even lethal materials...The poisons circulate mysteriously by underground streams until they emerge and, through the alchemy of air and sunlight, combine into new forms that kill vegetation, sicken cattle, and work unknown harm on those who drink from once pure wells...They travel from link to link of the food chain...”

Rachael Carlson 1907-1964

#### **Factors involved in Female Fertility Concerns — Infertility / Hormone Imbalance**

In addition to organ alterations it is postulated that Smoking, Alcohol, Mercury Exposure, Body Fat, Nutrient Deficiency could have impact of preconceptional nutrition on pregnancy outcome.

#### **Polycystic Ovary Syndrome (PCOS)**

Polycystic Ovary Syndrome (PCOS) is a disorder characterized by irregular, abnormal, or absent menstruation; excessive amounts of body hair; excessive body weight, and decreased fertility.

#### **PCOS Causes**

The syndrome is caused by elevated levels of testosterone and other hormones, which disrupts the normal menstrual cycle. Environmental estrogen mimics may contribute to this hormonal imbalance.

#### **The roles of insulin in PCOS**

Some researchers postulate that a faulty response to insulin is also suspected, but does not explain all cases of the syndrome.

#### **Percentages of women who are estimated to have PCOS?**

It's estimated that this condition affects 6% to 10% of premenopausal women, beginning between puberty and the early 20s.

**Most common symptom of PCOS is irregular menstruation, which can take several forms:**

Oligomenorrhea: 8 or fewer periods per year.

Polymenorrhea: Too many periods with excessive bleeding, and periods that may stop and start.

Menorrhea: No menstrual cycles at all.

### **Types of PCSD**

The three types of menstrual disorders have the same underlying cause: the ovaries don't release an egg each month.

Anovulation - Women with PCOS do not ovulate regularly, and while fertility experts do assist many women with PCOS in becoming pregnant, PCOS may account for as many as half of all cases of infertility.

Insulin Resistance - May play a role in hormone imbalance, polycystic ovary syndrome, or other conditions associated with decreased fertility.

If insulin resistance is a factor, correct blood sugar handling with nutrients such as green tea catechins, cinnamon, and other insulin sensitizing nutrients. If Dysglycemia is severe, strict diet modification and incorporation of nutraceuticals may be necessary.

Endometriosis - Endometriosis, a cause of female infertility

It is a condition in which endometrial tissue, the tissue that lines the inside of the uterus, grows outside the uterus and attaches to other organs in the abdominal cavity such as the ovaries and fallopian tubes. Endometriosis is a progressive disease that tends to get worse over time and can reoccur after treatment.

### **Symptoms**

Symptoms include painful menstrual periods, abnormal menstrual bleeding, and pain during or after sexual intercourse.

### **The cause**

The cause of this disorder is presently unknown. Further, the disorder appears to be of modern origin, suggesting a link to hormonal imbalance and/or endocrine disruption.

### Tubal Obstructions

Sexually transmitted infections may cause pelvic adhesions and tubal obstructions that damage a woman's fertility.

Adhesions- may encapsulate the end of a fallopian tube, an ovary, or both. This can cause infertility by preventing the egg from reaching the tube. Even minimal adhesions may substantially reduce fertility.

### **Female Fertility Concerns — Infertility / Hormone Imbalance**

Related causes including Celiac Disease / Nonceliac Gluten Enteropathy, Celiac Disease is linked to fertility issues, miscarriages, and preterm deliveries. “

While there are many more common causes of pregnancy complications, women who don’t know why they can’t conceive or carry a baby to term should find out if they have celiac disease,” said lead study author Dr. Stephanie Moleski, a researcher at Thomas Jefferson University Hospital in Philadelphia.

“When I see patients who have had fertility or pregnancy complications I feel it is appropriate to consider testing for celiac disease.”Ann Gastroenterol 2015

### **Lifestyle Program to Support Fertility**

Many people believe it is important to Increase consumption of organic vegetables – especially cruciferous vegetables such as broccoli, cauliflower, and Brussels sprouts

Increase EFA-containing foods such as salmon, mackerel, sardines, nuts, avocados

Use dairy products in moderation, and organic whenever possible

Increase intake of fiber and high quality protein

Avoid cigarettes and all tobacco products

Avoid alcohol

Minimise toxin exposure

Exercise to comfortable tolerance!

### **Nutritional Support Strategies for Female Fertility Concerns — Infertility /Hormone Imbalance**

There are many food supplement products available and because of State Statutes like all of the conditions discussed herein we limit that discussion only to patients.

### **Female Sexual Dysfunction / Female Libido Concerns**

Glossary

Depression: Feeling of sadness for periods of at least 2 weeks.

Dyspareunia: Pain with intercourse.

Estrogen: A female hormone produced in the ovaries.

Hormones: Substances produced by the body to control the functions of various organs.

Kegel Exercises: Pelvic muscle exercises that assist in bladder and bowel control as well as sexual function.

Libido: The desire for or interest in sex; sex drive.

Masturbation: Self-stimulation of the genitals, usually resulting in orgasm.

Menopause: The time in a woman’s life when the ovaries have stopped functioning; defined as the absence of menstrual periods for 1 year.

Orgasm: The climax of sexual excitement.

Pelvic Exam: A physical examination of a woman’s reproductive organs.

Perimenopause: The period around menopause that usually extends from age 45 to 55 years.

**Nutritional Supplementation Considerations for the following are Based on Nutri Dyn Nutrition Reference Guide. To locate any of the following go to “Find”, type in the word and the discussion will show up.**

ACTH (adrenocorticotrophic hormone)

Adenosin

Adrenal Glands

Adrenocortical steroidogenesis

Allicin

Alliin

Allium sativum

Allinase

Alpha Estrogen

Ameliorating

Ammonia

Androgen Receptors

Androstenedione

Anovulation

Antibacterial

Antihepatotoxic

Antiprotozoal

Antitumor

Antiviral

Arachidonic acid

BCP (birth control pills)

Bentonite

Beta Estrogen

Beta Sitosterol

Blueberry

Breast

Calcium Metabolism

Campesterol

Candida

Caproil

Caprylic

CATS(caffeine, alcohol, tobacco, sugar)

Citrate salts

CoQ10ST

Cranberry

Cystitis  
DHEA (Dehydroepiandrosterone)  
E-400 Selenium  
Endometrial carcinoma  
Endocrine Glands  
Endometriosis  
Escherichia coli  
Estro Pro Cream  
Estrogen therapy  
Estrogen(s)  
Exocrine Glands  
Extraovarian Aromatization  
FBS (Fibrocystic Breast Syndrome)  
Fem Control  
Fem Endocrine  
Fem Essentials  
Fem Estro HP  
Fem Estro Plex  
Fem Herbal  
Fem Monthly  
Fem Osteo  
Fem Osteo HRT  
Fem Prenatal  
Fem Protect  
Fem Soothe  
Female Hormone Profile  
Profeminell Cream Crème  
Fibrocystic  
Garlic  
Genistein  
Ginseng  
GLA Forte  
Goldenseal  
Gonadotrophins  
Hemagenics  
Hemaplex  
Herxheimer Reaction  
hippuric acid  
Hormone Receptor Sites  
Hot flashes  
Hydrolyzed

Hypogonadal  
Isoflavones  
Karez of Xinjiang  
Libido  
Lipoxygenase  
Mastalgia  
Menopause  
Meta EPO  
Mittelschmerz Syndrome  
Natural Progesterone Crème  
Omega EFA  
Oocyte  
Osteoporosis  
Ovarian Cyst  
PABA (Para-Aminobenzoic Acid)  
Pantothenic acid  
Papilloma virus  
Plant Sterols  
Postmenopausal  
Premenopausal  
Premenstrual Syndrome  
Progesterone  
Prostate  
Psyllium  
Pyruvate  
Smoke, Smokers, Smoking  
Soy Foods  
Stigmasterol  
TAP (Total Allicin Potential)  
Testosterone  
Total Allicin Potential  
Tribestan  
Ultra EPA DHA  
Unopposed (progestin-free)  
Urethra  
Uterine Fibroids  
Uva Ursi  
Vaginal Flora  
Vaginitis/Leukorrhea  
Vasomotor spasm  
Vitamine C





## Index of The Encyclopedia of Natural Health and Healing

Acid Reflux — Gastroesophageal Reflux Disease

Acne (Acne Vulgaris; Cystic Acne)

Acne Rosacea ADD / ADHD (Attention Deficit/Hyperactivity Disorder)

Adrenal Fatigue / Adrenal Insufficiency

Aerobic and Aerobic Parameters

Allergy - Modifying the Allergy / Sensitivity Symptom Response

Alzheimer's disease

Ankylosing Spondylitis

Anxiety Disorder

Applied Kinesiology Touch For Health) Muscle Response Testing (AKMRT)

Asthma

Blood Interpretation: includes a discussion of abnormalities of the following as well as Nutritional

Options regarding those abnormalities: Cholesterol, HDL Cholesterol, Apolipoprotein B (Apo

B). Triglycerides, Fibrinogen, C-Reactive Protein, Homocysteine, Glucose, Serum Insulin,

Sodium, Potassium, Chloride, Carbon Dioxide (CO<sub>2</sub>), BUN (, blood Urea Nitrogen), Creatinine,

BUN/Creatinine Ratio, Uric Acid, Calcium, Phosphorus, Alkaline Phosphatase, Total Protein,

Albumin, Globulin, Albumin/Globulin Ratio: (A/G Ratio), Calcium/Albumin Ratio: (Ca/A ratio),

GGT (Gamma-glutamyl transferase), SGOT: (also known as AST), SGPT: (also known as ALT),

LDH, Total Bilirubin, CPK (Creatine Kinase), Serum Iron (Fe), Parathyroid (PTSH) and Thyroid

Hormones.

Autoimmune Diseases

Metabolic Detoxification Program —

Back problems

Bipolar Disorder / Manic-Depressive Illness

Blood Sugar Dys-regulation — Cardiometabolic Syndrome

(CMS) (Also known as Metabolic Syndrome (MetS), Syndrome X,

Insulin Resistance, Pre-diabetes), and Type 2 Diabetes

Body Composition / Healthy Weight Management

Bone Loss / Low Bone Density / Osteopenia / Osteoporosis / Fracture / Stress Fractures

Bone Spurs

Bursitis

Cardiovascular Problems including: Atrial Fibrillation / Atrial Flutter / Cardiac Arrhythmia

/PACs (Premature Atrial Contractions) /PVCs (Premature Ventricular Contractions)/

Atherosclerosis —/ Angina Pectoris, Cardiomyopathy / Enlarged Heart Cardiovascular Disease/

Calcium – the types of and potentials effectiveness

Cancer- Understanding It and Natural Approaches

Candidiasis / Candida Albicans / Yeast Overgrowth

Canker Sore (Aphthous Ulcer / Aphthous Stomatitis)

Carpal Tunnel Syndrome

Cataracts

Cellulitis  
 Central Pain Syndrome  
 Cerebral Palsy  
 Cervical Dysplasia / Cervical Cancer / Abnormal Pap smear  
 Chelation Therapy  
 Chiropractic Care  
 Chronic Fatigue Syndrome  
 Circulation / Venous Insufficiency  
 Clostridium difficile (C. difficile) Infection / Clostridium  
 Difficile (C. difficile) Colitis / Chronic Loose Stools / Diarrhea  
 Coffee Enemas  
 Common Cold  
 Common Warts  
 Compartment Syndrome  
 Concussion / Brain Injury / Battered Brains  
 Congestive Heart Failure  
 Conjunctivitis (Pink Eye)  
 Constipation  
 COPD (Chronic Obstructive Pulmonary Disease) /  
 Chronic Bronchitis / Emphysema / Lung Disease / Impaired Lung Function  
 Cystic Fibrosis (CF)  
 Dementia / Cognitive Impairment  
 Diabetes – Types 2/3  
 Detoxification – Utilizing It  
 Drug Induced Nutrient Depletions Reference Chart  
 Dysmenorrhea / Excessive Menstrual Cramps  
 Dementia / Cognitive Impairment  
 Diagnostic Tests including a discussion of Blood Profile and CBC, 24 Hour Urine Hormone  
 Analysis, IgE and IgG4 Food Sensitivity Test, Hair Mineral Toxic Metals and Applied  
 Kinesiology Muscle Response Test  
 Degenerative Disc Disease  
 Ear Infection (Otitis Media)  
 Eczema (AKA: Atopic Dermatitis)  
 Edema / Water — Fluid Retention  
 EPA/DHA  
 DHEA  
 Differentiating Food Grade and GMP Certified Pharmaceutical Quality  
 Enzymes – Their roles in the body and Therapy's  
 Essential Oils – Their role in health  
 Exercise - Physical the types, indications and contraindications  
 Facet Syndrome / Lumbar Facet Syndrome – Freedom From

Fibromyalgia distancing yourself from it  
Food Supplements – Maximizing their potential benefits  
Forgetfulness / Memory Loss / Cognitive Function Decline  
Frozen Shoulder  
Gastritis / H. Pylori Infection / Ulcers (Duodenal and Gastric  
GERD / Heartburn / Reflux Esophagitis  
Gestational Diabetes / Diabetes and Pregnancy  
Glaucoma  
Gout / Gouty Arthritis  
Headache (Nonvascular and Vascular / Migraine  
Hearing Loss  
Heavy / Toxic Metal Detoxification  
Herbs – Applications for herbal remedy's  
Nontraditional Vs traditional Health Care Alternatives  
Hepatitis  
Herpes Simplex / Cold Sores / Fever Blisters — Genital Herpes  
(HSV Type 1 & HSV Type 2)  
Herpes Zoster (Shingles)  
Hives (Urticaria) and Angioedema  
Homocysteine (High)  
Homeopathy  
Hypertension (High Blood Pressure)  
Influenza or “Flu”  
Interstitial Cystitis (AKA: IC, Painful Bladder Syndrome (PBS),  
Interventional Chiropractic Care  
Iron-Deficiency Anemia  
Joint Problems  
Ketogenic Diet  
Kidney Stones  
Leaky Gut Syndrome / Inflammatory Bowel Disease (IBD)  
Liver / Gallbladder  
Liver Disease — Cirrhosis / Nonalcoholic Steatohepatitis (NASH) /  
Nonalcoholic Fatty Liver Disease / Fatty Liver Disease  
Low Back Pain / Disc Injury / Degenerative Disc Disease / Intervertebral Disc Disease  
Lung Infections (Bronchitis / Pneumonia)  
Lyme disease  
Macular Degeneration  
Minerals – Indications and Contraindications  
Mitral Valve Prolapse (MVP)  
Mouth / Lip Conditions — Angular Stomatitis and Cheilosis  
Multiple Sclerosis (MS)

Myofibrositis  
 Narcolepsy / Cataplexy  
 Negative Mood / Depression  
 Neuropathy  
 Oils (Diffuser and Essential) – There potential roles in health  
 Osteoarthritis / Degenerative Joint Disease (DJD)  
 Pain / Inflammation Management  
 Parathyroid Disorders (Hypoparathyroidism or Hyperparathyroidism)  
 Parkinson's disease  
 Peripheral Artery (Arterial) Disease (PAD) and Claudication /  
 Peripheral Nerve Disorders  
 Pinworm Infection  
 Polymyalgia Rheumatica and Giant Cell Arteritis  
 Post-Cancer Nutritional Support Strategies  
 Prostatitis (Prostatic Hypertrophy, Benign)  
 Psoriasis & Psoriatic Arthritis  
 Restless Legs Syndrome and Leg Cramps  
 Rheumatoid Arthritis  
 Sciatica  
 Sleep Disorders / Insomnia  
 Sprain / Strain  
 Stenosis - Spinal  
 Stress – Combating it naturally  
 Sty / Eye Infection  
 Systemic Lupus Erythematosus (SLE)  
 Touch For Health Applied Kinesiology Muscle Response Testing  
 Tendinitis  
 Tennis Elbow (Lateral Epicondylitis)  
 Thyroid Conditions  
 Tics / Tremors / Seizures / Epilepsy / Tourette syndrome  
 Tinnitus / Meniere's syndrome  
 Urgency and Frequency Syndrome)  
 Urinary Tract Infection (UTI) / Bladder Infection (Cystitis)  
 Visual Disturbances  
 Vitamins – Indications and contraindications  
 Weak Bladder, Stress Incontinence, Enuresis (Bedwetting)  
 Whooping Cough (also known as: Pertussis)

Blood Interpretation includes a discussion of abnormalities of the following as well as Nutritional Options regarding those abnormalities: Cholesterol, HDL Cholesterol, Apolipoprotein B (Apo B). Triglycerides, Fibrinogen, C - reactive protein, Homocysteine, Glucose, Serum Insulin,

Sodium, Potassium, Chloride, Carbon Dioxide (CO<sub>2</sub>), BUN (Blood Urea Nitrogen), Creatinine, BUN/Creatinine Ratio, Uric Acid, Calcium, Phosphorus, Alkaline Phosphatase, Total Protein, Albumin, Globulin, Albumin/Globulin Ratio: (A/G Ratio), Calcium/Albumin Ratio: (Ca/A ratio), GGT (Gamma-glutamyl transferase), SGOT: (also known as AST), SGPT: (also known as ALT), LDH, Total Bilirubin, CPK (Creatine Kinase), Serum Iron (Fe), Parathyroid (PTSH) and Thyroid Hormones.

#### **24/7/365 Access**

**Is there some procedure when people want to order food supplements from Nutri Dyn Midwest? Yes and its simple and easy**

**Via Telephone: Telephone:** 1-800-444-9998. **Fax:** 763-479-1288

#### **Online**

- 1. Go to [www.futurehealth-today](http://www.futurehealth-today)**
- 2. Go to [www.nutri-dyn.com](http://www.nutri-dyn.com)**
- 3. Click on Create Account**
- 4. Click on Patients**
- 5. Complete the short form and type in the following Account Number 100160**
- 6. Click submit**

Then you will be able to log in with your address and whatever password you just created on the registration form and enabled to list the food supplement products you want to order and receive

**On orders of \$200.00 or more there will be a 10 % discount and no Shipping and Handling Fee.**

**On orders less than \$200.00** there is a 10% discount and an \$8.00 shipping and handling fee. Basically on the minium order of \$200.00 the person saves \$28.00

**Warning:** If you order food supplements and fail to give the Nutri Dyn Midwest Service Representative Account 100160 you will miss the 10% discount.

**For your conscience we will periodically list that ordering procedure**