The TRUTH ABOUT HORMONE TESTING

DON’T spend a penny on hormone testing until you read this publication
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A BRIEF HISTORY OF MENOPAUSE

The 1700’s - In the 1700’s illness was thought to be caused by ‘evil humors’, or body fluids. Leeches, blood letting and herbs (that made you vomit) were used to get these ‘bad fluids’ out of the body.

Back then, menstruation was thought to be the body’s way of cleaning out impurities. But when a woman stopped menstruating it was believed that the impurities stayed in the body. So the medical field applied leaches to the woman’s genital area, and other parts of her body, to suck out her blood, thus removing the impurities. YUCK!

The 1800’s - The word ‘menopause’ was coined by a French doctor in 1812 and was used to describe the time when a woman stopped having periods. By this time the medical community no longer believed that the cause of disease and illness was ‘body fluids’, but ‘body organs’. The reproductive organs were targeted in females because it was thought that a woman’s very nature came from them.

Therefore when a woman became physically ill, or their mental state was not up to par, it was thought to stem from the reproductive organs and they were removed as the believed cure of the day. The word ‘hysteria’ actually means ‘womb’.

Women were also committed to insane asylums for displaying any of the symptoms of menopause, especially depression, anxiety or irritability. This practice was still going on well into the 1900’s.

In 1890 a French scientist made an extract from the testes of animals and injected it into himself. He reported the return of his strength and virility. He speculated that an extract from animal ‘ovaries’ could be used to ‘revitalize’ women. In 1897 the first hormone (from the adrenal glands) was isolated. This lead to the modern day use of hormone replacement therapy. But it would not be until the early 1960’s that woman would finally experience the effects from the discovery of hormones.

The 1900’s - In the 1900’s psychiatry believed, and purported, that the depression women experienced during menopause was because they could no longer bear children. Which is not true, but it’s better than sucking their blood out with leeches or cutting out their organs.

In 1925 women could obtain an extract made from the urine of pregnant women (at least it was the right mammal) because pregnant women’s urine contains large amounts of estrogen metabolites. The problem was that there was not enough of this extract to supply the demand. So in 1943 some bright spark decided to make the extract from ‘horse urine’ and mass marketed it. Thus a product called ‘Premarin’ (‘pre’ - pregnant, + ‘mar’ - mare’s, + ‘in’ - urine) was born.

Starting in early 1960, the Wyeth pharmaceutical company (makers of Premarin) waged a campaign promoting Premarin as a drug that would keep women young and beautiful. In no time at all women were lining up at their doctor’s door to get a prescription for it. That was...until they started having heart attacks, strokes, liver damage, developed cancer and/or died.

THE MISCONCEPTION OF ‘GOING THROUGH MENOPAUSE’, OR ‘THE CHANGE OF LIFE’

In 1812 the word ‘menopause’ came into being and its meaning was, and still is, (menopause - meno = menses [menstruation] + pause = to stop or cease). In other words, it means that a woman stops having periods...nothing more.

The original definition said nothing about ‘symptoms’ like; hot flashes, depression, anxiety, sleep disturbances, or any length of time it takes for the period to stop. It just said that it stopped.

Today, the definition still says that the period stops. It also states that it
can do so as early as 45, and as late as 55, plus a list of symptoms has been added, which the majority of women who have stopped having periods do experience.

The actual definition of menopause does not refer to anyone except women who are no longer having periods. It simply states that the period stops some time between 45 and 55 years of age, and that there are a lot of symptoms that can be experienced when that happens. If you’re still bleeding, even once a year, you are not menopausal.

At some point it was observed that there was a ‘winding down’ of the menstrual flow, and that women would begin to skip periods for months at a time, a year or two before they finally stopped. During this time they would experience the same symptoms, to the same severity and frequency, as women who had already stopped having periods.

Somehow, those 1-2 years before the period stopped, and the stopping of the period, were informally lumped into one event and called ‘the change of life’, or ‘going through menopause’.

Some time later the word ‘peri’, or ‘pre’ menopause’ was coined to separate the 1-2 years before the period stopped, from actual menopause.

This definition was added to the medical dictionary but women rarely look these words up, so they never fully understand their meaning or their ‘difference’. That’s why the, ‘going through menopause’ or, ‘the change of life’ concept stuck.

Generally women know very little about the whole process of hormone decline. Once, I went out on the street and surveyed about 30 women. I asked them all what they knew about menopause and one-for-one they said variations of ‘It starts about 50, you stop having periods and you start having hot flashes and night sweats. That’s it! They had no idea about the rest of the, over 100, other symptoms of hormone decline.

**BUT SOMETHING WAS WRONG...**

I started to notice that something was wrong with the ‘going through menopause’ concept when women, 22-35 years of age would come into my store and complain of experiencing one or more of the symptoms from the pre-menopause/menopause list. But these women were still having regular monthly periods and didn’t fit into either of those definitions. I wanted to find out what was causing their symptoms so I began to study the female reproductive system and its hormones. While doing so I learned that female hormones don’t start changing at 43-50 years of age, they start changing around 6. They start rising from about 6 years of age and continue to do so throughout puberty. At the end of puberty they start to decline. As you will see on the chart on the below, hormones only do two things, they go up and they go down.

I also learned that these hormones perform hundreds of functions in the body apart from reproduction. Once I learned this, it was clear why younger women were having some of the same symptoms as older women.

Therefore there are only two definitions that properly describe hormonal changes, ‘hormone incline’ (rising during puberty) and ‘hormone decline’ (decling at the end of puberty). Not pre-menopause and menopause. They’re too late in the life cycle. Look where they are on the chart (43-50) and look how long hormones have been declining before then. A long time! And by 45 there’s already significant internal and external body degeneration.
As hormones decline, internal structures of the body begin to degrade and at some point a woman will begin to feel the effects of that degradation as ‘symptoms’. They start out slight and intermittent, like a bit of PMS, a little bloating, fatigue, irritability etc., a day or two before the period starts. But as time goes on and hormones continue to decline, the PMS gets more frequent and severe until it’s going on for two whole weeks before the period. As hormones continue their decline, the symptoms become more frequent, numerous and severe until the women is miserable all month long.

WOMEN HAVE NO IDEA

The fact that hormones start declining directly after puberty is not commonly known, younger women, who are just beginning to feel the effects of that decline have no idea that their symptoms have anything to do with hormones. Which results in them going from practitioner to practitioner, spending countless hours, and thousands of dollars, trying to find out what’s wrong with them.

Unfortunately, most doctors don’t know this either and have the same pre-menopause and menopause misconception as everyone else. Therefore they don’t consider a woman’s symptoms can be caused by hormonal changes until she around 40-45. When a woman goes to her doctor complaining of depression, anxiety, memory loss, mental confusion, fatigue, weight gain, heart palpitations, sleeplessness, irritability, dizziness, etc., the doctor tries to find some ‘physical’ reason for the symptoms, and if they can’t they just determine that it’s all in her head, she is prescribed mind altering antidepression/antianxiety drugs, which can, and do, easily cause violence and suicid.

After learning this I knew the younger women were dealing with hormonal issues but they didn’t. So when I would started talking to them about their hormones, they would look at me horrified and say “Oh no, I’m too young for that!” Yet, when they applied a cream containing bio-identical hormones, the symptoms almost immediately disappeared and they felt better. The same as I had when I was 34 and used bio-identical hormones for the first time.

THE DEADLY CONSEQUENCES OF HORMONE DECLINE

From conception to the end of puberty the body is growing, maturing, getting larger. By the end of puberty it’s fully grown and there’s no where to go but down hill. It starts shrinking, getting smaller...its aging, and ‘aging’ is just a nice word for dying.

Every living organism on the planet is genetically programmed to grow, reproduce and die. Even humans, and that genetic programming doesn’t say, “learn how to use a computer”, “get a college education”, “learn how to drive a car”, “buy a house”, or anything similar. It just says “make babies”. The one and only purpose for the human body, from a genetic standpoint, is reproduction, and once the body is no longer capable of reproduction, it’s not supposed to be here.

Every living organism also has a genetically built-in life span and a disposal system. The trees, animals, birds, fish, insects, bacteria, etc. Everything lives for a certain amount of time, has offspring and dies. Take salmon for instance. They’re born, mature, live out at sea for about 5 years, come back to their place of birth, procreate and die within a week.

But what is it that initiates their death? It’s hormones. Hormones control every system in the body, so as they decline those systems begin to break down (degenerate). That degradation process is what we call ‘aging’ and the lower the hormones go, the faster it speeds up.
The body is supposed to die from ‘natural causes’. Any death that’s not man made, like accidents or being killed by another, is actually natural causes, like child birth, bacteria, viruses, cancers, fractures, heart disease, parasitic infestations, brain shrinkage, and, old age.

Back in the 15th century, for instance, life expectancy was 30-40 years. That’s because one of the things hormones control is the amount of immune cells the body makes. The lower the hormones go, the less immune cells we have. So when viruses and plagues came along, the older people dropped like flies because their immune system simply wasn’t strong enough to fight them off.

But as time marched on, science invented drugs, like vaccines and antibiotics, that prolong life. Today it’s not unusual to live to 80 or 90, with some making it to 100 and over. The problem is that the ‘quality’ of life declines as hormone levels decline. So while we’re living longer, the last 1/4 to 1/3 of that life can be very unpleasant because it’s often spent being ill, in pain, taking frequent trips to doctors and hospitals, being on medications (the side effects of which cause even more problems than the illness), and/or being subjected to a long, lingering death.

Below are just a few of the major systems that hormones control and what happens as they decline.

**The immune system** - as hormones decline we make less and less immune cells. This is why, as we age, the body is more susceptible to illnesses, it takes longer to get over them, and wounds take longer to heal.

**The blood system** - 80% of the blood vessels in your body are ‘capillaries’ (definition - the smallest of a body’s blood vessels). Look in your eyes, the blood vessels in them are capillaries. They’re hair fine. As our hormones decline, they begin to shrink back from the extremities like your head, hands, feet, eyes, skin, etc. This deprives the cells in those areas of oxygen, water and food. As the capillaries begin to shrink towards the center of the body, the hair becomes drier, the color leaves it, it begins to fall, out and after a while it stops growing back.

The skin thins, becomes dry and vision begins to change. The hands and feet become colder due to lack of circulation, and the brain, and the whole body, begin to shrink. Plus, the lower the estrogen, the more smooth muscle tissue builds on the inside of the vascular system which can lead to heart attacks and strokes.

**The bones** - our bones are in a constant state of ‘resorption’ (def: the removal and, absorbing back into the body, of old, brittle bone, and the replacement of that old bone with new.) The process should be, one bone cell out and one bone cell in. Estrogen controls the ‘old bone out’ part of the process and progesterone controls the ‘new bone in’ part. At some point, not too long after puberty, a woman begins to skip ovulation. If she doesn’t ovulate, she doesn’t make progesterone the second two weeks of her cycle. Estrogen is still telling the body to remove the old bone cells but no new ones are going back in. So it’s one out, none in. **Not good!**

Estrogen also controls the ‘rate’ at which old bone cells are removed. When there’s plenty of estrogen, it’s one old bone cell out and one new bone cell in, but as it declines it’s 10 out, one in, 100 out and 1 in. When estrogen is totally gone it’s, 1,000’s out and NONE in. Get the picture? This is how osteoporosis develops, it’s not a calcium deficiency. This is why a person shrinks in size as they age, and why they...
easily break bones. In fact, osteoporosis accounts for 300,000 hip fractures a year in the US alone (and that doesn’t include all the other bones that people brake).

**The brain** - hormones tell the brain to manufacture ‘neurotransmitters’, the chemicals that transport electrical energy from one brain cell to another. Without neurotransmitters our short term memory suffers and we find ourselves trying to remember where we put our car keys, what we were just about to say, or our best friends phone number, etc. As hormones become lower and lower and the blood supply to the brain shrinks, so does the brain. This causes long term memory loss, and leads to a condition known as ‘Alzheimer’s’.

**Tissue cells** - estrogen causes the production of hyaluronic acid, an abundant chemical in the fluid surrounding cells. This acid is found in brain, skin, joint, mucus membranes, and the top layer of cells of organs and cavities inside the body. It contributes to the flow of fluids in and out of these cells and the growth of new ones. In connective tissue it acts like a ‘glue’ sticking one cell to the next. It’s what holds connective tissues cells together.

As estrogen declines, we produce less of this acid, so tissue cells ‘dry out’ and new cell growth slows. You can see this in the skin, it becomes thin and dry, causing blood vessels to become visible. This process is going on inside the body as well, trouble is, you can’t see it. The loss of hyaluronic acid is the causes of the vaginal tissue losing its moisture and becoming itchy, irritated, sore and dry. Thinning of vaginal tissue can cause bleeding during intercourse and the tissue can actually grow together, along with the vaginal lips, making urination impossible and causing the need for surgery.

**The eyes** - as hormones decline and the blood vessel’s withdraw toward the center of the body, it cuts off nutrition and moisture to the eyes. That causes chronic ‘dry eye’, the cornea to change shape, vision to change, causing the need glasses.

There’s a tiny group of cone shaped cells at the back of the eye called the ‘macula’. These cells are responsible for your central vision. As the nutrition is withdrawn by the lack of blood supply, those cells begin to die and, over time, the central vision is lost. This condition is called ‘macular degeneration’.

**The joints** - hyaluronic acid is a thickish ‘goo-like’ substance which fills the sac between each joint, brings water into the sac to keep it from drying out, and coats the cells of joint cartilage to act as a protective covering.

As estrogen declines, the body produces less and less hyaluronic acid. This causes the sac between the joints to dry out and the protective covering on the cartilage to thin. That allows bones to rub together causing inflammation, and a condition called ‘osteoarthritis’.
The Truth About Menopause

Like I said, menopause is not a ‘time of life’ or a ‘thing we go through’. It’s merely one of over 100 symptoms that tell you that your hormones are declining. One of the things that estrogen does is build the bloody lining in the uterus so that a fertilized egg can implant in it and grow. As estrogen declines the lining cannot become thick enough to sustain an embryo. If the embryo doesn’t get enough food from the lining it will not develop correctly and the body will spontaneously abort the pregnancy in what’s called a ‘miscarriage’.

As time goes on and estrogen continues to decline, each months bloody lining is thinner and thinner. This is what causes the periods to become lighter and lighter until there is so little estrogen that no lining can build at all. That’s when the periods stop.

Women should not be jumping for joy at menopause, they should be freaking out! Menopause is a ‘symptom’ that your estrogen is critically low. It’s so low that you can’t even build enough uterine lining to cause a little spotting, AND THAT’S WAY TOO LOW FOR OPTIMUM HEALTH!

Estrogen is the most abundant hormone in the female body. It keeps us young and being female. As it declines we begin to lose our femininity. By the time a woman stops having periods, her estrogen has been declining for over 30 years and the systems it’s responsible for have...
been deteriorating for that long as well. By menopause there’s significant internal and external tissue degeneration and a woman’s body deteriorates at an accelerated rate when estrogen is too low to have a period.

I always suggest that women bring their periods back, if they have stopped them, with BHRT, BHRT (bio-identical, hormone replacement therapy). Most women are fine with doing so because they understand the consequences of their hormones being that low. But others think I’ve lost my mind, and they have no intention of ever having a period again.

At first I was baffled when women refused to bring their periods back. I couldn’t understand why they would want to die faster, so I started to survey them and found that those women had had **horrendous** periods. I mean cramps so bad they were in bed for three days, migraines, hemorrhaging, nausea, etc. Then I understood. But what they didn’t know was that their periods had been like that because they were no longer ovulating and there was no progesterone to prevent the estrogen from over-building the lining the second half of each month. That’s what causes horrendous symptoms. See “**You’re Not Losing Your Mind, You’re losing Your Hormones**” for details of how the female reproductive cycle works and why hormones decline in the first place.

First of all, the ‘goal’ is not to ‘have periods’. The goal is to put hormones back to their ideal levels, which was at the end of puberty. Having a period is a ‘consequence’ of hormone levels being balanced properly. But in the end it’s still up to each woman to decide whether she wants to put her hormones back to the levels where they will have a period again. With at least some hormones, she can slow the aging process down to some degree.

Other women tell me that menopause is a natural part of life and they don’t want to mess with it. There again, that’s their prerogative, but the eyes going bad, hair falling out, skin becoming like paper, bones looking like swiss cheese, bones breaking when you roll over in bed (I actually know a woman who broke her back when she rolled over in bed and she was only in her 60’s), having strokes, heart attacks, and just dying in general are all ‘natural’ and ‘part of the life cycle’, but who wants that? Not me! And not most women.

So the way to live a longer, healthier life is to start replacing your hormones as soon as they begin to decline, or bring them back to their ideal levels if they have been declining for some time. The way to do that is with supplemental, BHRT (bio-identical, hormone replacement therapy).

**THE HQL PROTOCOL**

There’s a ‘process’ to supplementing hormones back to their ideal levels.
1. Finding a doctor that prescribes Bio-identical Hormone Replacement Therapy.
2. Having your hormone levels tested to know how far they have declined.
3. Obtaining a prescription for the difference between what your hormone levels were at the end of puberty and what they are now.
4. Getting that prescription compounded properly.
5. Using the BHRT properly.

Sounds easy, but there are things that can go wrong with each step of this process...let me explain...

**HORMONE TESTING**

To find out what your existing hormone levels are you need to get a hormone test, but you need to understand that just like there are different types of cars, there are different types of hormone tests. But only one of them will give you
an accurate result. Not only that, different labs have different processes for; preparation, collection, shipping, and storage. But to get an accurate reading, it’s crucial that all these things be done in a very specific way.

TESTING METHODS:

**Blood** - This is an invasive form of testing *anything*, because it requires a blood draw. Plus, it’s the most inaccurate way of testing hormone levels. The reason being that, hormones are secreted into the blood stream and travel through it to the target tissue (the tissue it will cause it’s effect upon) in two forms...’bound’ and ‘free’. ‘Bound’ means the hormones are hooked onto proteins and are not available for use by the target tissue. ‘Free’ means they’re not hooked onto proteins and are available for use by the target tissue.

Upon release, 95-97% of the hormone is quickly ‘bound’ to proteins in the blood, leaving only 3-5% ‘free’ to go to the target tissue. It’s that ‘free’ form that we want to measure, not the bound form. But the ‘free’ form attaches itself to the membrane of red blood cells for transport to the target tissue and is out of the blood stream within 5-10 minutes while the ‘bound’ form goes straight to the liver to be converted to something else or broken down for removal from the body.

Another problem is that hormones are ‘pulsed’ into the blood stream. By the end of puberty they are being pulsed on a pretty continual basis, but at the end of puberty the pulsing begins to slow down and becomes less frequent with each passing year. By the time you’re 45 the ovaries are about 60% less active and only pulse a few times a day. So to even try and get an accurate measurement of the ‘free’ hormone, someone would need to draw it at the exact moment of a pulse, because within a minute or two it’s hooked onto the red blood cells, and, in about 5-10 minutes all out of the blood stream and at the target tissue.

Blood tests for hormones use the watery portion of the blood called serum and mainly test what’s called ‘total’ hormones, total estrogen, total progesterone, total testosterone, etc. That means it’s testing the ‘bound’ hormones as well as any ‘free’ that might still be in the blood.

Since the free form is hooked onto the red blood cells, all that’s left is bound and we don’t want to measure that. This is why trying to test your free hormone levels with a blood test is useless.

**Urine** - After your body uses hormones they’re broken down and excreted through the bile, urine and fecal material. There are two breakdown paths these hormones can take. One can lead to cancer development, the other does not. A urine test can tell how much hormone metabolites are going down each path. Which is very helpful because if too much is going down the cancerous path, steps can be taken to correct it.

Determining which path estradiol and estrone are taking is the only use for urine testing (and it should be done twice a year). It doesn’t measure the amount of hormones in the body.

**Saliva** - It has been discovered that the ‘free’ form of hormones can easily move into saliva. Which makes saliva testing the ideal way to get the most accurate measurement of hormone levels. Having said that, you also need to know that there are two different methods of testing hormones in saliva.

**Radio Active Detection (RIA)** - This type of testing uses radioactive material to detect hormones. It was originally developed to test ‘blood’ for many different substances, but once it was found that the ‘free’ form of hormones could be detected in saliva, one lab modified it for use with saliva. But many labs still use this method for testing hormones.

For two years I sold the testing done by the laboratory that modified the RIA, and the results were very inconsistent and continually
reported ‘false highs’ (the results said that their hormone levels were a lot higher than they actually were).

Many customers brought their test results to show me how high their results were and said they were not consistent with their symptoms. So I would call the lab trying to shed some light on it for them. Over time I spoke with a few different ‘naturopaths’ that worked there, and each one gave me a different explanation. Until one of them finally said that the customer was most likely contaminating the samples with the hormone cream they were using, sounded reasonable to me. So I rewrote the saliva sample collection procedure to remove the possibility of contamination...but nothing changed.

The false highs kept coming until one day two women brought their test results in and both were astronomically high. This time I didn’t need to call the lab because I knew the results were wrong. Both of the women were menopausal, and had been for several years (which meant their estrogen should have showed ‘0’). But what told me without a doubt that the test results were wrong was that neither of these women were using supplemental hormones. Therefore they could not have contaminated their samples. That’s when I stopped using that lab. This lab was the largest in the country and if they couldn’t get it right where was I going to send my customers? That’s when I knew I needed to get trained in saliva testing so I could figure out what was going wrong, open my own lab, and correct the problem.

Enzyme Detection (ELISA) - This is the latest, state-of-the-art method for testing hormones in saliva. This testing method uses an enzyme to detect the hormones instead of radio active material, and is up to 20 times more accurate than the outdated RIA method.

I found the only company in the US that makes ELISA testing kits for saliva and asked them if they could teach me how to do the tests. They said that they had never taught a person with no lab training before but they would try. So I flew to Pennsylvania State University and got one heck of an education about hormone testing, and I found out what every lab in the country is doing wrong that causes the ‘false highs’.

After that I opened my own hormone testing lab and bought this companies kits for 2 years. In that tie I found the kits to be extremely inconsistent. In fact, they didn’t work more than they worked, and I pent thousands of dollars reteting samples for people. So...then I had to spend thousands more to develop my own testing kits.

THE PROBLEMS WITH SALIVA TESTING

Although saliva testing is the best way to test hormones, it has gotten a bad reputation among doctors because of what the labs are doing wrong. Preparation for collection, shipping, and storage are the main categories of error.

Collection preparation - there are do’s and don’ts when preparing to collect a saliva sample that should start 48 hours prior to collection. These things should be addressed in the collection instructions or the test will be inaccurate.

**Bacteria** - bacteria from your mouth interferes with the test because it ‘clogs up’ the receptor sites where the hormones are supposed to go. Therefore, there should be **NO** bacteria in the sample at the time of testing.

**Bacterial growth** - a German professor did an experiment and concluded that the hormone ‘Cortisol’ was stable in saliva at room temperature and above, for up to two weeks.
Based on that data, he wrote a paper where he stated that it’s fine to ship saliva samples through the post unfrozen. He did not mention any other hormones in that paper, yet American labs have taken this to mean all hormones could be shipped that way.

Bacteria grows in the sample as it’s on its way to the lab. So not only has it got the orginal amount from time of collection, it had doubles, trippled, or more. When the sample is tested it will show a false high.

Most labs have you freeze the sample before sending it, but freezing it does not kill the bacteria. It just stops it from growing until it thaws out. Freezing the sample and sending it with an ‘ice’ pack does no good. As soon as the ice pack and sample thaw (which only takes about an hour) the bacteria begins to grow again, and continues all the way to the lab.

Refrigeration - few labs test the samples as they come in. So they store them in the refrigerator. Refrigerator storage allows the bacteria to continue growing, it’s slower than at room temperature, but it still grows none-the-less.

WE CORRECTED ALL THE PROBLEMS

After reading this information, you will understand why we are the only lab in the country that can produce accurate results. It’s very expensive and time consuming to open a laboratory, so before I decided to do so I tried to find one that was doing everything correctly and use them.

I called over 20 labs around the country and found that many of them were still using the RIA method and all were shipping the samples at room temperature or with ice packs that thaw within a few hours. When I could not find a lab that was treating the samples correctly, I realized that I had to open a lab and correct the problems. That way people could get accurate results and not waste their hard earned money...so I did.

We have the samples frozen before they’re shipped, we remove ALL the bacteria (which is a costly step), and we test the samples the same day they arrive.

HORMONE TESTING RESULTS

The results - doctors often look at hormone test results and tell women that their hormones are ‘normal’ (which is really frustrating for the woman because instinctively she knows that they are not) but they don’t complete the sentence, normal...for your age! If a 45 year old woman has a hormone test, the results are compared to other 45 year old women. And a 45 year old woman would be about 50-60 depleted of hormones. If the test shows that she is about 55% depleted of hormones she is told that her hormone levels are ‘normal’. But that’s not going to help her. Her results should be compared to those of an 18-20 year old woman. That way the ‘difference’ between the two can be seen and the 55% she’s missing can be supplemented.

HRT prescriptions - many women get hormone testing so their doctor can write them a prescription for compounded HRT. If the lab has made the mistakes I spoke of, especially the bacteria build-up, hormone levels will look much higher than they really are. Then the doctor will think the women has more hormones than she really does and write the prescription for less hormones than she actually needs.

HRT creams - I’ve found that most women do not know that all hormone creams are not created equal. It doesn’t matter if you get them over-the-counter (no prescription required) or with a prescription. Unless you have a quality BHRT cream, and use it correctly, you will not get the results you’re looking for. You can get inexpensive creams in the health food stores but it’s like anything else, you get what you pay for. There’s no sense in saving a few dollars if the product doesn’t work, and there
can be several reasons for that.

- Most contain toxic ingredients, some of which prevent much of the hormone in them from being absorbed.
- Many contain herbs, which clog hormone receptors and keep the actual hormone in the product from entering the cells.
- Some contain only herbs, which are not hormones.
- Some don’t have enough hormones in them.
- Some contain some herbs and some hormones.

A quality hormone cream should contain no toxic ingredients (especially if you’re going to rub it into your skin every day), no herbs and have the right amount of hormone in it. Yes, a quality cream will cost more, because it’s the cheap, toxic ingredients and the use of herbs, instead of hormones, that make a product inexpensive.

**Compounded HRT creams** - being the formulator and manufacturer of over 180 chemical free health and beauty products, and having made and used) creams that contained progesterone, estradiol and DHEA for 15 years, I know exactly how they should be made and if they are working or not.

Creams are a mixture of oil soluble and water soluble ingredients and are made in two parts. The oil soluble ingredients are put in one vessel and the water soluble ingredients in a separate vessel. Each are heated to a certain temperature, then poured together and mixed at high speed to make the ingredients stay together.

Your skin absorbs oil and repels water. Hormones are oil soluble and have to be combined with oil in order to be absorbed into the blood stream. Therefore hormones have to be put in with the oil soluble ingredients when making a BHRT cream. Once the hormones are combined with the oil, THEN the oil soluble ingredients can be blended together with the water soluble ingredients. You have to make the cream with the hormones already combined with the oil, you cannot make the cream first and add the powdered hormones later, because they have not been combined with the oil.

But that’s exactly what compounding pharmacies do. They buy a ‘base cream’ without any hormones in it and add the hormone powder to it. This is basically the same as putting the hormones in with the ‘water soluble’ ingredients when making the cream. Compounding BHRT creams this way cuts their effectiveness by approximately 90%. In other words, they’re only about 10% effective, if you’re lucky.

This is why women have to go back to the doctor for a stronger prescription, and most times that doesn’t work either.

Not only that, the cream bases are made of toxic petrochemicals. So while you may be doing a little something for your hormone levels, you’ll be rubbing cancer causing chemicals into your skin on a daily basis.

To correct, this I’ve opened a compounding pharmacy. We use nothing but plant derived, non-toxic ingredients, and we dissolve the hormones in the oil soluble ingredients when making the creams. Made this way your BHRT creams will be 100% effective.

**ABOUT THE HQL PROTOCOL™**

When you take on the task of replacing your hormones, you’re taking over a job that your body used to do automatically. To do the job right, you need to understand how your body was doing it. The trouble is that most women don’t even know where their hormones come from or that they fluctuate up and down throughout the month. If you’re going to take over this extremely important job, you need to learn how your cycle works.
Over the past 15 years of helping people balance their hormones, I have developed a way to use BHRT in a cyclic manner and I call it ‘The HQL Protocol™. HQL is an acronym for; Health, Quality of life, and Longevity. By using this cyclic HRT protocol, people can experience the health, quality of life and longevity benefits to be had from properly balanced hormones, without experiencing the problems usually associated with it. This protocol will give you the tools you need to be able to take over from Mother Nature and get your hormones back in balance.

IN CONCLUSION

To obtain optimum hormone balance and avoid the down side of HRT, one has to test hormone levels regularly and correctly, compare the results to the correct age group, have prescriptions written correctly, have the products made properly, and use them according to the natural rhythm of the monthly cycle. I’m here to help everyone achieve this, so if anyone have any questions please let me know.

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