Estriolle Use and Progestelle Use

Shake well before each use. Start Estriolle first 10 days, massage 1/4-1/2 dropperful/day (7-15 drops, 0.5-1 mg/day, 0.18 cc – 0.37cc) into skin at bedtime. Take Progestelle every day. Next 11 days, take Estriolle every other day. Take Progestelle every day. Then, take one week off from both. Then, take Estriolle every other day with Progestelle every day for 3 weeks with a 1 week holiday. Or nonstop Estriolle every other day with Progestelle every day for 6-12 months tapering slowly. The solution is cloudy with estriol. It is vital to avoid xenoestrogens for 2-3 months before taking, or, Progestelle may not work, "stop working", or you may get worse. May cause sleepiness. May cause shortness of breath that stops when washed off skin. At first, use one drop to test for allergy. If pregnant, do not stop Progesterone, consult physician. **Estriolle may be used directly on vaginal tissue, IF no allergy.**

1. Use Estriolle first 10 days every day, 7-15 drops, if psychological stress more may be needed.
2. Then, use Estriolle every other day.
3. Use Estriolle 3 weeks out of 4 weeks (1 week holiday).
4. "Franken Estrogens" (xenoestrogens) may interfere with Estriolle working properly.
5. "Franken Estrogens" (xenoestrogens) may interfere with Progestelle working even more.
6. A list of xenoestrogens and Recommended Products come with Progestelle, but not Estriolle.
7. See videos for Doctors at www.clearwoman.com, youtu.be/CnJ6Dv88ZYI and youtu.be/wqQkNBYfMVU for more information.

Estriol used with Progesterone is preferred, but this is NOT required. Call our Medical Doctor in Austin, TX (512) 275-6963 for a more refined explanation.

In the third trimester of pregnancy, the placenta produces 35-45 mg/day of Estriol.[1] **Thus, there is a large therapeutic range for Estriol. If more Estriol is needed to stop hot flashes, a woman can increase the Estriol dose safely. Some patients use 1 dropperful/every other day (30 drops, 2 mg, 0.72cc).** In some cases where the woman has high fear, stress, anxiety, Estriol may stop the Menopause Symptoms when Progesterone canNOT. This is because Estriol is not broken down to make cortisol to deal

with stress. However, progesterone may be broken down to make more cortisol to deal with stress. The woman needs to find the minimum dose of Estriol that works for her.

The human body makes 3 kinds of Natural Estrogen: Estradiol, Estrone, and Estriol. The human body makes one kind of Natural Progesterone: Progesterone. Estradiol is the “strong” estrogen that codes for the breasts and hips of a woman. Estrone and Estriol are “weak” estrogens. Practitioners are backing away from Estrone because it seems to be associated with breast cancer. However, Estriol or E3 has been used in Europe for 60 years. Estriol goes into the estrogen receptor, stimulates the receptor weakly, and blocks all the stronger and strange xenoestrogens from the estrogen receptor. Progesterone goes up 20 times and Estriol goes up 100 times during pregnancy. Pregnant women who deliver many times have a lower chance of breast cancer and endometrial cancer. Thus, it is thought that Progesterone and Estriol are cancer preventative.

Dr. Robert Greenblatt a prominent hormone therapy researcher in the 1980s stated that Estriol relieves hot flashes and prevents vaginal dryness without side effects. Dr. Wulf Utian, the editor of the North American Menopause Society's journal, “Menopause”, stated, "Estriol has the potential of reduced risk, but similar benefits to alternative estrogen or estrogen-progestin formulations. The potential to minimize risks yet maximize most benefits places Estriol in a unique category among estrogens.” In 1987, Dr. Lauritzen showed that Estriol relieved menopausal symptoms in a 5 year clinical trial of 2 mg of oral estriol succinate in 940 post menopausal women. Estriol was shown to protect against cancers of the breast and uterus. In the 5 years, 2 breast cancers developed (3 expected), and no endometrial cancer developed (3 expected).

Dr. Lemon ran a clinical trial of 28 breast cancer patients of 2.5-5 mg/day of oral Estriol therapy. Estriol induced remission or arrest of the metastatic tumors in 6 women (37%). In a 1975 article in "Cancer Research", Dr. Lemon stated that 2.5 to 5 mg/day orally might be a suitable minimum dose to prevent breast cancer. Pregnant women excrete 30 to 50 mg/day of estriol. The topical dose of Estriol is 10 times lower at 0.5 mg/day because the estriol goes straight into the body. Taken orally estriol is 90% 1st pass inactivated by the liver.

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A common problem is the degeneration of the vaginal lining after menopause with increased urinary tract infections (UTIs). In a 1993 Israeli study published in the "New England Journal of Medicine", 50 women were treated with 0.5 mg of Estriol cream every night for 2 weeks, then twice weekly for 8 months. 43 women had a placebo. The 50 women treated with estriol had 10 times less UTIs with only rare side effects. In a 1994 Swedish study, 0.5 mg of estriol delivered vaginally was shown to be equally effective as a low dose vaginal estradiol ring for vaginal atrophy in menopausal women. Improvements in vaginal dryness, painful intercourse, pain with urination, and urinary urgency were seen with Estriol without Candida infections. Candida infections were seen in 12 women taking Estradiol.

In mid-1996, 3 Japanese studies, 1 Italian study, and 1 Taiwanese study looked to Estriol to prevent bone loss. The 3 Japanese studies found that 2 mg/day oral Estriol increased bone density 1-5% over a period of a year. An Italian study found that 0.5 mg/day of vaginal estriol cream was somewhat effective to prevent bone loss. The Taiwanese study found that oral estriol succinate was ineffective to prevent bone loss. Topical application of estriol results in higher blood levels of estriol compared to oral ingestion. The five studies mentioned that Estriol relieved hot flashes and night sweats for most of the women without endometrial hyperplasia and less breakthrough bleeding. There was a remarkable lack of side effects.

In 1 of 5,000 women, using Estradiol and Estrone can mean blood clots. In contrast, Estriol does not increase the risk of blood clots. Estriol does not increase blood clotting factors in doses as high as 8 mg/day orally. This was the consensus of the review committee that met in the 1980s to review the efficacy of estriol.

In a 1996 study in "International Journal of Dermatology", precise objective testing measuring skin vascularization, skin elasticity and firmness, moisture content, wrinkle depth, and pore size showed improvement in 73-100% of women using estriol cream for 6 months. Skin samples showed increased type III collagen. Estriol is likely responsible for the softening of skin known as the pregnancy glow. Another article in the 1995 "International Journal of Dermatology", showed estriol creams effective for treating acne scars.[2]

<u>Warning: Progesterone will increase your sensitivity to xenoestrogens back up to normal. If you do NOT remove xenoestrogens, and take Progesterone, you may or may not feel the adverse effects of</u>

xenoestrogens more strongly. Ie headaches, weight gain, hair loss, acne, cramping, etc. Warning: Estriol will make you more bloated if you do not remove xenoestrogens from your environment. Test for allergy to coconut oil before using. Use only one drop on arm.

Warning: In rare instances, taking estriol and progesterone may result in a yeast infection. Usually, a yeast infection gets BETTER, NOT WORSE with estriol and progesterone. However, rarely, estriol and progesterone may result in a yeast infection in the vagina. A yeast infection is characterized by a milky white discharge and may have a cottage cheese consistency. There is vaginal itching and maybe some pain.

To treat the yeast infection, stop the hormones. Take Monostat. Take a good probiotic. Not all probiotics are good. Drink one glass of lemon juice water with 1 tsp of baking soda mixed in per day. Glenn also recommends that you use colloidal silver in the vagina in stubborn cases. College Pharmacy in Colorado Springs (719-262-0022) recommends a prescription 2 week course twice a day of boric acid vaginal suppositories in stubborn cases.

20% of women have candida or yeast without any symptoms. Hormonal changes can cause the asymptomatic candida to flare. **If you have not removed xenoestrogens from your environment, this may be the reason why estriol and progesterone made the candida worse instead of better. The long term solution is to first remove xenostrogens, THEN take estriol and progesterone. Usually, taking estriol and progesterone makes the candida better, not worse.**

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Advisory: The MCT coconut oil in Estriolle does NOT go rancid before the expiration date. Smelling the product directly in the bottle is odorless. But putting the Estriolle on the skin after a while may smell funny. The MCT oil combines with human sweat to smell funny. The oil in Estriolle is not rancid.

Notes:
1. Susan Blackburn (14 April 2014). Maternal, Fetal, & Neonatal Physiology. Elsevier Health Sciences. pp. 39, 93. ISBN 978-0-323-29296-2.

2. John Lee, MD, David Zava, Ph.D., and Virginia Hopkins, "What Your Doctor May NOT Tell You About Breast Cancer How Hormone Balance Can Help Save Your Life," Hachette Book Group, New York, NY, 2002 pp. 153-171.

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