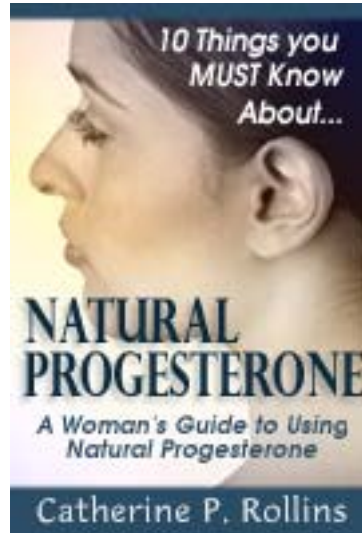


In association with
Kokoro™ Women's Balance Creme
is pleased to present:



‘10 Things You MUST Know About Natural Progesterone’

by **Catherine P. Rollins**



Know your progesterone cream

- Depending on which country you purchased your cream from, check that the list of ingredients includes pure, micronized progesterone to BP (British Pharmacopoeia) or USP (United States Pharmacopoeia) standard.

The United States Pharmacopoeia (USP) is a nongovernmental, standards-setting organization that advances public health by ensuring the quality and consistency of medicines, promoting the safe and proper use of medications, and verifying ingredients in dietary supplements.

USP or BP grade progesterone is therefore preferred.

- Micronization is a process where the progesterone is milled to a particular size. The degree of micronization is dependant upon the process used to mill the progesterone. The smaller the particle size the easier it will be for the progesterone to pass between the intercellular spaces of the skin's stratum corneum - the skin's physical lipid barrier to prevent substances/chemicals entering the body. In general, the absolute maximum particle size should be no greater than 20 microns.
- Please note, if the word 'progesterone' does not appear on your cream's list of ingredients it may still contain the hormone progesterone.

If your cream is marketed as a cosmetic, the label may say "Wild Yam Extract". In these circumstances, confirm with your cream distributor your jar or tube does in fact contain USP progesterone, and how much is delivered per application.

- Wild Yam Extract (diosgenin), when included as an ingredient in a natural progesterone cream, can potentially have an *estrogenic* effect upon the body.
- Natural progesterone creams containing plant derived estrogens are not recommended in those women with a history of breast or uterine cancer, obesity, diabetes, or a history of clotting or vascular disorders. Certain herbs stimulate estrogen receptor positive breast cancer cells to grow, and/or compete against any natural progesterone taken and should therefore be avoided.
- While Dr. Lee was clear in both his desire to differentiate progesterone and wild yam and his statement that he did not know the specific effects of wild yam on the body, there is some confusion about the benefits that are known. Unfortunately, many women assume that the inclusion of wild yam, for any reason, is something to be avoided.

Master herbalists tell us that wild yam is known as an adaptogen herb. It would be like using fertilizer on a garden. If the plants need it they use it. Some cream manufacturers therefore have included wild yam in their cream because there is evidence of a synergistic benefit by the yam extract being in the cream.

- Be wary though of Wild Yam Extract creams which may contain NO natural progesterone. These creams are NOT recommended for women who are progesterone deficient and are looking to supplement this hormone.
- Creams containing herbs should be avoided by women who are trying to get pregnant, who are pregnant, or who are nursing.
- Make sure you know how much natural progesterone is contained in your jar or tube of cream. And how much is delivered per application. Are you getting the correct dosage into your body? Make sure your container of cream contains at least 450 mg of progesterone per ounce.

The percentage of progesterone contained in your cream determines how much is administered each application:

- 1.6% ~ 16mg per 1 gram application
- 2% ~ 20mg per 1 gram application
- 3.2% ~ 32mg per 1 gram application
- 4% ~ 40mg per 1 gram application
- 6% ~ 60mg per 1 gram application

- 8% ~ 80mg per 1 gram application
- 10% ~ 100mg per 1 gram application
- Hormones taken orally enter the bloodstream from the small intestine, and go directly to the liver. Because the liver is not accustomed to receiving large amounts of hormones, it begins to break them down, leaving only a small percentage of the ingested hormone available to cells. Medications like bioidentical progesterone delivered transdermally (absorbed through the skin) circumvent the digestive system, avoid liver metabolism and subsequently can be administered in substantially lower doses.
- Check correct cream base for maximum absorbability. Creams containing mineral oils (paraffin) will NOT deliver progesterone to the body because the progesterone is more soluble in the mineral oil and will not permeate the skin.
- Creams should contain NO animal products or by-products, nor any petrochemical based ingredients.
- Don't give up on progesterone supplementation simply because you are experiencing a 'reaction' to your cream (itching, rash). We recommended you swap brands, perhaps opting for a cream that is free from additional hormones, herbs and alcohols.
- Best work in grams or ounces for accuracy of dosing. A "teaspoon dose" can vary from kitchen to kitchen. Most cream distributors provide their own measuring dispenser, eliminating the guesswork on your part.
- Tightly close your jar or tube of natural progesterone after opening - oxygen breaks down progesterone. And always store in a cool, dry, dark place (70-75 °F; 20.1-23.8 °C).



Putting progesterone back into your body

- On commencing progesterone supplementation, the first 10-14 days can be likened to a roller coaster ride. You might experience severe estrogen dominance 'wake up' (heightened estrogen receptor sensitivity that exacerbates estrogen dominance symptoms) or a total euphoric state. Some women, however, may experience a delayed response over a number of months. There are many factors determining why these extremes occur.
- During the initial 8 weeks of therapy, high doses are well tolerated until you reach your optimal dosage. Initial high doses help override estrogen dominance 'wake up'. When you begin supplementing progesterone for the first time, your body will uptake much of the progesterone supplementation and store it in fat cells. Allow for this lipophilic activity before progesterone becomes fully effective in the body.
- Expect your body to adjust to progesterone therapy over 3 menstrual cycles, or calendar months if menopausal. If you fail to notice any benefits after 3 months, then consider that you may not be progesterone deficient. Perhaps some other health irregularity is at play that requires further investigation. On the other hand, if you fail to respond to the progesterone cream, it may be that you should try another brand before you give up. The problem may be the cream itself (sub-standard quality control).
- As a rule, when applied on retiring of an evening, progesterone can assist you to sleep more soundly. There are, however, women who report bouts of wakefulness at night-time after applying progesterone cream. This isn't uncommon. If you believe this is the case for you, then apply cream first thing in the morning after showering.
- Understand, through the use of charts, typical short & long term physiological changes that occur during on-going natural progesterone therapy.

Recognize progesterone supplementation characteristics versus problems that require further investigation by your GP.

- Progesterone should NOT be used by women with any of the following conditions:
 - Severe active liver disease ie. cholestatic jaundice, hepatitis, Rotor syndrome or Dubin-Johnson syndrome
 - Any unexplained or abnormal vaginal bleeding
 - History of herpes gestationis, jaundice of pregnancy
 - Known sensitivity to progesterone creams or any of their individual components
- Use in Pregnancy: Progesterone is the hormone essential for promotion and maintenance of pregnancy. Ovarian output of progesterone in the non-pregnant state is 25-30mg daily during the luteal phase. The placental output during the third trimester of pregnancy is 340-400mg per day. Where as artificial progestins contained in The Pill and conventional HRT are contraindicated in pregnancy, bioidentical progesterone exhibits no adverse effects on the fetus.
- Use while Breast Feeding: Progesterone supplementation appears to provide women suffering pronounced moods swings, perhaps bordering on depression, with a 'happy' and safe solution for mum and her baby, and does not appear to interfere with milk production.
- Contraception: Caution should be exercised if supplementing progesterone while you are also taking the contraceptive pill or cortisone.



Correct application of cream

- A standard dose that mimics physiologic tissue levels is between 15-30mg progesterone per day.
- A 'one size fits all' cookie-cutter approach to progesterone supplementation is just not realistic. You need to individualize dosage and application methods according to your unique menstrual cycle, medical and family history, lifestyle considerations, diet, metabolism, etc.
- When progesterone replete, one application per day is usually sufficient. Some women, particularly when stores are low, prefer to split their dose into morning and evening applications to maintain a 24 hr coverage (progesterone levels fall 12-15 hours after application).
- Apply cream straight after a hot shower or bath, or when your body is warm.
- Apply cream to parts of your body where you can see veins close to the surface. Avoid grossly / extremely fatty areas (if you have any!) like the tummy, hips & thighs. Cream can be applied directly to the breasts and face.

Cream utilises fatty and cellular tissue as 'reservoirs' for storing progesterone. Unless women carry little or no body fat, over a period of time, they'll build up stores of progesterone such that a two-week break from cream is unlikely to cause any discomfort or trigger a resurgence of estrogen dominance symptoms. In some cases women might want to by-pass this lipophilic activity by applying cream closest to the blood vessels where it can be transported around the body to latch itself onto receptor sites. In this manner, you can be guaranteed relatively immediate bioavailability of this hormone.

- Rotate sites around the body for optimal effect.
- Advantages of site-specific application are generally associated with the problem you are attempting to treat. One example would be hormonal headaches (migraines). Try rubbing small amounts of natural progesterone cream on the temples hourly to relieve pain.
- Creams approved for vaginal use are now available, and have proved most effective.
- Do not use cream if it is gritty or smells rancid. Your cream may have gone off.
- Aim to work to physiological doses or achievable doses where you are symptom free. Never create an excess ... optimal balance means minimal risk.

- Query cream if you're not getting effective results. And if you should change your cream, try taking a month's break before switching. Ask yourself, "am I using my cream correctly?"
- Progesterone won't work without at least a little bit of estrogen to prime receptor sites. For those women who are menopausal or who have had a complete hysterectomy and are very thin (remember that body fat makes estrogen), use a premium phytoestrogen formula to support estrogenic benefits. Evidence to-date suggests the estrogen 'estriol' is safe to use to control menopausal symptoms, and that it may even be protective against breast cancer.



Cyclic use

- Progesterone is a cyclical hormone and the body really needs to see a change in the concentration to affect a proper physiological response. If your levels of progesterone are constantly above the concentrations that it recognizes as "off" or low, this is not possible.
- Progesterone cream utilizes fatty and cellular tissue as 'reservoirs' for storing progesterone, providing a more sustained level of progesterone exposure. This 'storage' was validated by Chang et al in their 1995 study utilising transdermal progesterone on women with breast cancer. But an accumulation of progesterone in the body can lead to suppression of natural hormone production and can promote abnormal actions in the body.
- Always follow cyclic usage to avoid menstrual irregularity & problems, and down-regulation of receptors which will render progesterone less effective.
- Always allow 6-8 weeks on natural progesterone therapy to reach saturation levels, adjusting dosage according to symptom relief. A break from cream may or may not be necessary during this time depending on symptoms and individual response. Of course, given each woman's physiological uniqueness, there'll be exceptions.
- After the first 8 weeks, periodic breaks from cream MUST follow.
- Ideally, we should observe what happens in nature and copy it. Always take a break from natural progesterone therapy on your true menstrual cycle. If you no longer get a period each month, then the break from cream would be the functional equivalent of your menstrual period as you remember it. If you're not at all familiar with what your own body did, then go with the "cookie cutter" approach. Apply progesterone for 3 weeks straight, and break for 1 week - 7 days. This will mirror a cycle of sorts.
- Ignore breakthrough spotting that may occur in between your normal period. This will assist synchronisation of your body's natural cycle. But ALWAYS follow-up breakthrough bleeding problems with your GP to rule out anything sinister!
- Men do NOT need to cycle like premenopausal women and can safely take the progesterone daily. The dose of natural progesterone for men is 10 to 12 mg per day. Dose can be split and taken twice a day.



Discovering your optimal level

- Progesterone dosages higher than the optimal level for your body will result in reduced benefits (down-regulation of receptors).
- In excess, progesterone can cause lethargy or sleepiness, which is often reported when women use oral progesterone.
- The ideal treatment ratio between progesterone [P] to estradiol [E2] is 200~300:1. In healthy women without breast cancer, we find that the saliva progesterone level is routinely 200 to 300 times greater than the saliva estradiol level. In women with breast cancer, the saliva P/E2 ratio is

considerably less than 200 to 1.

In women using topical progesterone the expected P/E2 ratio in most women is about 200-1,000:1 (ZRT Labs). Dr Zava states that this is only an observation of where most women's salivary progesterone levels would be when using 10-30 mg of topical progesterone and collect their saliva at 12-24 hours post supplementation.

The ratio of progesterone/estradiol is only a guidepost to see where you fit relative to expected ranges in women who often have symptomatic relief from the progesterone.

- Monitor how your body metabolizes progesterone cream through regular salivary hormone profiles. You would adjust your dosage of progesterone (use more or use less) according to your estradiol levels measured by saliva testing coupled with symptom relief.
- Safety margin: High progesterone levels are reported to cause no particular side effects other than a decrease in potential progesterone benefits. This loss of effect due to excessive dosing is not uncommon. Progesterone cream has the potential to accumulate and contribute to disruptions in the adrenal hormones such as DHEA, cortisol, and testosterone. Elevated levels of progesterone are not healthy. Lower dose creams help you avoid this. What you need to do here is restore normal progesterone to estrogen ratio with the aid of saliva assays. Mirror Mother Nature's template. Optimal balance equals minimal risk.
- In cases of overdosing, you need to take appropriate steps to wash progesterone from the body. If your progesterone levels exceed the normal reference range, then STOP using cream and begin monthly monitoring of your progesterone levels.
- Natural estrogen replacement therapy has its place when estrogen supplementation is indicated.
- Guidelines to using Bioidentical HRT:
 - Use saliva hormone testing for a complete and individualized hormone profile.
 - Supplement hormones only when you have confirmed you are truly deficient in them.
 - Use only human-identical hormone replacement therapy rather than synthetic hormones.
 - Apply hormone replacement transdermally (through the skin).
 - Supplement hormones according to your unique reproductive cycle.
 - Use only in dosages that provide normal physiologic tissue levels.
 - Take cyclic breaks (from cream) to rest receptor sites, and sustain balance.
 - If symptoms of hormone imbalance persist, consult you physician. Your individualized prescription of human-identical hormone therapies may need to be adjusted.

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Capturing your data

- Graphically chart and/or journal your symptoms and dosage to determine trends, recognize over or under-dosing, understand & control symptoms.
- Learn to identify your hormonal barometers, idiosyncrasy, and triggers.

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Self-medicating

- Rudel and Kincl (International Encyclopedia of Pharmacology and Therapeutics: The toxicity of progesterone, 405-409), in their review of the international literature, noted that "Nowhere ... is the oral toxicity of progesterone reported." Though we don't recommend women take progesterone orally (transdermal delivery circumvents the digestive system, avoids first pass loss liver metabolism) it's worth noting here that research has shown natural progesterone is safer than all over-the-counter pain medications currently available, and there has never been a single case of anyone being admitted to hospital due to a poisoning from this human-identical hormone.
- Natural progesterone is referred to as 'natural' because it represents the same human-identical molecule naturally occurring in the body. It can, therefore, be introduced with relative safety and minimal, apparently benign side effects because the body recognizes it.

'Side effects' may include breast tenderness and swelling, fluid retention or slight vaginal bleeding that corresponds with estrogen dominance 'wake up'. Dizziness, nausea, fatigue, headaches and light headedness have been reported occasionally and usually disappear with adjustment of dose.

These effects, though not altogether pleasant, are in fact a good indication that hormonal changes are taking place, and the body is absorbing the progesterone. Generally, side effects last only a few days before they pass. If this isn't the case for you, try reducing your dose.

If using less progesterone does not provide symptomatic relief, you might need to increase your dose. Low doses of progesterone are sometimes less likely to be effective in women who have estrogen levels that are fluctuating erratically from high to low (common as women approach menopause, ie. perimenopause).

- Feedback provided to our Network suggests overdosing can occur when women apply cream a little too liberally without monitoring progesterone uptake. They fail to reduce their dose to the least amount of progesterone they can manage while achieving sustained symptom relief. When a woman's bio-available progesterone levels exceed the corresponding reference range captured on their saliva assay, they simply need to go off cream until saliva readings suggest they are back within a healthy progesterone to estrogen ratio (refer to #5).
- In most cases, at least where reliable information is available to them, women use progesterone cream sensibly and effectively. And although the jury is still out, the growing body of evidence suggests women run a very small risk of actually endangering themselves self-medicating with progesterone. They stay healthy and visit their GP once or twice a year for the odd check-up. Basically they go to great lengths to make sure they are NOT a burden to their country's often time floundering healthcare system. However, for those women who struggle to come to terms with the whole concept of hormone balancing using bioidentical hormones, we strongly recommend they work closely with a collaborative GP who understands and is competent prescribing natural hormone replacement therapy.
- If a woman is using estrogen replacement therapy it's recommended when adding progesterone she reduce her estrogen dose by approximately one-half. This, of course, should not be attempted without first consulting with your treating physician.
- Dr. Helene Leonetti's study effectively proved that progesterone cream protects the uterine lining (the endometrium) as well as synthetic progestins do. Her study comparing PremPro with Premarin and progesterone cream was published in a major peer-reviewed medical journal (JAMA 2002; 287:216-220. Anasti JN, Leonetti HB, Wilson KJ. Topical progesterone cream has antiproliferative effect on estrogen-stimulated endometrium. Obstet Gynecol 2001; 97 (Suppl 4): S10).
- Women with an intact uterus and using unopposed estradiol in conjunction with progesterone cream must have an ultrasound to examine endometrial thickness or an endometrial biopsy done at 12 monthly intervals.



Getting a prescription from your doctor

- Natural-to-the-body or 'bioidentical' progesterone [as it is now more commonly referred to] cannot be purchased over the counter in some countries. These include but are not limited to Australia, New Zealand, UK and Canada. Paradoxically, in such countries where progesterone is classified a 'prescription medication', GPs more often than not are unable to find this so called 'drug' listed in their pharmaceutical prescribing manual, the result of which will see women being offered only artificial estrogens or progestins.
- Unless you are fortunate to have a doctor who believes 'artificial' drugs are not always the best or only option, or unless you specifically request it, you are unlikely to ever be offered natural progesterone.

It's a fact, albeit a sad one, that the vast majority of doctors are 'drug fixated' and adhere rigidly to their profession's traditional prescribing habits. Our doctors have not been brought up to speed on human-identical HRT and, therefore, haven't the faintest idea what we're talking about when we come to see them requesting a safer alternative to synthetic HRT (given its consistent bad press

in recent times).

Doctors are encouraged to prescribe potentially harmful drugs that have been clinically proven to be carcinogenic, but see absolutely no reason why they ought to remain open-minded (at least!) to studies validating the safety and efficacy of human-identical hormones like progesterone which may, according to new emerging evidence, actually prevent cancer!

- If you fail to get a progesterone script from your doctor, and walk out with yet another hefty bill wondering what went wrong, we suggest you re-evaluate why you allowed yourself to be (a) intimidated, (b) made feel insignificant such that your needs were not worthy of acknowledgement, (c) disempowered by your doctor's presumption of knowledge on natural progesterone, and (d) why perhaps the approval of your GP was more important than your right to have a say in what goes into your body.
- Vote with your feet! Find another doctor who *will* support your choice. Most compounding pharmacists have a list of doctors in the local area who are progesterone savvy. Alternatively, contact a Saliva Hormone Testing facility near you. They generally maintain a database of medical professionals using their services and are happy to refer.



Be active in your choices

- Understand your choices. Know the difference between Bioidentical Hormone Replacement Therapy (BHRT) as opposed to conventional 'artificial' Hormone Replacement Therapy (HRT).
- Give consideration to BHRT over synthetic HRT to regulate hormone imbalance. Bio-identical hormones when applied topically bypass the liver and gut, can be administered in smaller doses, and can be used as a precursor to build other steroid hormones within the body.
- Learn how to maximize your body's ability to uptake natural progesterone cream effectively. We endorse a holistic approach, ever mindful that hormone imbalance is multi-factorial. Do not underestimate the value of good nutrition, herbal formulations, stress management, exercise, and vitamin and mineral supplements in adjunct to natural progesterone.
- Learn what diagnostic tests are invaluable in the monitoring of hormone balance and assessing effectiveness of treatment. We suggest employing blood serum AND saliva assay profiles to more accurately capture changes in your hormone levels. Example One: Use pap smear results to monitor the treatment of cervical hyperplasia during natural progesterone therapy. Example Two: Use ultrasounds to monitor the progress or regression of uterine fibroids & ovarian cysts.
- The intolerance / ineffectiveness of natural progesterone therapy needs to be addressed. Examples would be dysfunctional liver, hypothyroidism or thyroid hormone resistance, exhausted adrenals, presence of other diseases and certain medications. Check out all possibilities with your doctor.
- Develop strategies & techniques for reducing and keeping on top of estrogen dominance.
- Learn how to eat correctly to maximize your metabolism and hormonal constitution.
- Incorporate diet and formula high in plant sterols to induce estrogenic benefits and maximize progesterone performance in the body without increasing estrogen dominance.
- Empower yourself through information. Become more responsible for your hormonal health ... so that when you next visit your healthcare professional you can make an 'informed' choice.



Our formula for hormone harmony

- Accurately identify hormone deficiency and hormone excess via a saliva test.

- If medically indicated, get onto a reliable natural progesterone cream
- Use cream as indicated to remain symptom-free
- Take cyclic breaks to enhance cream performance
- Use a premium herbal formula that encourages the ovaries and other glands to produce the needed hormones.
- Reduce your exposure to toxins (foods & environment)
- Chart cycle regularly to monitor fluctuations and to detect patterns / triggers
- Regularly 'spring clean' your liver to enhance immunity, hormone health and metabolism
- Maintain gastrointestinal integrity and efficient bowel elimination
- Identify & control stress levels
- Maintain a healthy weight-to-height ratio
- Avoid refined sugars and processed foods
- Increase your essential oil intake (Omega 3-6-9), eliminate saturated fats
- Include premium nutritional supplements, particularly if you're over 40
- Drink at least 2 litres filtered water a day
- Avoid fizzy drinks and caffeine where possible
- Get into the habit of exercising regularly and moderately
- Learn how to relax through recreation and/or meditation
- Acknowledge changes in your life and address them
- Have annual check-ups and appropriate tests
- Regular hormone readings & saliva assays - check that hormones are in balance with your stage of life
- Trust yourself - your intuition & your instincts





Arm yourself with knowledge - join our Network today!

The information contained in this ebook '10 Things You MUST Know About Natural Progesterone' is excerpted directly from the Natural-Progesterone-Advisory-Network.com membership website.

As a [member](#) you will have access to all the information you need to make an informed decision on how to treat your symptoms:

- Over **300 articles** on natural progesterone, many of which are authored by leading medical professionals
- Our **Step-By-Step Guide to Getting Started**. Here you will find answers to all your questions about locating a doctor, finding the best quality products, dosage, usage and much more.
- **Answers** to Frequently Asked Questions.
- **Support and encouragement** in finding the right kind of help.
- Details of clinical experiences provided by a panel of **medical professionals** (some of them the best in their field).
- The **stories of women** who have struggled with the same issues, and found relief with natural progesterone.
- **Discussion forums** and a help-line.
- Links to all the **latest research and resources**.

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You risk nothing, and have a whole new life to gain:

- **Full money-back guarantee**. If you are not completely satisfied with the benefits you receive as a member, let us know within 60 days and you will receive a full refund. No questions asked.
- \$1 of your membership is donated to the **Progesterone Research Institute**. That way we can all keep learning.
- Immediate access to over 300 articles, discussion forums, a help-line, FAQ's and much more. All the information you could possibly want in your search for answers.

[Click here](#) to become a member right now and start learning more.

"As I have said, time and time again ... GREAT site. Quite informative. I give all my patients who desire to know more about BHRT, Dr Lee's tapes, Dr Zava's site info and your web address. This provides an unbelievable combination and foundational materials on which we can later build."
Dr Robert W Patterson, MD, Sanford, NC

"Catherine Rollins has made educating women (and men) on the safe and effective use of natural progesterone her passionate cause. She shares her knowledge in a delightful, down-to-earth manner. Bookmark this website. You will refer to this information over and over for guidance and support." **Dr. David Zava, Ph.D., Hormone expert and Co-Author, "What Your Doctor May Not Tell You About Breast Cancer"**



How to order your cream

Cream Details:

Kokoro™ Women's Balance Crème

2 oz jar

Cream ingredients:

Deionized Water, Wild Yam Extract, Glycerin (vegetable derived), Caprylic/Capric Triglycerides (coconut derived), Safflower Oil, Squalane (Olive Oil derived), Cetyl Alcohol (vegetable derived), **Progesterone USP** (1.85% - 1,020 mg - wild yam derived), Cetearyl Alcohol (vegetable derived), Dex Panthanol (vitamin B-5), Allantoin (sugar beet derived), Xanthan Gum (seaweed), Retinyl Palmitate (vitamin A), Hydroxyethylcellulose (plant fibers), Phenoxyethanol (preservative).



Important factors to consider when applying a cream:

- Contain no surfactants, which are wetting agents.
- Meet vegan and vegetarian standards.
- Use a natural, full-spectrum preservative, silver chloride, as opposed to methyl, butyl, or propyl-paraben which are listed as skin irritants by Dr. Epstein.
- Are non-comedogenic - they won't clog skin pores.
- No herbs or extracts added for marketing appeal.
- All ingredients are either plant or mineral derived.
- No animal products or byproducts, nor any petrochemical based ingredients.
- Cruelty-free - NO animal testing.

Web Orders:

www.holistichealthtools.com

Order Enquiries:

lorrogers@yahoo.com

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Disclaimer: The information provided in this document is not intended, nor should it be construed, as a substitute for professional medical advice. It is intended as a sharing of knowledge and information from the research and experience of Catherine Rollins, experts in the natural progesterone community, and our network of hundreds of women who have been using natural progesterone over the past ten years. We encourage you to do your own research and make your health care decisions in partnership with a qualified health care professional

The **Natural-Progesterone-Advisory-Network.com** is staffed by lay people who have made women's health issues their passionate cause. We are not medical professionals nor do we claim to be. The information we present here comes from a multitude of reliable sources and represents years of extensive research. The sole purpose of the Natural-Progesterone-Advisory-Network.com is to disseminate the information we find. What you choose to do with this information is strictly a personal matter between you and your health care provider.