



WOMEN'S MIDLIFE SPECIALIST, INC.

# YOUNG HORMONES™



Balancing and Maintaining  
Youthful Hormone Levels

Top 15 Signs and Symptoms of Hormone Decline  
When to Test Your Hormones  
How to Choose and Use the Right  
Young Hormones™ Product  
With and Without Testing



# Guide to Balancing and Maintaining Youthful Hormones

By Dr. Karen Leggett, Women's Midlife Specialist

## Part One: Top 15 Signs of Hormone Change:

1. Difficulty Sleeping
2. General Fatigue
3. Brain Fog, Memory lapses and Forgetfulness, Poor Focus
4. Urinary Leakage and Incontinence
5. Low Sex Drive
6. Headaches
7. Dry Vagina
8. Rapid Aging with Skin, Hair and Nail Changes
9. Dry Eyes
10. Dry Vagina
11. Hot Flashes / Night Sweats
11. Mood Swings, Sadness, Anxiety, Irritability and Panic Attacks
11. Weight Gain
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15. Aches, Pains and Stiff Joints

## Part Two: Should You Test Your Hormones Before Starting Young Hormones?

1. When NOT to Test Your Hormones First
2. Specific Times Testing is Warranted Before Starting Young Hormones

## Part Three: How to Restore your Hormones to More Youthful Levels

1. Choosing and Using the Right Young Hormones Product for You Without Testing
2. Choosing and Using the Right Young Hormones Product with Testing

## Introduction:

Welcome! This is Your key guide to Balancing and Maintaining Youthful Hormones Levels with Young Hormones. I, Dr. Karen Leggett, will be your hostess!

How you feel is important to me, because if you have had a chance to find out about me, you know that even though I am a doctor, I once suffered terribly with signs and symptoms of hormone decline. I am a double board-certified physician in both Family Medicine and Geriatrics, part of the Fellowship with the American Academy of Anti-Aging Medicine, and have been dedicated to helping women throughout my entire career.

I know who I am, and I know most women are like me! Full of Spit and Vinegar and Love! And every single one of us deserves to feel our best. I believe the happiness of our family is dependent on us feeling our best.

In this guide, you will first discover the top 15 signs and symptoms of hormone decline so that you can be more aware of what may be happening with your body. Then you will discover whether you should test your hormones, or whether you can start using Young Hormones without testing first. And lastly, part three of this guide will move you forward and show you exactly how to restore your hormones to more youthful levels!

Happy Reading!

With Spit and Vinegar and Lots of Love,

Dr. Karen Leggett

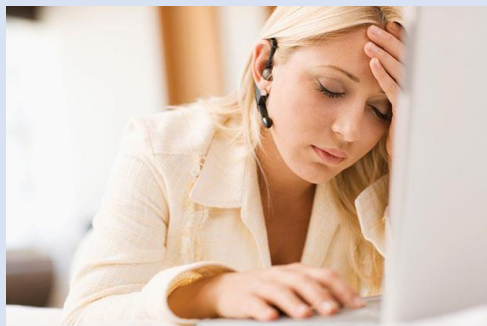


## Part One: The top 15 Signs and Symptoms of Hormone Decline



The first symptom you should be aware of is ongoing persistent lack of good solid sleep. Many women experience insomnia or some form of sleeping problems for a long time before they even realize that they are sick of it. At first it is something you may just push off as stress or a busy time in your life. But then, for many women, it doesn't improve. Different types of problems with sleep can be different for different women, and include difficulty falling asleep, staying asleep or waking too early and not being able to go back to sleep. Some women have something I call "Brain Chatter!" That is when your mind just yaks at you all night, blab blab blab, preventing you from feeling like you ever get a good stretch of real sleep!

These can be signs of Progesterone decline. Progesterone is our CALMING sex hormone, and actually the first sex hormone to decline, starting in your mid to late 30's – which is usually a big surprise to many women.



The second symptom to be aware of is General Fatigue. Fatigue is extremely common with hormone changes. If you are one of the lucky ladies who sleep well, despite declining Progesterone, fatigue can still occur. Testosterone is our vital energy-forming sex hormone. And it starts declining around age 35 as well. In fact, it declines about 50% between the ages of 30 and 50. That's a lot! The decline of Progesterone is also a factor in your reduced energy levels. Progesterone helps your thyroid hormone's ability to function properly. And our Thyroid hormones play a large role in our energy level. In fact, about 50% of all women by the time they reach their 50's have low thyroid function.



The third symptom is termed “Brain Fog” or plain ole memory loss. This can be rather embarrassing and frustrating when you can’t come up with what you want to say in a conversation. It’s as if your vocabulary knowledge base just disappeared!

Organizing your day and projects becomes more difficult and the projects take longer to accomplish. Some women secretly worry they may be developing early signs of dementia because they frequently find they lose their train of thought, forget things easily, and simply feel their thinking is “fuzzy.” There is an explanation to these changes. Estrogen is very active in our

brain! It works in the areas of the brain that control memory, organization, and communication. Women are generally great communicators. But, as our Estrogen declines, coming up with the words becomes more challenging.



The fourth symptom you should be aware of is Urinary Leakage and Incontinence. Estrogen AND Testosterone are very important for pelvic floor strength. And as these hormones decline, your pelvic floor muscles get weaker, making urinary leakage a real possibility. You might experience some leakage when you cough or sneeze. Or you might notice a little leakage when your bladder

starts filling up and it is time to take a bathroom break. This is called stress incontinence.

Another form of leakage, or incontinence, is when a very strong urge to urinate suddenly comes on and you have difficulty making it to the bathroom on time. This can be extremely frustrating because you are always needing to scope out all the nearby bathrooms when you are away from home.



The fifth symptom of hormone decline is: Low - Sex - Drive. Have you ever thought that your once sizzling sex drive kind of fizzled out? Well, it might surprise you that it's not all about just Testosterone. Though we automatically think that Testosterone is the culprit here, there is more to our drive than that. Our Estrogen drives our femininity and our feeling of being sexy, and desired, just as much as Testosterone does.

(Also, our Adrenal hormones, DHEA and cortisol, play a huge role in our sex drive.)



The sixth symptom of hormone decline is Migraine Headaches. This is a big one. Migraine headaches are so common in women, particularly right before your period starts, or right in the middle of your monthly cycle. Again, clearly hormonal. Progesterone once again plays a huge role in this debilitating problem. Migraine headaches commonly worsen or even appear for the first time when you enter into your mid to late 30's, right at the time Progesterone starts to decline. If you start experiencing Migraine Headaches in your 30's - think hormone imbalance, particularly Progesterone decline. This happened to me, and I have treated many women with the same. Fortunately, the solution is simple and easily fixed.



The seventh symptom of hormone change you should be aware of is the Skin, Nails and Hair changes that occur as our hormones change. Estrogens affect skin thickness, wrinkle formation, and our skin's moisture. Estrogens increase substances called glycosaminoglycans. Hyaluronic Acid is an example of glycosaminoglycans which helps retain moisture in your skin. I added Hyaluronic Acid to Young Hormones for all of you ladies out there who want to dab just a bit onto the

skin around your eyes and cheeks! Estrogen also increases collagen production in the skin, which helps with the thickness of our skin. Together, Glycosaminoglycans and collagen help keep our skin plump and hydrated with far less wrinkle formation as we age. As our Estrogen levels decline, our skin gets thinner and dryer and we notice increased fine lines, wrinkles and an appearance of less fullness.

Estrogen also helps our hair grow, appear healthy and nourished with moisture just as it does with our skin. Unfortunately, if you experience a sudden drop in your Estrogen levels at menopause, you may also experience an unusually high amount of hair loss all at once.

Hair loss can also occur in some women due to an imbalance between their Testosterone and Estrogen levels. If the ratio of Testosterone to Estrogen is high, excessive hair loss can occur. This is called female pattern baldness.



The eighth symptom of hormone change is Dry Eyes. Some women think they are developing allergies and that this is causing their eyes to burn. But dry eyes are very common in women as our hormones decline. When our eyes are dry, they feel scratchy, irritated and burn. They also can look red, which makes us look older than we really are. I can attest to that, since I have a genetic eye condition that requires me to use a medication in my eyes daily

which *causes* red eyes! Though there are many causes of dry eyes that are not hormonal, about 60% of postmenopausal women will experience dry eyes due to declining hormones. Historically it was felt that Estrogen decline was the main cause of dry eyes in women, since women by far outnumber men with this condition. However, it is now known that a decline in Testosterone and, likely, DHEA are also hormone culprits for Dry Eyes.

## Untreated Tissue

Narrowing of vaginal canal

Thinning of tissue

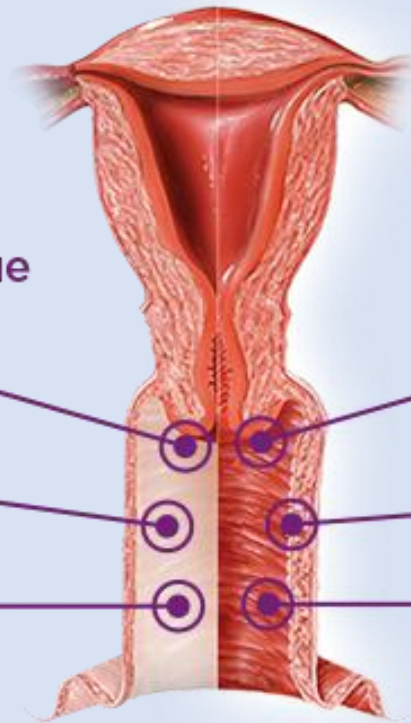
Pale and dry appearance

## Treated Tissue

Normal bacteria and other microorganisms  
Normal vaginal pH

Thicker tissue

Increased lubrication



Let's move on to symptom number nine, the Dreaded Dry Vagina. Many women experience a drying of vaginal tissues at different times of their hormonal change. If you are a thin woman, you are likely to experience this at an earlier age than if you are a heavier set woman. This is because Estrogen is the main hormone that maintains the elastic nature of the vagina and the moistness within the tissues. Fat cells produce Estrogen, and, so, if you are naturally thin, you have a lower Estrogen production than women who have a higher percentage of body fat. There are some serious complications of a dry vagina. It is not just about discomfort during intercourse that can be so discouraging... though... that is certainly enough to deal with by itself. There is another condition called lichen sclerosus of the vaginal tissues that can occur with low Estrogen levels that cause scarring of the inner labia and vaginal tissues, and this scarred tissue becomes whitish in appearance, stiff, and loses its elasticity. It is serious and difficult to reverse... and it results in very uncomfortable intercourse. It is best to catch a dry Vajayjay early on and take care of the problem at the source – low Estrogen!





The tenth symptom that your hormones are changing is Mood Swings, Irritability and Feelings of Sadness. Mood Swings, sadness, anxiety, irritability and even panic attacks are linked directly to our sex hormones. Estrogen, Testosterone AND Progesterone all affect our brains by influencing chemical messengers called neurotransmitters such as dopamine, serotonin, acetylcholine and Gamma amino butyric acid. PMS or premenstrual syndrome,

is caused by fluctuations that are expected during very specific times of our menstrual cycle. Since these fluctuations are at specific times, they are considered “normal fluctuations” or “expected fluctuations.” We all know what that means. At certain times of the month, usually in the middle of the month when you’re ovulating or at the end of the month right before your period, these expected fluctuations occur and you are more likely going to experience mood changes.

However, when we start moving into perimenopause – age 40 to 50’ish, these fluctuations are no longer occurring at reliable and specific times of the month, and INSTEAD start happening at UNexpected times – and, thus, we experience mood swings and the “emotional rollercoaster” at just about any time – sometimes without any rhyme or reason to its occurrence.

As I mentioned earlier when talking about brain fog, Estrogen is very active in the brain. It has very specific anti-depressive effects in the brain by stimulating serotonin and dopamine – two brain chemicals that improve our moods. However, that doesn’t mean that the higher the Estrogen, the happier we are. It isn’t that simple because it is still all about balance between Estrogen and Progesterone. Progesterone is also very active in the brain. In fact, it may be as high as 20 times more active in the brain than it is in the blood. Progesterone has calming effects on the brain and stimulates GABA, or Gamma aminobutyric acid, our calming neurotransmitter. As levels of Estrogen go unbalanced from low Progesterone, we are more prone to feel tension, anxiety and panic attacks. On the other hand, as our levels of Estrogen decline, we can experience episodes of depression.



set off a string or series of hot flashes as well.

Symptom eleven is Hot Flashes and Night Sweats! Hot flashes and night sweats are one of the most common signs of hormone imbalance that women easily recognize. Sometimes we can recognize a trigger that sets off a hot flash such as spicy foods, wine, smoking, caffeine, sugar and starches. These are all very common triggers. Stress is also a common trigger. And if you are accustomed to exercise, and suddenly go without, you may

Hot flashes usually are initially provoked by a Progesterone to Estrogen ratio imbalance – called “Estrogen Dominance.” This may seem counter-intuitive to you because you might think that an Estrogen dominance would protect you from hot flashes, but this is not the case at all.



Symptom number twelve! You guessed it! Weight Gain! Yuk! And it seems to be directly applied to our stomachs! Gaining weight can be a serious game changer for your self-esteem, and I truly understand how detrimental this can be when you feel you have no control over what is happening to your body.

I assure you it doesn't have to be this way. There is no reason you must accept weight gain during premenopause, perimenopause, menopause and beyond. But to prevent weight gain, you must know the facts, and how to overcome them. Because yes, just as you suspected, sex hormone changes DO INCREASE our likelihood of gaining weight.

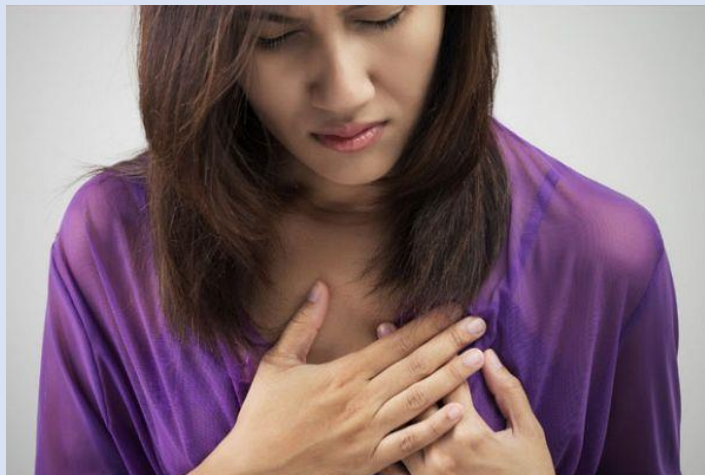
Though there have not been studies done in humans, numerous studies in animals have shown that Estrogen helps control body weight. In animal studies, Estrogen decline has been shown to result in lab animals EATING more and becoming LESS PHYSICALLY active. The cause of this is not known. However, one clue is that research has demonstrated that reduced Estrogen causes a reduction in thyroid hormone production and function. This means that your metabolic rate, the rate in which you burn calories, DECLINES as your Estrogen declines. There is also evidence that declining Estrogen results in the body's inability to use starches and sugars as effectively as it once did. (Another reason for belly bloat with carbohydrates!) Both issues result in increased fat storage, as well as create a much more difficult time for you to lose weight and keep the weight off. However, with all that bad news, there is research that suggests Estrogen hormone therapy can increase your metabolism.



Symptom number 13! Gas and GI disturbance – Yep! Those annoying days of feeling bloated or like being five months pregnant may be hormone decline. In fact, gas and bloating is more commonly complained about than Hot Flashes! And rarely do people realize this is a symptom of hormone decline. Instead women will do everything right to help themselves, including eating a perfect diet while everyone else around them is indulging on the foods they want to eat... and still feel bloated with the tiniest “cheat food.” Most women who search out an answer end up deciding that they are gluten

intolerant and go gluten free. I was one of them. I didn't start adding Estrogen to my bioidentical hormone regimen fast enough and I constantly just felt like a blimp-o! Though it is true that gluten is becoming more commonly problematic, have you ever wondered why women seem to try everything to stop their bloating while their male partner doesn't seem to have the same problems? Or why these problems suddenly start showing up in the mid 40's or so?

Once again, Estrogen is a huge player in bloating. As Estrogen declines, the stomach produces less gastric fluid to digest food. This causes digestion to slow down and the food to sit in the stomach, and even pass through the entire bowel system more slowly. Thus... you guessed it. Bloating and gas.



Symptom number 14 is heart palpitations. This is really a tough one because no one wants to take heart palpitations lightly. Heart palpitations can be serious and caused by something totally unrelated to hormone decline. But for most women in their midlife years, the million-dollar cardiac workup leads to no cause of the symptom. Though I could never say that it isn't worth the work up, I can say with confidence that it is not difficult

for me to offer reassurance to most of my female patients who are in premenopause, perimenopause or menopause. I have a specific cardiologist who is my favorite in town to refer these ladies to. If you have diabetes, heart disease, smoke or are significantly overweight, heart palpitations may more likely be associated with a heart condition. But if you are the average woman of midlife years, and are experiencing heart palpitations, and they are not continuous, or persistent, the likelihood of them being related to a cardiac condition is low.

Symptom number 15 is the last symptom I am including in this Guide, though there are certainly more less common symptoms that could be including here. And just because this is the last symptom. it isn't by any means the least common!



Symptom number 15 is Joint Aches, Pains and Stiffness. This is so common that doctors have coined the term “menopause arthritis.” Just as Estrogen plays a major role in collagen for your skin, it also plays this same role in the collagen of your ligaments and tendons. In fact, frozen shoulders are very common in our perimenopausal years. Particularly in women who also have a low thyroid. I

personally experienced frozen shoulder and was determined to resolve it with aggressive physical therapy and a relook at my hormone balance. (My Estrogen needed another little boost!) I am happy to say, I have full range of motion in both my shoulders now!

## Part Two: Should You Test Your Hormones Before Starting Young Hormones?



Testing your hormones is super easy. Especially since you can do it in the privacy of your home with ZRT Lab testing kits! I prefer Saliva testing, and have provided a step-by-step chart to easily follow on exactly how and when to use Young Hormones Cream should you do ZRT saliva testing first.

But, I also understand that not every woman *can* test their hormones. And these women should have the same opportunity as any other woman who can afford to test and even see an Anti-Aging physician! Having managed so many women's hormones over the years, and recognizing that the vast majority of women balance beautifully and safely on the same doses simply based on their age and cycle in life, I have committed to giving all women an opportunity to help them by providing another easy-to-follow chart on how and when to use Young Hormones Cream without testing.

However, it is also important to make sure you are up to date with your Primary Care Physician and/or Gynecologist, because some symptoms of hormone decline may overlap with medical conditions, such as anemia, thyroid conditions, infections and autoimmune disorders.

In addition, if you have abnormal vaginal bleeding or irregular periods, make sure your pap smear and gynecological visits are up to date.

Assuming your doctor has ruled out any medical cause of the symptoms you are experiencing, you are ready to move forward with Young Hormones!

### **When NOT to Test Your Hormones First:**

Although it is not absolutely necessary to test your hormones before starting Young Hormones, for most woman it is helpful so that you have a baseline to go by. However, there are two situations in which you do not want to test right away.

These two times are:

1. Currently taking a synthetic hormone replacement therapy containing a ProgesTIN (see list below).
2. Currently on any form or Oral Contraceptive Pill.

The reason you do not want to test your hormones before starting Young Hormone Creams is because the synthetic ProgesTIN in your medication is inhibiting your body to produce your natural Progesterone. Therefore, I have put together a step-by-step guide on how to wean from these medications should you decide to start Young Hormones.

Please refer to these guides on our website in the Hormone Library.

### **List of Medications That Contain, in Part, a Synthetic ProgesTIN**

1. Medroxyprogesterone (such as in Prempro and Premphase)
2. Norgestimate (such as in Prefest)
3. Norethindrone acetate (such as in Activella, Fmhrt, Fyavolv, Jinteli and Mimvey)
4. Norethindrone is also in the Combipatch\*\*
5. Levonorgestrel (such as in Climara Pro)
6. Drospirenone: (such as in Angeliq)
7. ALL Oral Contraceptive Pills

(\*\*Norethindrone is also in the Combipatch and requires a different weaning guide)

## Specific Times Testing is Warranted Before Starting Young Hormones to Assure Proper Product

Though testing your hormones is always helpful to fine tune your usage, there are very few reasons you MUST test your hormones before starting. If you are experiencing any one of the following 8 things, test your hormones before starting Young Hormones, so that you can get off to the best start. You will be glad you did! Here they are:

1. Significant Acne: not just pimples here and there, but true acne
2. Hair growth on the face: not just a little additional hair above the upper lip or a long hair here or there... but true hair growth!
3. Loss of hair on the head like “Male Pattern Baldness” – on the two upper sides and front of the head
4. BMI (Body Mass Index) greater than 30 (this one is debatable)
5. PCOS (Polycystic Ovarian Syndrome) – also please check out the PCOS DIVA on the internet for additional help!
6. History of Uterine Cancer. (Uterine Cancer does NOT mean you cannot use Young Hormones, but it does mean you should test first.)
7. History of Estrogen Receptor Negative or Triple Negative breast cancer. (Estrogen negative and Triple negative breast cancer does NOT mean you cannot use Young Hormones, but it does mean you should test first.)\*\*
8. History of Ovarian Cancer. (Ovarian Cancer does NOT mean you cannot use Young Hormones, but it does mean you should test first.)

\*\* Note: If you have a history of Estrogen Receptor Positive Breast Cancer OR TWO first degree relatives (mother, father, sister or brother) who have, you should NOT use Young Hormones without a consult with Dr. Leggett personally or with another qualified physician.

## Part Three: How to Restore your Hormones to More Youthful Levels

### How to Choose and Use Young Hormones Products if You Don't Test Your Hormones

The chart below is designed to help you pick the right product based on where you are in life relative to menopause: Premenopause, Perimenopause or Postmenopause.

1. Choose the product column for you based on Life Stage and where you are Relative to Menopause.
2. Find the suggested Amount and Frequency based on your age or menses.



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### HOW TO CHOOSE THE RIGHT *YOUNG HORMONES* PRODUCT FOR YOU

\*\*\*\* IF YOU DO NOT TEST YOUR HORMONES FIRST \*\*\*\*

Product	Hormone Protect		Hormone Heaven		Hormone Support
Life Stage	Premenopause		Perimenopause		Postmenopause
Relative to Menopause	Up to 10 years before menopause		3 years before through 3 years after menopause		4 years after menopause and beyond
Amount and Frequency	40-45 years old	Days 14-28 of cycle: 1 pump in a.m. 1 pump @ bedtime (May also be used days 7-28 of cycle)	Regular Menses	Days 7-28 of cycle: 2 pumps in a.m. 2 pumps @ bedtime	6 days of every week: 2 pumps in a.m. 2 pumps @ bedtime  (Skipping the same day each week is desirable but not necessary.)
	45-50 years old	Days 7-13 of cycle: 1 pump in a.m. 1 pump @ bedtime  Days 14-28 of cycle: 2 pumps in a.m. 2 pumps @ bedtime	Irregular or No Menses	6 days of every week: 2 pumps in a.m. 2 pumps @ bedtime  (Skipping the same day each week is desirable but not necessary)	



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## How to Choose and Use Young Hormones Products AFTER TESTING Your Hormones

The general idea is to try to keep one's hormone levels close to where they were around the age of 30. For most women, that means keeping the Estradiol (E2) between 2.0 and 3.3, and the Progesterone-to-Estradiol Ratio (Pg/E2) between 100 and 500.

In the chart below, use your test results (values) to determine the right product(s) to use and the amounts to use each day:

1. Choose Section 1 or 2 based on your menopause stage. Stay in that section.
2. Start in column 1 and find all rows that match your E2 value.
3. Go to column 2 and find your Pg/E2 ratio to narrow it down to one row.
4. Read columns 3 and 4 of that row for amounts and product(s).
5. Proceed to **NEXT STEP** to figure which days of your cycle to use the product(s).



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### AFTER TESTING: CHOOSING THE RIGHT YOUNG HORMONES PRODUCT FOR YOU

\*\*\*\* THIS CHART IS ONLY FOR THOSE WHO HAVE TESTED THEIR HORMONES and HAVE THEIR LAB VALUES AVAILABLE \*\*\*\*

**Definitions: E2 is Estradiol Pg/E2 Ratio is the Progesterone to Estradiol Ratio Pg is Progesterone**

#### Section 1: PREMENOPAUSE, PERIMENOPAUSE and up to 10 YEARS POSTMENOPAUSE

If your E2 is...	AND your Pg/E2 is...	Then use this amount...	of this Product ↓
Less than 1.3	Greater than 49	2 pumps in a.m. and 2 pumps @ bedtime	Hormone Heaven
1.3 to 1.6	Greater than 49	1 pump in a.m. and 2 pumps @ bedtime	Hormone Heaven
1.7 to 1.9	Greater than 49	1 pump in a.m. and 1 pump @ bedtime	Hormone Heaven
Less than 1.3	Less than 50	2 pumps in a.m. and 2 pumps @ bedtime	Hormone Heaven
		& 1 pump in a.m. and 1 pump @ bedtime	Hormone Protect
1.3 to 1.6	Less than 50	1 pump in a.m. and 2 pumps @ bedtime	Hormone Heaven
		& 1 pump in a.m. and 1 pump @ bedtime	Hormone Protect
1.7 to 1.9	Less than 50	1 pump in a.m. and 1 pump @ bedtime	Hormone Heaven
		& 1 pump in a.m. and 1 pump @ bedtime	Hormone Protect
2.0 to 3.3	Less than 25	2 pumps in a.m. and 2 pumps @ bedtime	Hormone Protect
2.0 to 3.3	25 to 49	1 pump in a.m. and 2 pumps @ bedtime	Hormone Protect
2.0 to 3.3	50 to 74	1 pump in a.m. and 1 pump @ bedtime	Hormone Protect
2.0 to 3.3	75 to 100	1 pump @ bedtime	Hormone Protect

#### Section 2: 10 YEARS POSTMENOPAUSE AND BEYOND

If your E2 is...	AND your Pg/E2 is...	Then use this amount...	of this Product ↓
Less than 1.5	Less than 50	2 pumps in a.m. and 2 pumps @ bedtime	Hormone Support
Less than 1.5	50 to 100	1 pump in a.m. and 2 pumps @ bedtime	Hormone Support
Greater than 1.5	Less than 100	2 pumps in a.m. and 2 pumps @ bedtime	Hormone Protect

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#### NEXT STEP: WHEN TO USE THE YOUNG HORMONES CHOSEN IN THE CHART ABOVE

If your Menses are...	Then use the Young Hormones on these days ↓
Regular	Days 7 to 28 of your cycle
Irregular	6 days every week (skip one day every week)
Absent (No Menses)	6 days every week (skip one day every week)

## Converting from Compounded Bioidentical Hormones to Young Hormones Anti-Aging Cream:

If you are on a topical bioidentical hormone product already, and want to switch over to Young Hormones, you do not need to wean from your current therapy. You can use the charts above to convert directly over to Young Hormones, unless you are experiencing any of the eight symptoms listed in Part Two of this guide. (See: Specific Times Testing is Warranted Before Starting Young Hormones to Assure Proper Product.) If you are experiencing any of these eight symptoms, testing before converting will give you the best results.

Note: If you have a history of Estrogen Receptor Positive Breast Cancer OR TWO first degree relatives (mother, father, sister or brother) who have, you should NOT use Young Hormones without a consult with Dr. Leggett personally or with another qualified physician.