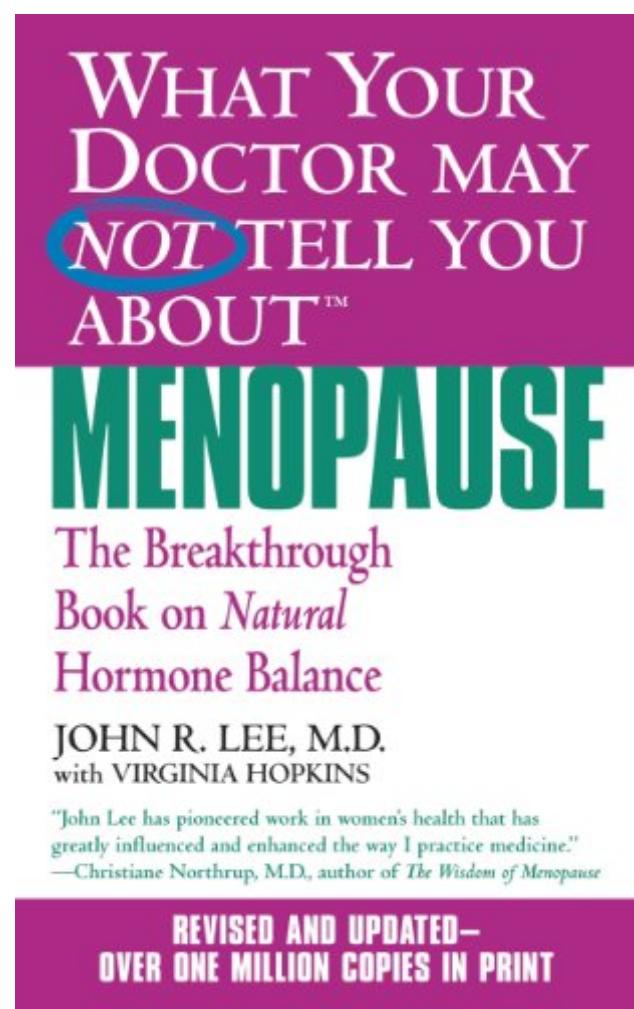


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What Your Doctor May Not Tell You About(TM): Menopause: The Breakthrough Book On Natural Progesterone (What Your Doctor May Not Tell You About...)



Synopsis

Arguing that giving estrogen replacement therapy to women after menopause is medically the wrong thing to do, Lee suggests that natural progesterone can prevent most of the unpleasant side effects of menopause, including osteoporosis and weight gain.

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Customer Reviews

The author, a medical doctor with 30 years of private practice experience, decided that he wasn't being very effective in helping his women patients deal with unpleasant premenopausal and menopausal symptoms. He began to research the research on hormone balance, HRT (hormone replacement therapy), and the way the medical and pharmaceutical industries deal with the "disease" of menopause and "female problems." What he discovered was that treating menopause as an "estrogen deficiency disease" was exactly wrong. In fact he argues that premenopausal and menopausal women are much more likely to be in a state of "estrogen excess" relative to levels of progesterone, which are often close to zero. Estrogen excess leads to weight gain, mood disorders, endometriosis, low sex drive, fibrocystic breasts, heart disease, and osteoporosis. Yet what the most doctors and drug companies offer to do is to increase estrogen levels with synthetic hormones

made with pregnant mare's urine and synthetic progestins. While this may temporarily relieve certain symptoms like vaginal dryness and hot flashes, this HRT regime ultimately leads to worse side effects, including increased breast cancer risk, increased bone loss, increased overall cancer risk, and increased heart disease risk. Yet we are told that HRT is the only way to prevent osteoporosis and heart disease! John Lee explodes these myths and many more, including that any woman needs an hysterectomy unless she has cancer (yet over 600,000 are done in the US each year, meaning 600,000 potential new consumers of HRT!!) Over the years he has helped thousands of women restore their hormone balance and their lives with diet, exercise, and the use of natural progesterone (usually applied topically in a cream).

In eight years I became "hot natured," gained 20 pounds, began to search for words and for the most part walked around in a fog. Chores I once accomplished with ease required great effort and I became impatient when I could not find things. Even more disabling-my occasional headaches increased to up to thirteen a month and became migraines. Since I'd just turned 51 a friend suggested it might be hormones and recommended I get a hormone saliva test. While I was waiting for the test results another friend gave me some progesterone cream. The results were almost immediate. The frequency and intensity of the migraines decreased, my mental fog lifted, I felt more relaxed and I had more energy. In short-I was my old self again. My hormone saliva test confirmed my suspicions-my estrogen and testosterone levels were normal but my progesterone level was near zero. That's when I found Dr. John R. Lee's book "What Your Doctor May Not Tell You about Menopause." I was shocked to learn that most menopausal women of western industrial countries have estrogen dominance (they've become deficient in progesterone) because they've been exposed to more estrogen substances in their meat, detergents, pesticides, herbicides, auto pollution and plastic household utensils. The combination of environmental pollutants, lack of exercise, cultural attitude and a diet rich in animal fat, sugar, refined starches and processed food leads to Western women's estrogen levels to be twice as high as women in the Far East and in third-world-countries whose passage through menopause is mostly symptom free. To correct the progesterone deficiency Dr. Lee recommends natural progesterone made from Mexican wild yams or soy products as they can easily be used and eliminated by the body and have no known side effects.

This book opened my eyes to the bias that American doctors have against using natural progesterone, and the authors taught me almost everything I now know about this subject; however,

they left out one extremely important point. When a patient needs progesterone, her hormone levels must be professionally tested by using a revolutionary new type of blood test or salivary test. Then, their doctor can prescribe the correct amount of natural progesterone to use and also proceed to monitor her blood levels. Hormones are very powerful and should be used under the guidance of a medical doctor who is familiar with the proper protocol. Over the counter creams can be a quick fix, but they are presently unregulated. Would you prescribe a band-aid for someone who really needs stitches in order to heal their wound? The answer, of course, is, "No!". Yet, Dr. Lee and Virginia Hopkins neglect to mention anything about the necessity of being tested and having your hormone levels monitored by a trained professional. As the above authors state, most women in the United States are oblivious to the importance of maintaining the correct level of progesterone all the way through their premenopausal, perimenopausal and menopausal cycles. However, for some reason Dr. Lee ignores the following extremely pertinent information: "The revolutionary discovery of radioimmunoassay blood tests changed the method of measuring female hormones, because blood samples could be used with greater accuracy. To the surprise of PMS workers, this method showed that low progesterone blood levels were not necessarily associated with PMS." (Dalton, Katharina, M.D.: "Once a Month", Publishers Group West, 1700 Fourth Street, Berkley, CA, 94710. Copyright 1999, p.

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