

Complaint

IN THE MATTER OF

LAWRENCE A. JORDAN
AND
STEPHANIE L. JORDAN,
TRADING AND DOING BUSINESS AS
SPRINGBOARD AND PRO HEALTH LABS

CONSENT ORDER, ETC., IN REGARD TO ALLEGED VIOLATIONS
OF SEC. 5 AND SEC. 12 OF THE FEDERAL TRADE COMMISSION ACT

Docket C-4203; File No. 072 3140

Complaint, November 13, 2007 – Decision, November 13, 2007

This consent order addresses the deceptive advertising and promotion of respondent's ProBalance and ProBalance Plus transdermal creams. The complaint alleged that respondent represented that ProBalance and ProBalance Plus contained, among other ingredients, natural progesterone. The complaint further alleged that respondent violated the FTC Act by advertising without substantiation that its creams were effective (a) in preventing, treating, or curing osteoporosis; (b) in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer; and (c) in reducing or alleviating the user's risk of developing breast cancer. The consent order requires respondent to have competent and reliable scientific evidence substantiating claims that any progesterone product or any other dietary supplement, food, drug, device or health-related service or program is effective in preventing, treating, or curing osteoporosis; in reducing the risk of estrogen-induced endometrial cancer or breast cancer; or in mitigating, treating, preventing, or curing any disease, illness, or health condition. Respondent is also barred from representing that its creams reduce the user's risk of developing breast cancer, is safe for human use, or has no side effects. The order further prevents respondents from misrepresenting the existence, contents, validity, results, conclusions, or interpretations of any test, study, or research.

Participants

For the *Commission*: Gregory A. Ashe, Laura DeMartino,
Janice P. Frankle, James A. Kohm, and Michael Ostheimer.

For the *Respondents*: Not represented by counsel.

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The Federal Trade Commission, having reason to believe that Lawrence A. Jordan and Stephanie L. Jordan, individuals trading and doing business as Springboard and Pro Health Labs (“respondents”), have violated the provisions of the Federal Trade Commission Act, and it appearing to the Commission that this proceeding is in the public interest, alleges:

1. Respondent Lawrence A. Jordan is an individual trading and doing business as Springboard and Pro Health Labs with his principal office or place of business at 3115 Stoney Oak Drive, Spring Valley, California 91978. Individually, or in concert with others, he formulates, directs, controls, or participates in the policies, acts, or practices of Springboard and Pro Health Labs, including the acts and practices alleged in this complaint.
2. Respondent Stephanie L. Jordan is an individual trading and doing business as Springboard and Pro Health Labs with her principal office or place of business at 3115 Stoney Oak Drive, Spring Valley, California 91978. Individually, or in concert with others, she formulates, directs, controls, or participates in the policies, acts, or practices of Springboard and Pro Health Labs, including the acts and practices alleged in this complaint.
3. The acts and practices of respondents alleged in this complaint have been in or affecting commerce, as “commerce” is defined in Section 4 of the Federal Trade Commission Act.
4. Many women experience symptoms of menopause including hot flashes (also called flushes), night sweats, sleep disturbances, and painful intercourse. To relieve the symptoms of menopause, some doctors prescribe hormone therapy. This typically involves the use of either estrogen alone (for women who have had a hysterectomy) or (for women who have not had a hysterectomy) estrogen with an orally administered progestagen. Progestagen is a

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general term that includes progesterone (which is the progestagen produced by the human body or which can be synthesized as a drug) and progestins (which are synthetic forms of progestagens). A progestagen is added to estrogen to prevent hyperplasia (cell overgrowth) in the endometrium (lining of the uterus). This overgrowth can lead to endometrial (uterine) cancer. While progestagens decrease a woman's risk of estrogen-induced endometrial cancer, progestins have been found to increase a woman's risk of developing breast cancer.

5. Respondents have advertised, offered for sale, sold, and distributed products to the public throughout the United States, including ProBalance™ and ProBalance Plus™. Respondents primarily advertise and offer the products for sale through the Internet sites www.springboard4health.com and www.sb3.com.

6. For the purposes of Section 12 of the FTC Act, 15 U.S.C. § 52, ProBalance™ and ProBalance Plus™ are “drugs” as defined in Section 15(c) of the FTC Act, 15 U.S.C. § 55(c).

7. ProBalance™ is a drug labeled as containing Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube) and other ingredients. A two fluid ounce tube costs \$19.95 plus shipping and handling. ProBalance Plus™ is a drug labeled as containing Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube), Estriol (900 mcg per 1/4 measuring teaspoon), Estradiol (100 mcg per 1/4 measuring teaspoon), and other ingredients. A two fluid ounce tube costs \$27.00 plus shipping and handling. ProBalance™ and ProBalance Plus™ are applied transdermally.

8. To induce consumers to purchase ProBalance™ and ProBalance Plus™, Respondents have disseminated or have caused to be disseminated advertisements, including but not necessarily limited to those contained in the attached Exhibit A. These advertisements contain the following statements and depictions, among others, on respondents' websites:

A. All Progesterone creams are not created equal!

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Natural Progesterone

ProBalance reduces the symptoms and discomfort of PMS, premenopause and menopause without the side effects often associated with synthetic hormone replacement therapy.

* * *

Natural Progesterone With a Blend of Phytoestrogens
ProBalance Plus™ is a safe and natural menopause alternative for women over 45 without the side effects often associated with HRT.

* * *

USP Pharmaceutical grade progesterone. Non-greasy. Absorbs quickly. No carcinogens or unnecessary ingredients. We have yet to find a doctor who has been recommending ProBalance to his/her patients switch to any other brand of progesterone cream. The saliva test results prove the effectiveness, and the feel makes applying it a pleasure.
(Exhibit A at 1.)

B. Breaking News - On Health

Switching to Natural Hormones Now That HRT Is No Longer Every Woman's Answer
The recent headlines about the risks of synthetic hormone replacement (HRT) have forced women to scramble to find ways to balance their hormones naturally. Natural, bio-identical hormones are the safe alternative to HRT and hundreds of thousands of women are already using them. The following information from John R. Lee, M.D., one of

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the leading experts on the subject of natural hormones, are offered here to answer questions you may have about switching from synthetic HRT to natural.

While the abrupt cancellation of The Women's Health Initiative (WHI) made headline news around the country, it did not surprise those who have kept up with all the studies over the last decade which warned of the risks of HRT. The WHI analyzed the health of 16,000 women aged 50 to 79 years over five years of using HRT in the form of Premarin, Provera or PremPro. The researchers found an increased incidence of just about every major disease the hormones were supposed to be preventing! The data showed:

- A 41 percent increase in strokes
- A 29 percent increase in heart attacks
- A 26 percent increase in breast cancer
- A 22 percent increase in total cardiovascular disease
- A doubling of the rate of blood clots.

* * *

Stretch these numbers out over a decade, and nearly 40,000 women will have been harmed by taking these drugs, not counting all the women who have suffered the dismal side effects of this form of HRT — weight gain, fatigue, depression, irritability, headaches, insomnia, bloating, low thyroid, low libido, and gallbladder disease. That is an epidemic. If we dare to multiply 40,000 women harmed times three — the number of decades women have been using synthetic HRT— we are talking about an epidemic of the worst proportions.

* * *

And so it has gone, until the Women's Health Initiative, expecting to document the lifesaving benefits of HRT,

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found life threatening risk instead. The study was stopped in its tracks – three years short of its scheduled end.

To readers of the works of Dr. John Lee, Dr. David Zava and other pioneers of the natural hormone movement, the risks and side effects of conventional HRT are not news. The evidence of harm has been showing up in the scientific research for at least a decade. This particular study was finally large enough and prestigious enough that conventional medicine was forced to pay attention. The challenge now for doctors is to inform themselves and their patients about the efficacy, use and prescribing of natural hormones.

Questions and Answers About Natural Hormone
Replacement Therapy with Dr. John Lee

(Provided with permission of Dr. John Lee, author of WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT MENOPAUSE and co-author with Dr. David Zava of WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT BREAST CANCER)

Do the results of the WHI apply to using natural estrogen and progesterone as you recommend?

Not at all.

* * *

Looking at this another way, from puberty until menopause, a healthy woman's body is making its own natural hormones in synchrony and balance, without giving her cancer, heart disease or strokes. What I recommend is attempting to regain or mimic this natural balance as closely as possible.

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Conventional HRT not only fails to measure hormones and use physiologic doses, it uses synthetic, not-found-in-nature hormones that are foreign to the human body and cause a long list of unwanted side effects.

* * *

My doctor says that I cannot use estrogen and progesterone cream, because progesterone cream will not protect my uterus the way the progestins do.

Progesterone cream protects the uterus just fine. Not only did I not have any problems in my hundreds of menopausal patients before I retired from practice, I am in touch with dozens of physicians who have thousands of patients between them, who have never had a problem. Some of them have been doing this for over a decade.

* * *

What are bio-identical hormones and can you explain the difference between natural progesterone and the synthetic version?

Bio-identical hormones (BHRT) are synthesized from natural substances and are identical in structure and function to those our bodies produced naturally, pre-menopause. When production drops below normal levels at perimenopause and menopause, BHRT is the best and safest way for women to supplement. Bio-identical hormones are available by prescription through compounding pharmacists. Natural progesterone is a bio-identical hormone as opposed to progestin which is the synthetic version (the “pro” in Prempro). Natural progesterone is just like the progesterone your ovaries made and is available in a topical form over-the-counter

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and by prescription (when compounded with natural estrogens and other hormones).

* * *

(Exhibit A at 3-6.)

C. ProBalance Natural Progesterone Cream

Natural progesterone reduces the symptoms and discomfort of PMS, premenopause and menopause without the side effects associated with synthetic hormone replacement therapy.

* * *

“The signs and symptoms of osteoporosis cleared in every patient using progesterone cream and incidence of fractures dropped to zero.” - John R. Lee, M.D.

* * *

(Exhibit A at 7.)

D. More on ProBalance Natural Progesterone

* * *

Apparently, nature intended that estrogen and progesterone be balanced. Progesterone counters every undesirable effect of excess estrogen. Progesterone stimulates bone growth. It protects against reproductive organ and breast cancer, it helps the body to use fat for energy, it is a natural diuretic, it normalizes blood clotting, it aids thyroid hormone action, it helps to normalize blood sugar levels, it restores libido, and it is a natural antidepressant. Progesterone has also been found to be effective in treating PMS, ovarian cysts, breast fibrocysts,

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endometriosis, pelvic disorders, and uterine fibroid tumors.

* * *

Progestins such as Provera ® , are synthetic progesterones, synthesized from natural progesterone, but because the structure is altered, there is a long list of side effects including mental depression, insomnia, cervical erosion, edema, acne and pulmonary embolism. When taken in combination with estrogens, a woman may experience nervousness, dizziness, hair loss, fatigue, or hypertension, to name a few. Although many doctors believe that there is no difference between synthetic and natural progesterone, some synthetic progesterones can produce masculinizing effects in women whereas natural progesterone does not cause masculinization.

Transdermal absorption of natural progesterone has been established as an effective and safe delivery method. Rubbed into thin-skinned areas such as the palms of the hands, face, neck, breasts, inner arms, or soles of the feet, the progesterone is absorbed into the skin and stored in the fatty tissues. It is then taken into the bloodstream where it circulates to receptor sites throughout the body.

* * *

(Exhibit A at 9-11.)

- E. Osteoporosis is often caused by a lack of progesterone. Very rarely is it a lack of calcium. New bone is formed by osteoblasts, and old bone is removed by osteoclasts. When the osteoclast activity goes faster than the osteoblast activity bone loss occurs. Progesterone is the key factor in osteoblast or building of new bone. Dr. John R. Lee checked this out with 63 women over a 3 year period, doing bone mineral density tests every six months. At the

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end of a 3 year test on these women using progesterone cream, the average increase in bone density was 15.4%. These were all postmenopausal women who would normally expect to have a 1/5% bone loss per year, or a total bone loss for 3 years of 4.5%. There was a 19.9% difference between the expected loss and the real increase that occurred. This is very exciting, as medicine has been saying that you can't reverse osteoporosis; you can only slow it down. Estrogen does not reverse it. It only slows down bone loss for the two to three years of menopause, then has no further effect.

Dr. Lee tells of a woman 72 years old who had over 40% bone loss and was in pain because of a stress fracture in her lower spine. In spite of opposition from 5 doctors involved in her case, she decided to follow Dr. Lee's advice, and in only 16 months experienced a 23% increase in her bone density. All but one of the doctors wrote Dr. Lee telling him that they would not have believed it had they not seen it with their own eyes. This lady is now 80 years old, and is continuing to use the progesterone cream. Her total increase in bone density is up 38%. When Dr. Lee was asked how long she should continue using it, he responded: "Keep using it until you are 95, and then we'll reevaluate."

(Exhibit A at 14-15.)

F. ProBalance Plus - Natural Progesterone Cream with Phytoestrogens

ProBalance Plus™ is the safe and natural menopause treatment alternative for women over 45 without the side effects associated with synthetic hormone replacement therapy.

(Exhibit A at 16.)

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G. More On ProBalance Plus

Natural Progesterone Cream
ProBalancePlus

* * *

In the years following menopause, the risk of cardiovascular disease, osteoporosis, and cognitive decline increases dramatically. A growing number of research studies have linked some of these risks to the relative absence of estrogens and progesterone. For decades, physicians prescribed synthetic estrogen, such as Premarin®, without other accompanying hormones. When it was discovered that the risk of developing endometrial cancer due to unopposed estrogen replacement could be reduced by adding progesterone, physicians began prescribing progestins (synthetic progesterone which could be patented) such as Provera®. According to some estimates, standard hormone replacement therapy using synthetic hormones like Premarin® and Provera® may increase a woman's risk of breast cancer by as much as 30 percent. Many doctors think that the lower risks of heart disease and osteoporosis attributable to estrogen replacement make the odds acceptable. On the other hand, a majority of these doctors aren't women!

For women who find these odds unacceptable, considering natural hormone replacement is a "no brainer." The benefits include those of synthetic HRT plus a few more including:

\$ Prevention of osteoporosis and increase of bone density

* * *

\$ Reduced risk of endometrial cancer and breast cancer

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* * *

The benefits of progesterone are amazing. According to John R. Lee, M.D., the well-known proponent of supplemental progesterone, transdermal progesterone can:

- \$ Promote bone building and protect against osteoporosis
- \$ Help protect against breast cancer
- \$ Protect against endometrial cancer

* * *

(Exhibit A at 18-19.)

H. Breast Cancer and Natural Progesterone

* * *

Progesterone Upregulates the Gene that Causes Cancer Cells to Die Estrogen Upregulates the Gene that Cause Cancer Cells to Not Die

* * *

What do we have? The BCL2 stimulates the risk of cancer. Gene P53 decreases the risk of cancer. Estradiol upregulates BCL2. Progesterone upregulates P53. Therefore progesterone decreases cancer. Unopposed estradiol causes the cancer. Simple.

(Exhibit A at 31.)

I. Breast Cancer & Natural Progesterone

* * *

It is Dr. John Lee's contention that progesterone prevents breast cancer, and if you already have breast cancer progesterone protects you against reoccurrence or late

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metastases. In his medical practice he treated many women who had mastectomies. In the 20 years since he started recommending the use of progesterone, not one of the hundreds of women he treated has died of breast cancer. Think about what the odds are on that number when you compare it to normal post mastectomy figures. (Exhibit A at 34.)

J. **Osteoporosis****Excerpts from a talk by John. R. Lee, M.D.**

Bone is living tissue and hormones have an effect on bone. Estrogen causes bone resorption while progesterone and testosterone cause new bone to be made.

* * *

So what I stumbled on to is that progesterone causes new bone formation.

* * *

What I learned is that progesterone turns on the processes which lead to new bone formation.

* * *

When I retired from practice nine years ago I asked my nurse to pick out 100 records of women on **progesterone**. Out of the 100 I took only those who had at least three years of bone mineral density tests every six months. I was left with 62 patients. The average increase in bone density in these postmenopausal women over three years was 15.4% versus a normal expected loss during that period of time of 4.5%. That is almost a 20% average difference between what normally happens and what happens when

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women are using **progesterone**. Estrogen only slows down bone loss for the period of menopause, and after menopause it doesn't even do that. **Progesterone**, however, causes new bone growth even in postmenopausal women.

* * *

Examples from my practice of how progesterone increased bone density

This first chart was in 1982. The lady was 72 years old and had very poor bones. She had broken her forearm lifting her sick husband. She went to her doctor who told her that she had such poor bones that she had to take fluoride treatment. She told him that was a bad idea because she had taken Dr. Lee's class at College of Marin on Optimal Health, and he said fluoride was a bad thing for bones. So he told her to go see Dr. Lee. I put her on **progesterone** and she had a 24% improvement in bone density over the next 30 months. Her bone density went from .669 to .865. Given her height and weight this is a perfectly fine bone mineral density.

* * *

The woman stuck with my thinking and told her husband she was going to try **progesterone** cream despite his objection. Finally her husband gave in saying, "Then in six months we're going to make you get another bone mineral density test." In six months she went from .446 up to .516. That's over 14% in six months! Another test was done ten months later and her bone density was still increasing.

* * *

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There are things in life that do not need a double blind, placebo-controlled study. . . . If they say that after age 65 osteoporosis cannot be reversed, and you reverse it in 62 women using just progesterone, you don't need a double blind study! I'm not against someone doing a double blind study, but they know that no one will pay for it. Progesterone is a real hormone and since it's not a patentable synthetic, there is no money to be made so no one is going to ante up the \$500,000 to \$1,000,000 to do a study.

(Exhibit A at 40-46.)

9. Through the means described in Paragraphs 7 and 8, respondents have represented, expressly or by implication, that:

A. ProBalance™ and ProBalance Plus™ are effective in preventing, treating, or curing osteoporosis;

B. ProBalance™ and ProBalance Plus™ are effective in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer; and

C. ProBalance™ and ProBalance Plus™ do not increase the user's risk of developing breast cancer and/or are effective in preventing or reducing the user's risk of developing breast cancer.

10. Through the means described in Paragraphs 7 and 8, respondents have represented, expressly or by implication, that they possessed and relied upon a reasonable basis that substantiated the representations set forth in Paragraph 9, at the time the representations were made.

11. In truth and in fact, respondents did not possess and rely upon a reasonable basis that substantiated the representations set forth in Paragraph 9 at the time the representations were made.

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Therefore, the representation set forth in Paragraph 10 was, and is, false or misleading.

12. Through the means described in Paragraphs 7 and 8, Respondents have represented, expressly or by implication, that clinical testing proves that the ProBalance™ and ProBalance Plus™ are effective in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer and breast cancer.

13. In truth and in fact, clinical testing does not prove that ProBalance™ and ProBalance Plus™ are effective in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer and breast cancer. Therefore, the representation set forth in Paragraph 12 was, and is, false or misleading.

14. The acts and practices alleged in this complaint constitute unfair or deceptive acts or practices, and the making of false advertisements, in or affecting commerce in violation of Sections 5(a) and 12 of the Federal Trade Commission Act.

THEREFORE, the Federal Trade Commission, on this thirteenth day of November, 2007, has issued this complaint against respondents.

By the Commission.

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Exhibit A

Order Online or Call Toll Free



Call: 800 862 8045

SB3.COM

The Nutrition Notebook

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[Product List](#)
[Nutrition Notebook](#)
[It's your Body](#)
[Grocery Patrol](#)
[What's Cookin'?](#)

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Hot News

Advanced Transdermal Creams



Click Here for More Information

Switching to Natural Hormones?
Now That HRT Is No Longer Every Woman's Answer.

Nattokinase (NSK-SD) Landmark Development for Cardiovascular Health.

Phosphatidylserine
A Remarkable Brain Cell Nutrient.
Parris M. Kidd, PhD.

Candida Albicans
(Yeast Infection) Candida Albicans is a normal fungus inhabiting the mouth, throat and gastrointestinal tract. Excess development may result from certain types of life style and can be an indicator of immune status.

It's Your Body
Each month Springboard publishes news articles about your health.

- » [Body Fat](#)
- » [Age & Vision](#)
- » [Key Liver Functions](#)

Grocery Patrol

- » [Food Safety](#)
- » [Cholesterol Levels](#)
- » [Shell Patrol](#)

What's Cookin'?

- » [Shrimp & Veggie Pasta](#)
- » [Potstickers](#)
- » [Smoked Trout](#)

Site Security & Privacy Policy
Springboard has created a [privacy statement](#) in order to demonstrate a

Pure Green Power

Pure Red
Fiber

Green, Red, Raw, Supercharged! A selection of products developed with your body's basic metabolic needs in mind. Products that play a role in the prevention of degenerative diseases.

- » [Pure Green Power \(Essential Green Nutrients\)](#)
- » [Pure Red Power \(Essential Red Nutrients\)](#)
- » [Fiber Power \(Essential Fiber\)](#)

LipoPhos Forte - The Possible Benefits Now Available

- » Supports healthy levels of total, HDL and LDL cholesterol, and serum triglycerides.
- » Can help normalize reactive platelet aggregation, and cardiovascular risk ratios.
- » Supports healthy peripheral brain circulation.
- » May help control sub-optimal vascular wall tissue accumulation.
- » Supports normal levels of exercise tolerance.

Nattokinase (NSK-SD™)

Available in 60 and 180 softgels (1825 Fibrinolytic Units per softgel). "43% price drop per serving."

This new, more potent formula is approximately equivalent in potency to the earlier, more expensive formula.
[Read more...](#)

NSK-SD™ is a trademark of Japan BioScience Laboratory



Cholestatin - The Effect of Dietary Phytosterols On Cholesterol (currently unavailable)



- » As early as the 1930's it was shown that serum cholesterol levels could be effected by phytosterol supplementation.
- » Work in the 1950's confirmed the ability and numerous efficacy studies since, in animals and humans, have proven that phytosterols are

All Progesterone creams are not created equal!

Natural Progesterone

ProBalance reduces the symptoms and discomfort of PMS, premenopause and menopause without the side effects often associated with synthetic hormone replacement therapy. [more info](#)



1- 5 tubes	19.95 ea.	BUY
6 tubes	17.95 ea.	BUY
12 tubes	15.95 ea.	BUY

Natural Progesterone With a Blend of Phytoestrogens

ProBalance Plus™ is a safe and natural menopause alternative for women over 45 without the side effects often associated with HRT. [more info](#)

1- 5 tubes	27.00 ea.	BUY
6 tubes	24.00 ea.	BUY
12 tubes	21.00 ea.	BUY

USP Pharmaceutical grade progesterone. Non-greasy. Absorbs quickly. No carcinogens or unnecessary ingredients. We have yet to find a doctor who has been recommending ProBalance to his/her patients switch to any other brand of progesterone cream. The saliva test results prove the effectiveness, and the feel makes applying it a pleasure.

Suggested Reading

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firm commitment to their customers privacy.

Shipping/Return Policy
If you are not completely satisfied with your order, return any unopened products within 30 days for a prompt refund.

Testimonials
We find it exciting that ProBalance is providing relief for women with a wide range of health challenges caused by hormonal imbalance.

Contact Springboard
Get all Contact information [here](#).

Suggested Links
Links we feel you'll like!

highly effective in lowering cholesterol levels. [Read more...](#)

Nutritional Supplements

Minerals are the basic structural foundations of cellular life! These products give you what you need to fortify your body's system.

- » Cellular Jet Fuel
- » Folic Acid Mineral Water
- » Triple Strength Lecithin

The Very Best In Nutrition

Nutritional Supplements Most Used In Alternative Cancer Therapies



Springboard has made available the nutritional supplements most used in alternative cancer therapies. [View product list](#)

Autistique Antioxidant Body Cream

Parents of autistic children are faced with the daunting task of sifting through a mountain of treatment modalities to find the combination to help their child. The dietary, biomedical and alternative treatments are also a maze because like the syndrome itself, one size does not fit all.

Autistique is a transdermal antioxidant cream which bypasses the liver and goes directly into the bloodstream. [Read more...](#)



WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT BREAST CANCER

How Hormone Balance Can Help Save Your Life. POWER LEE M.D. M.D. Breast Cancer Specialist

[Read chapter one now!](#)

Are Your Hormones Balanced ?

Simple, stress free collection of saliva at home, and testing at ZRT Laboratory can help you determine if your hormones are out of balance.



Hormone Balance Test Kit

[Read more...](#)

Test two hormone types for: **\$49.95**

Temporarily Out of Stock

[Buy](#) [Checkout](#)

Essential Immune Factors

Stimulates the body's immune response mechanisms; Promotes healthy conditions for the establishment of friendly intestinal bacteria; Available in bottles of 60 & 200 vegetarian capsules. [Read more...](#)



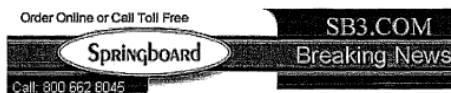
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Breaking News - On Health

Switching to Natural Hormones Now That HRT Is No Longer Every Woman's Answer

The recent headlines about the risks of synthetic hormone replacement (HRT) have forced women to scramble to find ways to balance their hormones naturally. Natural, bio-identical hormones are the safe alternative to HRT and hundreds of thousands of women are already using them. The following information from John R. Lee, M.D., one of the leading experts on the subject of natural hormones, are offered here to answer questions you may have about switching from synthetic HRT to natural.

While the abrupt cancellation of The Women's Health Initiative (WHI) made headline news around the country, it did not surprise those who have kept up with all the studies over the last decade which warned of the risks of HRT. The WHI analyzed the health of 16,000 women aged 50 to 79 years over five years of using HRT in the form of Premarin, Provera or PremPro. The researchers found an increased incidence of just about every major disease the hormones were supposed to be preventing! The data showed:

- A 41 percent increase in strokes
- A 29 percent increase in heart attacks
- A 26 percent increase in breast cancer
- A 22 percent increase in total cardiovascular disease
- A doubling of the rate of blood clots.

The makers of the drugs, Wyeth Pharmaceuticals, concludes that the increase in individual risk is relatively small based on a study which compared 10,000 women not taking hormones to 10,000 postmenopausal women with a uterus who are taking estrogen plus progestin. The study found that of the women on HRT,

- 7 more will have a heart attack,
- 8 more will have invasive breast cancer,
- 8 more will have a stroke and
- 18 more will have blood clots including blood clots in the lungs.

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The term, "relatively small individual risks" is definitely relative. Translated nationally, these figures are staggering...

— 4,200 additional cases of breast cancer,

— 4,800 cases of heart disease, and

— 10,800 women, wives and mothers who had a stroke in a five-year period because they were taking this form of HRT.

Stretch these numbers out over a decade, and nearly 40,000 women will have been harmed by taking these drugs, not counting all the women who have suffered the dismal side effects of this form of HRT — weight gain, fatigue, depression, irritability, headaches, insomnia, bloating, low thyroid, low libido, and gallbladder disease. That is an epidemic. If we dare to multiply 40,000 women harmed times three — the number of decades women have been using synthetic HRT — we are talking about an epidemic of the worst proportions.

One of the most disturbing aspects of this fiasco is that it was created in large part because of the negligence of conventional medical practice and prescribed without good supporting evidence of safety and efficacy. In 1966, when estrogen replacement therapy took off with a book entitled "Feminine Forever" by Dr. Robert Wilson (who was sponsored by Wyeth Pharmaceuticals), women were promised that they would remain "young, attractive and sexually active" if they took the hormone. Those who did not would see their breasts and genitalia shrivel; they would become dull, unattractive and unpleasant to live with. Despite the lack of evidence to back up these claims, women who complained of anything remotely like menopause were immediately placed on HRT. Their hormones were never measured to find out which ones they needed or how much, and they were subjected to a one-dose-fits-all mindset that led to the overdosing of millions of women on estrogen. When it became apparent that estrogen on its own was causing uterine cancer, natural progesterone in combination with estrogen was totally ignored in favor of the patentable (read: profitable) synthetic progesterones known as *progestins*.

And so it has gone, until the Women's Health Initiative, expecting to document the lifesaving benefits of HRT, found life threatening risk instead. The study was stopped in its tracks — three years short of its scheduled end.

To readers of the works of Dr. John Lee, Dr. David Zava and other pioneers of the natural hormone movement, the risks and side effects of conventional HRT are not news. The evidence of harm has been showing up in the scientific research for at least a decade. This particular study was finally large enough and prestigious enough that conventional medicine was forced to pay attention. The challenge now for doctors is to inform themselves and their patients about the efficacy, use and prescribing of natural hormones.

Questions and Answers About Natural Hormone Replacement Therapy with Dr. John Lee

(Provided with permission of Dr. John Lee, author of WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT MENOPAUSE and co-author with Dr. David Zava of WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT BREAST CANCER)

Do the results of the WHI apply to using natural estrogen and progesterone as you

Complaint

recommend?

Not at all. What I recommend is measuring saliva hormone levels to find out where the hormonal imbalance is, and then using natural hormones in *physiologic* doses, which means doses that the body would naturally produce itself if it were in balance, and in a natural monthly rhythm. (Please read any one of our books for details.)

Looking at this another way, from puberty until menopause, a healthy woman's body is making its own natural hormones in synchrony and balance, without giving her cancer, heart disease or strokes. What I recommend is attempting to regain or mimic this natural balance as closely as possible.

Conventional HRT not only fails to measure hormones and use physiologic doses, it uses synthetic, not-found-in-nature hormones that are foreign to the human body and cause a long list of unwanted side effects.

How do I get off PremPro?

Most women simply need to lower their dose of estrogen and replace the *progestin* (the "pro" part of the PremPro) with progesterone cream.

Estrogen is a prescription-only medication in the U.S., so you will need to ask your doctor for a separate prescription for estrogen, preferably estradiol, a combination of estradiol and estriol, or estriol alone (please read our breast cancer book for details on using estriol). Even Premarin, although ethically objectionable in the way it is obtained from pregnant mares, will work if it is used in the lowest dose needed, and in combination with natural progesterone. It is important not to go off of estrogen suddenly, or you are likely to suffer from hot flashes and night sweats.

Unless your doctor already has you on a low dose of estrogen, you can begin with half the dose you have been taking when you add progesterone cream in place of the progestin. Many menopausal women do not need any estrogen at all, and can gradually taper their dose down to nothing. Although progesterone alone will alleviate menopausal symptoms for many women, many women who do not have much body fat need a little bit of estrogen. Symptoms of estrogen deficiency include hot flashes, night sweats, and vaginal dryness. Again, you can find more specific information in our books.

My doctor says that I cannot use estrogen and progesterone cream, because progesterone cream will not protect my uterus the way the progestins do.

Progesterone cream protects the uterus just fine. Not only did I not have any problems in my hundreds of menopausal patients before I retired from practice, I am in touch with dozens of physicians who have thousands of patients between them, who have never had a problem. Some of them have been doing this for over a decade. Furthermore, a recently published double blind, placebo-controlled study by Helene Leonetti, M.D., indicates that progesterone cream is protective. Her study compared the uterine protection of PremPro with an estrogen/progesterone cream combination. In short, the women on the progesterone cream came out just fine.

You might also ask your doctor how he thinks that your premenopausal body protected itself against estrogen effects. It was the progesterone that your ovaries made every month!

Complaint

My doctor says that because blood tests do not show a rise in progesterone when progesterone cream is used, that it does not work, and I should use oral progesterone.

Blood tests only measure the serum, which is the watery part of the blood, and progesterone that comes from cream use is carried in the red blood cells, not in the serum. The most accurate way to measure hormone levels is with a saliva hormone level test, which measures your active or bioavailable hormones. When you use progesterone cream, a saliva hormone test will show a gradual rise in hormone over a four-hour period, and then a gradual drop over a four-hour period. This amount of time is an average, and can vary a bit from woman to woman.

What are bio-identical hormones and can you explain the difference between natural progesterone and the synthetic version?

Bio-identical hormones (BHRT) are synthesized from natural substances and are identical in structure and function to those our bodies produced naturally, pre-menopause. When production drops below normal levels at perimenopause and menopause, BHRT is the best and safest way for women to supplement. Bio-identical hormones are available by prescription through compounding pharmacists. Natural progesterone is a bio-identical hormone as opposed to progestin which is the synthetic version (the "pro" in Prempro). Natural progesterone is just like the progesterone your ovaries made and is available in a topical form over-the-counter and by prescription (when compounded with natural estrogens and other hormones). It is always best to be tested first for any hormonal imbalances and based on your test results, discuss natural hormone supplementation (BHRT) with your health care provider. (Consult Dr. Lee's books for a suggested list of progesterone creams.)

For more information, we suggest the following books:

What Your Doctor May Not Tell You About Menopause

What Your Doctor May Not Tell You About Premenopause

What Your Doctor May Not Tell You About Breast Cancer

To subscribe to The John R. Lee, M.D. Medical Letter, go to: www.johnleemd.com

For information on saliva hormone testing go to: www.salivatest.com

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PROBALANCE Moisturizing Cream with Natural Progesterone

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ProBalance Natural Progesterone Cream

Natural progesterone reduces the symptoms and discomfort of PMS, premenopause and menopause without the side effects often associated with synthetic hormone replacement therapy.

The liposome-mediated delivery system used in ProBalance™ carries the progesterone directly into the bloodstream, bypassing the metabolic processes required by other transdermals.

"The signs and symptoms of osteoporosis cleared in every patient using progesterone cream and incidence of fractures dropped to zero." - John R. Lee, M.D.

Hormone replacement is routinely advised by gynecologists for menopausal women, most commonly as protection against osteoporosis and relief from menopausal symptoms such as hot flashes. For most women, hormone replacement is synonymous with estrogen replacement.

Suggested Use:

The information herein is for general use and not intended to encourage self diagnosis, self treatment or replace the guidance of your health professional.

For PMS and premenopausal symptoms, begin using the cream 10 to 12 days after the first day of your period. Apply the cream twice a day from either Day 10 or 12 through Day 26 or 48 hours before the scheduled start of next period. If your period starts early, stop using the cream - Mother Nature is trying to balance your hormone levels. When your period starts count forward 12 days (10 if you normally have a shorter cycle than 28 days) and begin the program on that day. Be patient, it may take three cycles before you achieve synchrony with your normal cycle. If you have cramps, headache, swollen breasts, etc., the cream may be applied directly to the problem area.

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Menopausal women not taking estrogen have a wider latitude in using the cream. For convenience, you may choose a dosage schedule based on the calendar month. Use the cream twice a day from the 1st to the 14th or 21st of each month and none from the 15th or 22nd to the end of the month. Some women report that using a larger dab of cream at night helps them sleep.

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better.

Menopausal women taking estrogen should reduce their dosage by half when starting to use progesterone cream. This is important because in women deficient in progesterone, the cream may temporarily increase the sensitivity of estrogen receptors. If estrogen intake is not reduced, you may experience symptoms of estrogen dominance during the first couple of months. You may try lowering your estrogen dose by half again every two to three months. (The estrogen dose should be low enough that monthly bleeding does not occur, but high enough to prevent vaginal dryness and hot flashes.) Estrogen and progesterone can be used together for up to 25 days each month, with 7 days without either hormone.

Ingredients:

Deionized Water, Caprylic/Capric Triglycerides, Simulgel, Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube), Glycerin, Phospholipids, Grapefruit Seed Extract, Sodium Hydroxymethylglycinate, Potassium Sorbate, Tocopheryl Acetate, Citric Acid.
Contains no artificial fragrance, coloring or preservatives

Approx. 400 to 500 mg Natural Progesterone per ounce
Package Size: 2 fl. oz.

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<u>ProBalance Natural Progesterone</u>	<u>Using ProBalance Natural Progesterone</u>
• Symptoms Helped By Progesterone Cream • Do Women Need ERT (Estrogen Replacement Therapy)? • "Normal" Progesterone Levels • Estrogen and Progesterone Need to Be Balanced • Progesterone Are Not Progesterone • Transdermal Progesterone Is Safe and Effective	• For PMS • For Menopause • Starting Natural Progesterone Cream While Taking Estrogen • Sources and Suggested Reading

The liposome-mediated delivery system used in ProBalance™ carries the progesterone directly into the bloodstream, bypassing the metabolic processes required by other transdermals.

Reduces the symptoms and discomfort of PMS, premenopause and menopause without the side effects often associated with synthetic hormone replacement therapy.

Hormone replacement is routinely advised by gynecologists for menopausal women, most commonly as protection against osteoporosis and relief from menopausal symptoms such as hot flashes. For most women, hormone replacement is synonymous with estrogen replacement.

Estrogen is not a hormone, but a class of hormones produced by the ovaries, the major members being estrone, estradiol, and estriol. Estrogen is important for childbearing and survival of the fetus. Menopause signals the end of a woman's childbearing years so it follows that estrogen levels would decrease. The question is, do women need estrogen replacement?

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Although estrogen can retard the progress of osteoporosis, studies indicate that it does not prevent or reduce it. In addition to the increased risk of reproductive organ cancer, high levels of estrogen can also increase the risk of breast cancer, body fat, salt and fluid retention, and blood clotting; interfere with thyroid hormone; impair blood sugar control; decrease libido; and reduce vascular tone.

Progesterone is the other main hormone made by the ovaries of menstruating women. Progesterone levels vary during the monthly cycle from a low of 2-3 mg per day to an average of 22 mg per day, a week or so after ovulation. This surge of progesterone during

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ovulation is the source of the sex drive in women. If fertilization does not occur, progesterone production levels decline abruptly, triggering menstruation. If the ova is fertilized, progesterone production is taken over by the placenta. During the last three months of pregnancy, progesterone production can be as high as 400 mg per day. Progesterone is crucial to the survival of the fetus. If levels drop, abortion follows.

Apparently, nature intended that estrogen and progesterone be balanced. Progesterone counters every undesirable effect of excess estrogen. Progesterone stimulates bone growth. It protects against reproductive organ and breast cancer, it helps the body to use fat for energy, it is a natural diuretic, it normalizes blood clotting, it aids thyroid hormone action, it helps to normalize blood sugar levels, it restores libido, and it is a natural antidepressant. Progesterone has also been found to be effective in treating PMS, ovarian cysts, breast fibrocysts, endometriosis, pelvic disorders, and uterine fibroid tumors. In the 1950's it was found that natural progesterone could be derived from the Mexican wild yam.

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Progestins such as Provera ®, are synthetic progesterones, synthesized from natural progesterone, but because the structure is altered, there is a long list of side effects including mental depression, insomnia, cervical erosion, edema, acne and pulmonary embolism. When taken in combination with estrogens, a woman may experience nervousness, dizziness, hair loss, fatigue, or hypertension, to name a few. Although many doctors believe that there is no difference between synthetic and natural progesterone, some synthetic progesterones can produce masculinizing effects in women whereas natural progesterone does not cause masculinization.

Transdermal absorption of natural progesterone has been established as an effective and safe delivery method. Rubbed into thin-skinned areas such as the palms of the hands, face, neck, breasts, inner arms, or soles of the feet, the progesterone is absorbed into the skin and stored in the fatty tissues. It is then taken into the bloodstream where it circulates to receptor sites throughout the body.

ProBalance™ is a fragrance free cream containing 1.67% natural progesterone. The unique liposome-mediated delivery system carries the progesterone through the skin directly to the bloodstream. For most women, hormone balance is achieved by gently rubbing the cream into thin-skinned areas twice a day in monthly cycles of three weeks on and one week off. For detailed use in monthly cycles of three weeks on and one week off. For detailed use information, refer to the following books by John R. Lee, M.D.:

- Natural Progesterone:
- The Multiple Roles of a Remarkable Hormone
- What Your Doctor May Not Tell You About Menopause

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Using ProBalance™

The information herein is for general use and not intended to encourage self diagnosis, self treatment or replace the guidance of your health professional.

For PMS and premenopausal symptoms, begin using the cream 10 to 12 days after the first day of your period. Apply the cream twice a day from either Day 10 or 12 through Day 26 or 48 hours before the scheduled start of next period. If your period starts early,

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stop using the cream – Mother Nature is trying to balance your hormone levels. When your period starts count forward 12 days (10 if you normally have a shorter cycle than 28 days) and begin the program on that day. Be patient, it may take three cycles before you achieve synchrony with your normal cycle. If you have cramps, headache, swollen breasts, etc., the cream may be applied directly to the problem area.

Menopausal women not taking estrogen have a wider latitude in using the cream. For convenience, you may choose a dosage schedule based on the calendar month. Use the cream twice a day from the 1st to the 14th or 21st of each month and none from the 15th or 22nd to the end of the month. Some women report that using a larger dab of cream at night helps them sleep better.

Menopausal women taking estrogen should reduce their dosage by half when starting to use progesterone cream. This is important because in women deficient in progesterone, the cream may temporarily increase the sensitivity of estrogen receptors. If estrogen intake is not reduced, you may experience symptoms of estrogen dominance during the first couple of months. You may try lowering your estrogen dose by half again every two to three months. (The estrogen dose should be low enough that monthly bleeding does not occur, but high enough to prevent vaginal dryness and hot flashes.) Estrogen and progesterone can be used together for up to 25 days each month, with 7 days without either hormone.

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Menopausal women taking an estrogen and progestin combination should refer to Dr. John Lee's book, *What Your Doctor May Not Tell You About Menopause*.

Sources and Suggested Reading

- Natural Progesterone: The Multiple Roles of a Remarkable Hormone, John R. Lee, MD, BLL Publishing.
- What's Wrong with My Hormones?, Gillian Ford, Desmond Ford Publications, 7955 Bullard Drive, Newcastle, CA 95658, 1992.
- My Body, My Health: The Concerned Woman's Guide to Gynecology; Felicia Stewart MD, Felicia Guest, Gary Stewart MD, and Robert Hatcher MD, John Wiley & Sons, 1979.
- PMS: Premenstrual Syndrome and You, Neils Lauersen, MD, Simon & Schuster, 1983.

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Natural progesterone reduces the symptoms and discomfort of PMS, premenopause and menopause without the side effects often associated with synthetic hormone replacement therapy. The liposome-mediated delivery system used in **ProBalance™** carries the progesterone directly into the bloodstream, bypassing the metabolic processes required by other transdermals. Hormone replacement is routinely advised by gynecologists for menopausal women, most commonly relief from menopausal symptoms such as hot flashes. For most women, hormone replacement is synonymous with estrogen replacement.

Suggested Use: The information herein is for general use and not intended to encourage self diagnosis, self treatment or replace the guidance of your health professional. For PMS and premenopausal symptoms, begin using the cream 10 to 12 days after the first day of your period. Apply the cream twice a day from either Day 10 or 12 through Day 26 or 48 hours before the scheduled start of next period. If your period starts early, stop using the cream – Mother Nature is trying to balance your hormone levels. When your period starts count forward 12 days (10 if you normally have a shorter cycle than 28 days) and begin the program on that day. Be patient, it may take three cycles before you achieve synchrony with your normal cycle. If you have cramps, headache, swollen breasts, etc., the cream may be applied directly to the problem area.

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Ingredients: Deionized Water, Caprylic/Capric Triglycerides, Simulgel, Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube), Glycerin, Phospholipids, Grapefruit Seed Extract, Sodium Hydroxymethylglycinate, Potassium Sorbate, Tocopheryl Acetate, Citric Acid.
Contains no artificial fragrance, coloring or preservatives

Approx. 400 to 500 mg Natural Progesterone per ounce

Package Size: 2 fl. oz.

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REGISTERED USED TO TREAT, OSTEOPOROSIS, MISCARRIAGE, FIBROCYSTIC BREAST DISEASE

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[Progesterone is the progestation hormone](#)

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Miscarriage

Progesterone is the progestation hormone. It keeps the bloody lining intact as a rich natural health food restaurant open 24 hours a day for the fertilized egg when it lands there and begins to multiply. This very tiny living being has to have a constant food supply, and as there is yet no placenta or umbilical cord to supply nutrients, the bloody lining is the baby's first food supply. Also the baby always has a different DNA than the mother, and the body's natural defense system always tries to reject nonself. The only thing known to biology that is capable of turning off this defense system in relation to the baby's different DNA is progesterone. Without progesterone the bloody lining is shed and the pregnancy is terminated. Many women who have experienced multiple miscarriages find that they can carry their babies to term by using natural progesterone. Dr. Lee has received hundreds of phone calls and letters telling him that they are so grateful to finally have a baby that they have named their baby after him when it was a boy.

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Osteoporosis

Osteoporosis is often caused by a lack of progesterone. Very rarely is it a lack of calcium. New bone is formed by osteoblasts, and old bone is removed by osteoclasts. When the osteoclast activity goes faster than the osteoblast activity bone loss occurs. Progesterone is the key factor in osteoblast or building of new bone. Dr. John R. Lee checked this out with 63 women over a 3 year period, doing bone mineral density tests every six months. At the end of a 3 year test on these women using progesterone cream, the average increase in bone density was 15.4%. These were all postmenopausal women who would normally expect to have a 1.5% bone loss per year, or a total bone loss for 3 years of 4.5%. There was a 19.9% difference between the expected loss and the real increase that occurred. This is very exciting, as medicine has been saying that you can't reverse osteoporosis; you can only slow it down. Estrogen does not reverse it. It only slows down bone loss for the two to three years of menopause, then has no further effect

Dr. Lee tells of a woman 72 years old who had over 40% bone loss and was in pain because of a stress fracture in her lower spine. In spite of opposition from 5 doctors involved in her case, she decided to follow Dr. Lee's advice, and in only 16 months experienced a 23% increase in her bone density. All but one of the doctors wrote Dr. Lee telling him that they would not have believed it had they not seen it with their own eyes. This lady is now 80 years old, and is continuing to use the progesterone cream. Her total increase in bone density is up 38%. When Dr. Lee was asked how long she should

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continue using it, he responded: "Keep using it until you are 95, and then we'll reevaluate."

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Fibrocystic Breast Disease

Fibrocystic breast disease is affecting a very high percentage of women. One of the major causes of this is too much estrogen. In an article in Fertility and Sterility, published by the 1995 American Society for Reproductive Medicine, a double blind study on the use of progesterone cream studying cellular proliferation, showed a 410% decrease in cellular proliferation in only 13 days. Estrogen applied topically caused an increase of cellular proliferation of 223% in the same period of time. Since many women and doctors alike believe fibrocystic breast disease a prelude to breast cancer, a number of women are having mastectomies for fibrocystic breasts.

Dr. Lee indicates that in hundreds of cases in his medical practice he never saw a case of fibrocystic breast disease fail to completely disappear within three months. We recently saw a case in Las Vegas with a woman who had over 200 fibrocysts the doctor quit counting at 200 and recommended a mastectomy. Instead she went on the progesterone cream, and 64 days later, feeling much better, went back to see her doctor. All the fibrocysts were gone, and this doctor couldn't understand it, and refused to even consider that a transdermal progesterone cream could be the cause of this disappearance of the problem.

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**For more complete information on progesterone,
please refer to the John R. Lee, M.D. Medical letter.
To subscribe call: (800) 528-0559**

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ProBalance Plus - Natural Progesterone Cream with Phytoestrogens

» ProBalance Plus™ is the safe and natural menopause treatment alternative for women over 45 without the side effects associated with synthetic hormone replacement therapy.

» The liposome-mediated delivery system used in ProBalance Plus™ carries the progesterone and phytoestrogens directly into the bloodstream, bypassing the metabolic processes other transdermals must undergo.

» Menopause is not a disease, but a physical transition whose symptoms and discomforts can be managed without the use of synthetic drugs with a myriad of possible side effects. Although the FDA and a large number of medical practitioners consider menopause to be an age-related disease, women understand that it is simply a natural and inevitable transition from one stage of life to another. Puberty marked the onset of the reproductive stage and menopause marks the end of it.

Suggested Use:
In the beginning, use as often as necessary to alleviate symptoms. Gently massage a pea-sized dab of cream into thin-skinned areas such as breasts, thighs, abdomen, breasts, inner arms, or face. Rotate the areas daily to avoid saturation. Thereafter use twice daily – one dab in the morning and two dabs at night – in cycles of three weeks on, one week off.

Ingredients:
Deionized Water, Caprylic Capric Triglycerides, Simulgel, Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube), Glycerin, Phospholipids, Grapefruit Seed Extract, Sodium Hydroxymethylglycinate, Potassium Sorbate, Tocopheryl Acetate, Citric Acid, Estriol (900 mcg per 1/4 measuring teaspoon), Estradiol (100 mcg per 1/4 measuring teaspoon).
Contains no artificial fragrance, coloring or preservatives.

Net Wt. 2 fl. oz.

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110-Balance Natural Progesterone Cream with Phytoestrogens

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Natural Progesterone Cream ProBalancePlus

Menopause is defined as beginning after a woman's last period, but the monthly hormone secretion pattern starts to change when a woman reaches her early to mid-forties. The years before periods completely stop are called peri-menopause, a time marked by hormone imbalance signaled by hot flashes, night sweats, insomnia, dryness and thinning of the vaginal area, aging skin, diminished sex drive, anxiety, forgetfulness, depression, and other mood changes. The perimenopause phase can last as long as ten years. The milestone called menopause is reached when a woman has skipped 12 consecutive periods.

In the years following menopause, the risk of cardiovascular disease, osteoporosis, and cognitive decline increases dramatically. A growing number of research studies have linked some of these risks to the relative absence of estrogens and progesterone. For decades, physicians prescribed synthetic estrogen, such as Premarin®, without other accompanying hormones. When it was discovered that the risk of developing endometrial cancer due to unopposed estrogen replacement could be reduced by adding progesterone, physicians began prescribing progestins (synthetic progesterone which could be patented) such as Provera®. According to some estimates, standard hormone replacement therapy using synthetic hormones like Premarin® and Provera® may increase a woman's risk of breast cancer by as much as 30 percent. Many doctors think that the lower risks of heart disease and osteoporosis attributable to estrogen replacement make the odds acceptable. On the other hand, a majority of these doctors aren't women!

For women who find these odds unacceptable, considering natural hormone replacement is a "no brainer." The benefits include those of synthetic HRT plus a few more including:

- Prevention of osteoporosis and increase of bone density
- Improved maintenance of muscle mass and strength
- Protection against heart disease and stroke
- Improved cholesterol levels
- Reduced risk of endometrial cancer and breast cancer
- Reduced risk of depression
- Improved sleep, mood, concentration and memory
- Reduced risk of senility and cognitive decline
- Enhanced libido

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PROBALANCE Natural Progesterone Cream with Phytoestrogens-PRO-1110

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Most women produce enough estrogen in the perimenopause phase so they only need progesterone to achieve hormonal balance. The benefits of progesterone are amazing. According to John R. Lee, M.D., the well-known proponent of supplemental progesterone, transdermal progesterone can:

- Promote bone building and protect against osteoporosis
- Help protect against breast cancer
- Protect against endometrial cancer
- Protect against fibrocystic breasts
- Promote fat burning for energy
- Act as a natural antidepressant
- Aid thyroid hormone action
- Normalize blood clotting
- Increase libido
- Help keep blood sugar levels normal
- Normalize zinc and copper levels
- Promote proper cell oxygen levels

Some women in the menopause or post-menopause phase who have been using only transdermal progesterone may experience a recurrence of symptoms such as hot flashes, night sweats, etc. These women may need supplemental estrogen, but find the risks associated with synthetic estrogen are unacceptable. For these women, ProBalance Plus™ may be a viable alternative. ProBalance Plus™ is a transdermal cream of natural progesterone plus a proprietary blend of phytoestrogens from soya, dong quai, black cohosh, red clover blossom, and licorice root extracts. Phytoestrogens are plant estrogens which when ingested appear to function much like natural estrogens in many ways. Research studies indicate that phytoestrogens:

- Increase cell growth in vaginal walls in postmenopausal women
- Raise high density lipid (HDL) cholesterol
- Reduce the risk of cardiovascular disease
- Reduce the risk of osteoporosis
- Reduce the risk of endometrial and breast cancer

Exactly how phytoestrogens accomplish these feats is still under investigation, but it is thought that phytoestrogens may block access to estrogen receptors by such procarcinogenic estrogens as estradiol.

Soya is known to contain the cancer-fighting phytochemicals isoflavonoids and flavonoids. The most closely studied is genistein which animal studies have shown can significantly retard the growth of breast cancer.

Black cohosh was used by Native Americans to relieve menstrual cramps and in Europe it has been used for menopause induced depression. The phytochemicals in black cohosh appear to occupy estradiol receptors.

Dong quai appears to act as an estrogen modulator. If estrogen levels

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ProBalance Natural Progesterone Cream with Phytoestrogens

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are low, the phytoestrogens provide some estrogen stimulus by filling unoccupied receptor sites. If estrogen levels are too high, these same phytoestrogens block some of the estrogen by occupying receptor sites. Licorice is another estrogen modulator.

ProBalance Plus™ is made from all natural ingredients and contains no fragrance. The only preservative used is grapefruit seed extract which is highly effective against bacteria, fungi, yeast, and other harmful organisms. ProBalance Plus comes in a flip-top tube with an inner foil safety seal.

Suggested Use:

In the beginning, use as often as necessary to alleviate symptoms. Gently massage a pea-sized dab of cream into thin-skinned areas such as breasts, thighs, abdomen, breasts, inner arms, or face. Rotate the areas daily to avoid saturation. Thereafter use twice daily – one dab in the morning and two dabs at night – in cycles of three weeks on, one week off.

Ingredients: Deionized Water, Caprylic/Capric Triglycerides, Simulgel, Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube), Glycerin, Phospholipids, Grapefruit Seed Extract, Sodium Hydroxymethylglycinate, Potassium Sorbate, Tocopheryl Acetate, Citric Acid, Estriol (900 mcg per 1/4 measuring teaspoon), Estradiol (100 mcg per 1/4 measuring teaspoon).

Contains no artificial fragrance, coloring or preservatives.

Net Wt. 2 fl. oz.

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ProBalance Plus™ is the safe and natural menopause treatment alternative for women over 45 without the side effects associated with synthetic hormone replacement therapy. The liposome-mediated delivery system used in ProBalance Plus™ carries the progesterone and phytoestrogens directly into the bloodstream, bypassing the metabolic processes other transdermals must undergo.

Menopause is not a disease, but a physical transition whose symptoms and discomforts can be managed without the use of synthetic drugs with a myriad of possible side effects. Although the FDA and a large number of medical practitioners consider menopause to be an age-related disease, women understand that it is simply a natural and inevitable transition from one stage of life to another. Puberty marked the onset of the reproductive stage and menopause marks the end of it.

Suggested Use:

In the beginning, use as often as necessary to alleviate symptoms. Gently massage a pea-sized dab of cream into thin-skinned areas such as breasts, thighs, abdomen, breasts, inner arms, or face. Rotate the areas daily to avoid saturation. Thereafter use twice daily – one dab in the morning and two dabs at night – in cycles of three weeks on, one week off.

Ingredients: Deionized Water, Caprylic Capric Triglycerides, Simulgel, Progesterone (20 mg per 1/4 measuring teaspoon or 960 mg per 2 ounce tube), Glycerin, Phospholipids, Grapefruit Seed Extract, Sodium Hydroxymethylglycinate, Potassium Sorbate, Tocopheryl Acetate, Citric Acid, Estriol (900 mcg per 1/4 measuring teaspoon), Estradiol (100 mcg per 1/4 measuring teaspoon).
 Contains no artificial fragrance, coloring or preservatives.

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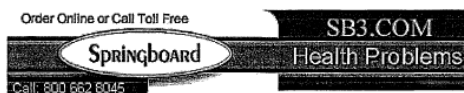
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Read what people are saying about using natural progesterone cream

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Natural Progesterone Users

The following letters are unedited, and from real people.

We find it exciting that ProBalance is providing relief for women with a wide range of health challenges caused by hormonal imbalance. While skeptics may say the results are purely psychosomatic, we hope these stories will encourage women seeking natural alternative answers to consider transdermal natural progesterone. Regulations require that we inform you that you may not experience the same results or within the same time frames, but trying ProBalance will do you no harm.

Fibrocystic Breasts, Endometriosis, Miscarriages, Bloating, Hair Loss

November 15, 1997

My own experience supplementing with ProBalance topical progesterone cream cleaned up many of my serious health problems.



When my mother was pregnant with me she was given DES, a synthetic estrogen, which was given to help prevent miscarriages. Two to six million women in the United States and Europe were given DES. About 50,000 pounds of DES was dumped into livestock feed to fatten cattle until 1979. DES has been linked to cancer, infertility, birth defects and other reproductive problems in both sexes. I feel that it was due to DES that I have had the following health problems, which started at age 17:

3 lumpectomies from fibrocystic breast disease
 8 miscarriages & Infertility problems
 14 surgeries

- Bloating
- Thyroid problems
- Weight gain
- Hair loss
- Endometriosis

The endometriosis required numerous surgeries that were supposed to help with fertility and alleviate pain. They did neither. Then, along came Dr. John Lee and Larry Jordan with information about topical, natural progesterone cream.

Raising my progesterone levels helped tremendously. I became pregnant after eight miscarriages in a row. I delivered a child at age 43.

However, after the birth of my child the endometriosis became much worse and I had

Complaint

muscle and joint pain. I was diagnosed with systemic lupus erythematosus. Fortunately for me, my dear friend, Larry Jordan, got me in touch with Dr. John Lee and Dr. Michael Rosenbaum. Both of them suggested using ProBalance topical progesterone cream as the main protocol to fight this problem. Remarkably, in four months my fibrocystic breast disease was gone. In addition most of the symptoms of my hypothyroidism were gone.

In eight months the endometriosis pain had disappeared. I was very pleased, because Dr. Lee thought it might take as long as one to two years. He was absolutely correct about how long it would take the lupus indicators to drop to insignificant levels at about 18 to 24 months. The symptoms as well as the blood work improved dramatically.

I and my family will always be grateful to these farsighted health professionals. These are the kind of enlightened health practitioners who go after the cause and not merely the treating of symptoms. Thank you all for giving me my health back!

C.L. - Thousand Oaks, California

Cramps, Ovarian Cysts

March 9, 1999

I've been using the ProBalance progesterone cream for nearly six months now. At first I was skeptical that it would get rid of my cramping and ovarian cysts. It took around two months to balance out my hormones and my cysts are finally gone! I used to be bedridden for 24 hours while I was ovulating because of the cysts and now I don't feel a thing. And when I was menstruating, I was bedridden for the first 24 hours as well! I have never felt so great in my life. Thank you so much Springboard!!

H. S., Chicago, Illinois

Hot Flashes, Insomnia, Dry Skin, Hair Loss, Joint Pain, Age Spots

March 9, 1999

I was directed by a friend to Dr. John Lee's book in the spring of 1998, when I began having some pronounced menopausal symptoms, including frequent hot flashes, sleep disturbance, dry skin, hair loss, joint pain, and age spots on the back of the hands. His book made a logical, convincing argument in favor of using progesterone cream by itself or in addition to estrogen for menopausal therapy. Since then I have tried different brands of natural progesterone cream, including Progest and AIM Renewed Balance, but ProBalance Natural Progesterone cream is my favorite, due to its smooth and creamy texture which doesn't leave a heavy or greasy feeling on my skin, and because it comes in an easy-to-dispense tube. The first improvements I noticed were that the joint pain in my wrists disappeared, the age spots on the back of my hands disappeared, and the skin texture on my face became softer and smoother! Though I also use tri-estrogen cream as recommended by my doctor (due to previous hysterectomy), I only need to use half as much as prescribed because I combine it with progesterone cream, which also protects

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Read what people are saying about using natural progesterone cream

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the breast tissue from soreness, swelling, and the development of cancer. For me, used together they are an unbeatable pair, and I highly recommend ProBalance Natural Progesterone cream!

*Sincerely,
C.M., Pasadena, California*

Fibrocystic Breasts, Hot Flashes, Depression

March 10, 1999

Last October, I had my third lump removed from my left breast. I was diagnosed with Fibrocystic Breast Disease and my doctor advised me that she wanted to put me on Tamoxifen (Chemo Therapy). In order to do this she said I would have to get off of hormone replacement therapy because it would counteract the drug. This scared the hell out of me! I had been on hormone replacement therapy for twenty years! I feel like I've had almost all the side effects Dr. Lee listed in his book. My doctor's answer was to treat the symptoms. I quit taking the hormones in December 1998 which threw me into menopause. The hot flashes were almost unbearable, night sweats made sleeping impossible, and I became unbearable to live with. I started using ProBalance Progesterone Cream in January 1999. In the last 60 days I have discovered what it feels like to be normal once again. I had forgotten what normal was like. I still have some minor symptoms of menopause but I feel wonderful! My breast was not healing properly before the progesterone cream. The pain is gone, swelling is gone, and the cysts are diminishing. Even the scar tissue from the surgery is less sensitive. The depression has lifted and I even laugh, which my husband thinks is awesome! I was so depressed all the time on hormones it was diagnosed as Chronic Depression and I'd be on Prozac for the rest of my life. I am now drug free! Not once in 20 years did my doctors advise me that hormone replacement therapy was causing my problems! Thanks to ProBalance Progesterone Cream and that wonderful Doctor John Lee, I have my life back and I feel better than I have in at least 20 years. I have told all my friends about ProBalance Progesterone Cream and to read Dr. Lee's book, "What Your Doctor May Not Tell You About Menopause".

*Thank you, Thank You, Thank you! Sincerely,
P.A., Indianapolis, Indiana*

Varicose Veins

June 4, 1999

I've been using it (ProBalance) since 1st March and have only missed two days. I believe the cream helps me quite a lot. I had nasty thread veins on my feet and my toes looked mauve. They have improved immensely. Also I feel I look a little younger - is that wishful thinking I wonder? Ha ha!!

E.B. (age ... late 70's), England

Complaint

Water Retention, PMS, Fatigue*November 9, 1999*

I began using ProBalance in June, 1999. I was experiencing serious discomfort due to water retention, PMS symptoms, and fatigue. Since I began using ProBalance, on the recommended schedule for premenopausal women, all my difficulties with water retention have disappeared completely; my PMS symptoms have levelled out; and I have more energy than previously. I have even been able to begin a fitness program (and stick with it) due to being rid of the discomforts and restrictions of water retention, PMS, and fatigue. This has led to my reducing my clothing size by one full size. I feel great! I look great! I am very grateful that I found this excellent product and that I am able to obtain it as I need it. I am recommending ProBalance to my friends who suffer from similar discomforting symptoms. They plan to begin this program in November and we are all looking forward to seeing what results they will have! Thank you for making this wonderful product available and for your excellent customer service. Sincerely, U.G.K., Calgary, Alberta, Canada

Fibrocystic Breasts, PMS

I have been using ProBalance Natural Progesterone cream for almost a year now. I was using it due to fibrocystic breasts and PMS problems. The last breast exam my Dr. stated this was the best she had ever seen them. It has worked on the symptoms I have had with PMS. I am one of the BAD cases and it has relieved them all. I will not give this cream up. I have recommended it to many people.

*Thanks,
T.W., Houston, Texas*

Insomnia*November 10, 1999*

I am very impressed with your Progesterone Cream, I feel 100% better. I sleep much better, have more energy and just had the most pain free mammogram ever. Also, the other problems that I was having seem to have disappeared. My doctor admitted to me that he had never heard of women using this with any benefit. Spoken like a true doctor. I have shared not only my story with other women but also the book telling about it's use. So far, I have about 5 converts. All have experienced the same effects as me. Thank you so much!

You have my permission to use my initials and city. If just one woman benefits the same as me, it is worth it! Thanks for your product - it is GREAT!!!

L.J., Grapevine, Texas

Complaint

FROM: Many people are saying about using natural progesterone cream

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Fibrocystic Breasts, Hair Loss*November 12, 1999*

To whom it may concern at Springboard:

This is a testimonial to the use of ProBalance (NATURAL Progesterone cream). I am 47 and for the past 22 years I have had fibrocystic breast disease. Every 6 months I go to the doctor and he would aspirate as many as 4 or 5, leaving the 3 or 4 that were too small for aspirating. Often the cysts would get as big as walnuts before I could get them aspirated. Needless to say they were painful. I was told that there was nothing that could be done outside of some radical hormone therapy. I was advised to wait patiently for menopause. At the same time I was losing my hair for "no apparent" reason and went to several doctors including an endocrinologist who took blood tests, estrogen tests, thyroid tests, etc. and could find no reason for the loss. I began to send away for wig catalogs in anticipation of needing a wig in the VERY NEAR future. I read Dr. Lee's book about menopause and progesterone cream. Springboard was a company that was listed in his book. I ordered a tube in July and began using it daily. In four and a half months my breast cysts have disappeared and my hair is beginning to grow back. Other people who knew of my hair loss have commented that my hair is definitely thicker than it has been in over two years. I have been so excited about this product that I have told MANY people about this product and at least four of them are now using it. I believe that this cream is a God send for me when no one else could help.

*Sincerely,**L.M., Grand Marais, Minnesota***Fibrocystic Breasts***November 18, 1999*

To Whom It May Concern: I have greatly benefited from the natural progesterone cream. For about three years now I have had fibrocystic breast disease which has made my breasts very lumpy. Each month, midcycle, my breasts would swell and become painful. I was very worried about all this as my mother had breast cancer. Since I started using the cream two months ago my symptoms have completely disappeared. I am so excited that I have both my mother-in-law and a friend using the cream. I use 1/4 tsp two times a day.

*Sincerely,**T.B., Miami, Florida***Bloating, Fatigue, Heart Palpitations***November 13, 1999*

Hi, my name is J.W., I am 52, I ordered and received your wonderful product, ProBalance. I had a hysterectomy nine years ago. I have been on Premarin all this time. I stopped taking the Premarin this past Saturday and I feel WONDERFUL. I do not bloat

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Read what people are saying about using natural progesterone cream

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like I did, my legs do not swell like they did, I do not feel fatigued anymore and I do not have intestinal gas like I used to. Also my heart palpitations have gone away. By the way I have had more than one compliment on how well I look lately!!! I do not have that "fatigued" look anymore.

J.W.
Belleville, Pennsylvania

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ProBalance Natural Progesterone
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Breast Cancer and Progesterone

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PROGESTERONE PROMOTES APOPTOSIS
PROGESTERONE'S EFFECT AT THE GENE LEVEL

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- [References to tests on BCL2 and P53, and the difference between progesterone and estrogen.](#)

Breast Cancer and Programmed Cell Death (Apoptosis)

Breast cancer is considered to be a hormone dependent cancer, which means that hormones have something to do with the growth and development of breast cancer. About two years ago Time magazine had an article referring to apoptosis in reference to looking for something that would work against cancer. More recently in the 1/28/98 issue of the Journal of the American Medical Association (JAMA) there was a reference to apoptosis in reference to cancer.

Almost all the cells in your body are being created, live a certain length of time, and then die to make place for the new cells coming along. White blood cells last only two days. Red blood cells last 120 days. Your skin cells are being made new all the time. They are the ones that flake off when you take a bath and make a ring in your tub. If you've had your arm in a cast for 6 weeks, when you take the cast off you can flake off a lot of old, dead cells. They die on their own. It is a planned cell suicide. They are designed to do this because the new cells are coming.

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What has been discovered is that the cells that become cancer cells are not only those that are multiplying rapidly, because the white blood cells multiply rapidly, and they don't become cancer cells. It's the ones that don't die on time; they don't go through this programmed cell suicide. Programmed cell suicide is called apoptosis. It means "without dropping away." Ptois means "dropping." If you have one eyelid that won't go up; that's called ptosis. The dropping way refers to the programmed cell suicide.

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Progesterone Promotes Apoptosis; Estrogen Turns It Off

Research has looked into what it is that makes a cell do this. It is not told to by some other cell. It is built into the DNA of the genes of that cell. It's designed that way. It turns out that there's a gene that will block apoptosis and try to get the cell to live longer. That gene is called BCL2. It leads to the cell becoming a cancer cell.

Breast Cancer Cells Need Apoptosis In Order To Die

The cancer cell doesn't think of itself as a bad cell. It thinks of itself as a cell that outsmarted you, and it is going to live on. You might die, but it is going to try to live on. But the gene that normally functions to cause that cell to commit programmed cell suicide is the gene called P53. In the 1/28/98 issue of the Journal of the American Medical Association (JAMA) is an article entitled "To Die or Not to Die." They are not talking about your life, though they well could be. They are talking about the cell and what controls and determines if it dies on time as it ought to. They refer to gene P53 as the gene that tells the cell to die on time, and BCL2 is the gene that blocks this. So if BCL2 is the dominant one you'll develop cancer. If P53 is the dominant one you won't. Inside your breast you have skin cells that line the milk ducts. You have miles of milk ducts in your breasts. These cells are like skin cells. They are being made; then they are supposed to die, and the specialized blood cells (macrophages) go and eat them up, because new cells are coming along all the time. Imagine that they didn't die on time, and your breast just retained all these cells that are being made all the time. Pretty soon your breasts would be dragging on the ground. The only way you keep normal size breasts is to have last month's cells die, because this month new cells are coming along.

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This doesn't happen to brain cells or muscle cells, but in all the other cells in your body this goes on all the time. What keeps you young and healthy is the new cells coming along.

Can You Cure Cancer if You Can Control Apoptosis?

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What they are admitting in the JAMA article is that the war on cancer has been a failure. The war on cancer has been trying to find medicine that stop rapidly growing cells from multiplying so rapidly, but in the process they are stopping your own white blood cells, your hair follicles and everything else. So if they give you a medicine strong enough to kill the cancer cells, they are in the process are killing you. They admit that chemotherapy is a failure, except for some leukemias and lymphomas in young children. Young children that have a real strong immune system will survive the chemotherapy and come back. But for those of us who are adults the chemotherapy strong enough to kill the cancer would have to be strong enough to kill us first. So now, the new treatment goal is how to control apoptosis to bring on cell death of the cancer cells. "New cancer therapies that aim to induce apoptosis, specifically in cancer cells and cells becoming cancer, are the source of much excitement and renewed hope for cure." You can cure cancer if you can control apoptosis.

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Progesterone Upregulates the Gene that Causes Cancer Cells To Die Estrogen Upregulates the Gene that Cause Cancer Cells to Not Die

Last year Dr. Ben Formby and Dr. T.S. Wiley at the University of California in Santa Barbara proved how to do that very thing. Dr. Ben Formby is from Copenhagen, Denmark. He is a molecular biologist who has learned how to build cell cultures, and how to tell the products of specific genes like BCL2 and P53. So he took the cell cultures of breast, endometrium, ovary and prostate, and he grew them in culture. On some he added a little estrogen (estradiol). Guess what happened. The estradiol turned on BCL2, and the cells grew rapidly and didn't die. Then he added some progesterone to it. Guess what happened. They stopped growing so rapidly; they died on time, and the cancer all disappeared. He did that for all these types of cancer.

What do we have? The BCL2 stimulates the risk of cancer. Gene P53 decreases the risk of cancer. Estradiol upregulates BCL2. Progesterone upregulates P53. Therefore progesterone decreases cancer. Unopposed estradiol causes the cancer. Simple. Estrogen dominance is the cause of the cancer growing and the inability of the body to cure it.

Progesterone and Estrogen Functions in Breast Cancer Supported by Major Medical Journals

The critics are saying that they don't see anything about this in the medical journals that they read. Maybe they aren't reading the correct journals. There are 12 references to tests on BCL2 and P53, and the difference between progesterone and estrogen. Some of the places these articles have occurred:

- The American Cancer Society

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- The Journal of Clinical Endocrinology
- The American Journal of Pathology
- International Journal of Cancer
- The Journal of the American Medical Association (JAMA)
- Fertility and Sterility - Journal of the American Society For Reproductive Medicine

For more complete information on breast cancer and progesterone, please refer to the John R. Lee, M.D. Medical letter. To subscribe call: (800) 528-0559 Mention Springboard to receive a \$20.00 Discount

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PROGESTERONE DECREASES CELL PROLIFERATION

NATIONAL CANCER INSTITUTE'S SYMPOSIUM ON ESTROGEN AS A- MAJOR CAUSE OF CANCER

- [Progesterone Decreases Cell Proliferation: Estrogen Increases It](#)
- [If You Want To Increase Cell Proliferation Use Estrogen If You Want To Decrease Cell Proliferation Use Progesterone](#)
- [Progesterone Levels At Time of Breast Cancer Surgery Affect Survival Rates](#)
- [Method of Measuring Cell Proliferation](#)
- [Progesterone Levels at the Time of Surgery](#)
- [Estrogen a Major Cause of Cancer](#)
- [National Cancer Institute's Symposium on Estrogen](#)
- [Estrogens as Endogenous Carcinogens in the Breast and Prostate](#)
-

Progesterone Decreases Cell Proliferation: Estrogen Increases It

The Fertility and Sterility Journal article was particularly interesting, as it was the first double blind, placebo controlled, randomized study using transdermal progesterone and transdermal estrogen (estradiol) on real women (40 of them) who were having breast biopsies. They had one at the beginning of the study and another biopsy 13 days later, and were able to check on several interesting things.

The first thing of note was that even though the estrogen and the progesterone did not show up in the serum, it showed up in the breast tissue at over 100% increased levels above the placebo cream.

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The most interesting finding was what happened to cell proliferation during this 13 day test. The following chart shows two ways of measuring cell proliferation. The PCNA (proliferating cell nuclear antigen) is the most accurate, but both methods were used.

Based on PCNA numbers (these tend to be the most accurate measurement) the numbers in the above chart showing increase or decrease of cell proliferation showed up in only 13 days. Translated into percentages the following 3 sentences summarize it.

Method of Measuring cell Proliferation	Placebo	Progesterone	Estrogen	Estrogen & Progesterone
Mitosis per 1000 Cells	0.51	0.17	0.83	0.52
PCNA	7.8	1.9	17.4	6.5

- Topical Progesterone reduced cell proliferation by 410%
- Topical Estrogen increased cell proliferation by 223%
- Topical Estrogen/Progesterone combination reduced cell proliferation by 16%

The numbers on this chart were excerpted from the Fertility and Sterility Journal, Vol. 63, No. 4, April, 1995. The exact reference is: Chang KJ, Lee TTY, Linares-Cruz G, Fournier S, de Lignieres B. Influences of percutaneous administration of estradiol on human breast epithelial cell cycle in vivo. Fertility and Sterility 1995; 63; 7865-7891.

**If You Want To Increase Cell Proliferation Use Estrogen
If You Want To Decrease Cell Proliferation Use
Progesterone**

The conclusion seems to be: if you want increased cell proliferation use estrogen. If you want decreased cell proliferation use progesterone. The entire study is worth reading, and is an excellent affirmation that what Dr. John Lee has been saying and writing is correct. This is not secret information, but it is being denied to the typical doctor of conventional medicine, even though similar information is in the AMA journal.

It is Dr. John Lee's contention that progesterone prevents breast cancer, and if you already have breast cancer progesterone protects you against reoccurrence or late metastases. In his medical practice he treated many women who had had mastectomies. In the 20 years since he started recommending the use of progesterone, not one of the hundreds of women he treated has died of breast cancer. Think about what the odds are on that number when you compare it to normal post mastectomy figures.

Progesterone Levels At Time of Breast Cancer Surgery

Complaint

Affect Survival Rates

In 1976 Dr. Mohr started a test at two major hospitals in London that did breast surgery. He requested that every time they had a breast surgery that they take a blood test and save it so that he could test the progesterone level at the time of surgery. He tested testosterone, progesterone and estrogen. He found that progesterone level at the time of surgery was correlated with better survival. The survival record was reviewed 18 years after breast cancer surgery in node positive patients: this means that the cancer had already spread, was already metastasizing.

Summary of Dr. Mohr's findings

Progesterone Level at The Time of Surgery	Survival percentage after 18 year
Adequate Progesterone (4ng/ml or more)	62%
Low Progesterone (less than 4 ng/ml)	30%

This was written up in the British Journal of Cancer in 1996. The title of the article is: "Serum Progesterone and Prognosis in Operable Breast Cancer." This is over a 100% improvement just by having adequate progesterone level at the time of surgery. There is no treatment that provides that degree of benefits. Progesterone is the treatment.

Estrogen a Major Cause of Cancer

Dr. Ercole Cavaliere, the head of cancer research at the University of Nebraska Medical Center (also one of the speakers at the NCI program shown below). He calls estrogen the angel of life, the angel of death. It is necessary at the beginning to create a successful pregnancy, and if you have estrogen dominance later in your life it is the angel of death. When the body tries to metabolize estradiol and estrone it is possible to end up in this pathway which ends up in cancer. This is real human estrogen, and the body is trying to get rid of it. If the body does it correctly it methylates it, and it is safely excreted. But if the person has been eating margarine or transfatty acids, things that are not real and are missing the essential fatty acids it falls into another pathway. If the same person is not getting the sulfated amino acids like methionine and cysteine that is in garlic and beans, it continues on in this pathway and binds to DNA, causes a mutation, and creates cancer and kills the person.

National Cancer Institute's Symposium on Estrogen as a Cause of Cancer

Estrogen is the cause of the cancer that women fear, and yet there are many doctors still giving them unopposed estrogen. The recent National Cancer Institute symposium March 16-17, 1998 basically states that estrogen is the cause of the cancer that is killing women. If

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Breast Cancer & Natural Progesterone Fact Sheet

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you look at the following program to see some of the major medical research organizations stating this in their presentations, it sort of make you wonder why we didn't hear any of this on the news in any of the major media. It makes you wonder why unopposed estrogen is still being so widely used. Look at the following program:

The following symposium sponsored by the National Cancer Institute March 16-17, 1998 was referred to by Dr. John R. Lee in his two tape series: "Progesterone Update". The content of the seminar fully supports Dr. Lee's assertion of the link between cancer and estrogen. Read the information below on their program, and you will find both the introduction and the titles of the presentations enough to make you pause before taking estrogen. Also listening to Dr. Lee's tapes will give you a good insight into some of the material presented at this symposium.

Estrogens as Endogenous Carcinogens in the Breast and Prostate

This symposium has been planned to explore the role of endogenous estrogens in the etiology of human breast and prostate cancer. An international group of scientists will share viewpoints and construct a more holistic understanding of the way estrogens induce cancer. Topics will include metabolic activations of estrogens to carcinogenic forms, deactivation of carcinogenic metabolites, and the role of estrogen receptor-mediated processes in tumor induction. One of the goals of this symposium is to provide the attendees with an overview of the direction of research on estrogen-induced cancer. Another goal is to identify biomarkers that can be useful in studies of cancer risk among humans and in the future development of preventive strategies. The overview of the role of estrogens in cancer obtained from this symposium will be useful for scientists engaged in a variety of cancer-related studies, as well as for epidemiologists, health planners, journalists and members of advocacy groups for breast and other human cancers.

The Program**Welcoming Remarks**

- Dr. David Longfellow
Chemical and Physical Carcinogenesis Branch
Division of Cancer Biology, NCI

Overview of Estrogens as Endogenous Carcinogens Introduction and Remarks**Co-Chairs:**

- Dr. David Longfellow
Dr. Richard Santen, University of Virginia Health Science Center

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BREAST CANCER: CLINICAL AND MOLECULAR ASPECTS

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Cellular and Molecular Interactions in Breast Cancer: Role of Estrogen and Its Receptors

Dr. Joe Russo, Fox Chase Cancer Center

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Dr. Donald Malins, Pacific Northwest Research Foundation

**For more complete information on breast cancer and
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Excerpts from a talk by John. R. Lee, M.D.

- [Osteoporosis risk begins at age 35, not at menopause](#)
- [Half of the women in North America are progesterone deficient](#)
- [Progesterone is the key to new bone formation](#)
- [Real-life examples of progesterone increasing bone density](#)
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Bone is living tissue and hormones have an effect on bone. Estrogen causes bone resorption while progesterone and testosterone cause new bone to be made. Bone is always being torn apart and put back together again, just like your skin, hair, the lining of your intestines, and all the other cells in your body — except brain and muscle cells. They are all being replaced, and bone replaces itself. The long bones in the legs and the arms take 12 to 14 years for a total 100% replacement. The bones in your back-bone, heel and the more open bones called trabecular bones, are completely replaced every two to three years. So every two to three years every single molecule, every single mineral, everything in your trabecular bones have all been changed to new bone. Bone replacement is a continual process.

The ultimate strength and density of the bone is determined by the balance between these two effects: 1) the undoing and 2) the redoing. If the undoing is happening more rapidly than the redoing, the end result is you will be losing bone. If the new bone formation catches up, you will stay even, and if the new bone formation can be pushed higher than the undoing, then you will have new bone again.

So what I stumbled on to is that progesterone causes new bone formation. Many books have a graph that shows bone mass as a function of time. A safe range for bone mass for your backbone is 0.9. If your measurement is above 0.9 you will probably not have a fracture if you fall accidentally on something soft. But if it is below 0.9 and you trip over a step or fall pretty hard, you will probably break a bone. Therefore 0.9 is a kind of safe threshold I use to compare bone densities.

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The process starts when a girl is about age ten. Her skeleton begins growing and showing

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more and more bone. Around age 35 she reaches her peak of bone mass. From age 35 on she starts losing one to one and a half percent of her bone mass per year, so she could lose 15% to 25% before menopause. At menopause it falls more rapidly, and then returns to approximately the same rate of loss as before. This sounds wrong because the popular consensus is that menopause precipitates **osteoporosis**. Menopause is not the cause. Actually, it is something that happens 10 to 15 years before menopause while women are still making a lot of estrogen, having periods and losing bone. Bone loss is called **osteoporosis**.

What happens at age 35 while there are still good estrogen levels which cause the bones to start losing bone mass? Along comes a beautiful report in the New England Journal of Medicine from a woman doctor in Vancouver who was head of the Department of Endocrinology. She followed hormone levels, first in women athletes, then in other women, and she found a high incidence of anovulatory cycles. Anovulatory cycle means that the ovaries didn't make the eggs that month, and if women don't make the eggs, they don't make the progesterone. She found that at age 35 about 50% of the women in North America start missing ovulation, even though their periods continue to be regular. The woman doesn't produce eggs each month, and therefore she is not making progesterone. She also found that while this was taking place, the testosterone, cortisone, and estrogen levels stayed the same. Everything stayed the same on the hormone levels except progesterone. When progesterone went down or disappeared, that's when **osteoporosis** started happening. The doctor proved that the decline of progesterone is at least a cause of **osteoporosis**, even in the face of plenty of estrogen.

This study proved that estrogen deficiency is not the cause of **osteoporosis**. Doctors have been wrong for many years, because they have been measuring the loss when estrogen fell at menopause, and concluded that the bones were declining because estrogen levels fell. Bone loss is not due to estrogen going down. Bone loss happens because you are not ovulating and not making progesterone every month. You are becoming deficient in progesterone. You are not keeping up with new bone formation. This appears to be new information, and yet charts showing bone decline starting at age 35 have been around for a long time.

Apoptosis means normal, programmed cell death. The only reason you can stay healthy and young is because cells die on time, so new cells coming along will have a place to work. The word means "a falling away." It's like the leaves of the trees in the fall in Vermont and Maine. The trees look bare during the winter, but in the spring new leaves come back. The one set of leaves did their work during the growing season, and the next set of leaves will do their work during the next growing season.

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Bone apoptosis happens when osteoclast cells come along and eat up old bone that's been there for years and need to be taken away. There are millions of these little osteoclast cells. When they get down to good bone, they stop and leave. As soon as the osteoclasts leave, then another type of cells called osteoblasts come in. Their purpose is to put in new bone. The new bone they put in is stronger than the bone that was there before. This is why your bone mineral density goes up. They can make better bone. Once the osteoclasts take away the old bone the osteoblasts go in and build new bone. (Sometimes these osteoblasts are called osteocytes.) Real, living osteoblasts get embedded in the bone they are making. They stay alive, but not forever. They die off all the time. When they die, the

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bone they've made begins to get more porous, weaker and more likely to break, and that's when the next cycle begins.

Osteoclasts and osteoblasts are partners in the bone building process. First, the osteoclasts take out the old bone that is weak, then the osteoblasts move in to fill and make new bone. Bone mineral density measurements represent an average of these two processes. It reminds me of our bank account. When it gets too low my wife says, "Put more money in." And I say, "It wouldn't get so low if we didn't take so much money out." There are two processes going on. So when the doctor looks at a bone mineral density report, what he sees is the average of the two processes, but he doesn't know which one is predominant. If your bone mineral density is falling, your doctor does not know whether you're losing more bone than you ought to, or whether you're not able to make enough new bone to catch up.

What I learned is that progesterone turns on the processes which lead to new bone formation. Estrogen slightly slows up the loss of old bone. That's why at menopause, when estrogen decreases, you have an increase of bone loss, called bone resorption. However, within three or four years the body adjusts to the new estrogen level, and the bone loss goes back to the bone resorption rate to what it was before menopause, and then progesterone works again. During those three to five years prior to the onset of menopause, progesterone might not be able to accumulate enough new bone to catch up with the loss that is occurring, but after a few years it will.

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Now you know how bones are made. You're always making new bone, and you're always getting rid of old bone. The timing between a period of quiescence and an increase, then another quiescence followed by new bone being made again is a re-markable biological process. The time required to renew all of the molecules, atoms, calcium, magnesium, phosphorus and everything else in your long bones, such as the compact bones of your arm and your femur, is about 12 to 15 years. Your backbone, called trabecular bone where there are more open spaces and which do not have as much torsion pressure; turns over more rapidly. About every five years you will have 100% new bone in your backbone, heel bones, and kneecaps. Isn't that amazing? You are making yourself new every few years! So what you need is something to help the osteoblasts. In men the helper is testosterone, and in women it is progesterone.

Some doctors said my patients got well because there was some kind of placebo effect or the force of my personality was such that people got better, and it had nothing to do with progesterone. I told them, "If it's a placebo effect, it's an exceptional placebo effect, because the tests prove that the bones actually got stronger." There is a little acceleration of bone loss on these charts at age 50 to 55, which is around the time of menopause, but then it straightens out on its own and continues the same decline as was happening before menopause. So the big loss at menopause is only a temporary time. Some women may need a little estrogen during this period, but after they get past menopause all they need is progesterone, and the bones come back. What I found after three years, is that untreated, a woman will lose 1.5% to 2% of her bone mass a year. You might get a little surge of estrogen, but then it remains level. When progesterone was added, the average woman gained 15% new bone in three years. Such a thing was never before been reported by anyone, so I wrote a paper about it, and it got published in an international journal. I received letters from all over the world, but not one letter from a doctor in the United

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States.

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When I retired from practice nine years ago I asked my nurse to pick out 100 records of women on **progesterone**. Out of the 100 I took only those who had at least three years of bone mineral density tests every six months. I was left with 62 patients. The average increase in bone density in these postmenopausal women over three years was 15.4% versus a normal expected loss during that period of time of 4.5%. That is almost a 20% average difference between what normally happens and what happens when women are using **progesterone**. Estrogen only slows down bone loss for the period of menopause, and after menopause it doesn't even do that. **Progesterone**, however, causes new bone growth even in postmenopausal women.

I then divided my patients up into two groups – those with a lot of bone loss and those with pretty good density. I found that the worse the bone was at the beginning, the more it responded to **progesterone**. The women with good bone at the beginning essentially stayed the same. Doctors generally say that you can't help women over 70, because they are 20 years post menopause, and the bones are inactive. The bones are only inactive because they don't have the hormone **progesterone** to telling them to get to work! In dividing the results with those over 70 and those under 70 among my patients, the gain was essentially identical in both groups. So the bones do get to work again, and age has nothing to do with it.

Examples from my practice of how progesterone increased bone density

This first chart was in 1982. The lady was 72 years old and had very poor bones. She had broken her forearm lifting her sick husband. She went to her doctor who told her that she had such poor bones that she had to take fluoride treatment. She told him that was a bad idea because she had taken Dr. Lee's class at College of Marin on Opti-mal Health, and he said fluoride was a bad thing for bones. So he told her to go see Dr. Lee. I put her on **progesterone** and she had a 24% improvement in bone density over the next 30 months. Her bone density went from .669 to .865. Given her height and weight this is a perfectly fine bone mineral density.

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On the next lady I measured all four bones in her back with Dr. Malcolm Powell's dual photon bone mineral density test. All four of these bones increased in density. The bone density actually increases in all the bones throughout the body. It wasn't just that the bones that were specifically low did any better than the others. **Progesterone** had a positive effect on all the bones.

The next woman was from Pennsylvania. Her husband was a Ph.D. in the medical sciences and her son was a doctor. She woke up one morning with terrible back pain when she was 74 years old. They found she had advanced **osteoporosis**. Remember that I said 0.9 was a good number for bone density? Well, her's was .446. She had lost well over 50% of all the minerals in her bones. She had been a health nut. She exercised. She ate right. She took all the right supplements. She was doing everything right and looked great, and her mind was as sharp as a tack. She didn't seem to be aging at all, and yet her bones had lost all this bone mass. She had gone through menopause at age 44, and here she was

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at age 74, 30 years later doing everything right, and she still lost so much bone that she had a spontaneous compression fracture of her lumbar spine.

So she got another doctor who was an orthopedist and a radiologist. She had five people in the medical profession on her case when she called me. I had met her at an EPA meeting years before, and she had heard that I was writing a paper about osteoporosis. This was before I wrote my first book about **progesterone**. I told her I would send her the papers, but the treatment was in her case just to add some progesterone, a normal physiological dose, because I knew she was doing everything else right. She was getting the calcium and the phosphorus, and she was eating right.

When she told her husband she was going to use **progesterone** cream, he said that he had talked to a doctor who was an expert on the subject and there is nothing in any of the books that say **progesterone** would build bone. So she called me and asked if this information was written in any books. She asked if I had any references and things like that. I told her, "No, if it was already written in books I wouldn't have bothered to write it up myself." I was writing the book because I was reporting things I saw in real patients, but couldn't find in any books.

The woman stuck with my thinking and told her husband she was going to try **progesterone** cream despite his objection. Finally her husband gave in saying, "Then in six months we're going to make you get another bone mineral density test." In six months she went from .446 up to .516. That's over 14% in six months! Another test was done ten months later and her bone density was still increasing.

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Every year they send me these reports. One year she actually went down a little bit, and on this report her husband had written in, "Her lower value at the 23rd month is possibly due to a nerve block given to her." So I called her doctor and asked what he was giving her. He said, "Well, I felt a little out of the loop, and I wanted to do something." So he gave her two or three injections of methylprednisolone, which is cortisone. Cortisone blocks **progesterone** from its receptors in bone cells. That's why all people on cortisone are at high risk for **osteoporosis**. It blocks **progesterone** from doing its work. Cortisone's message to the cells is, "Stop whatever you're doing." If you have poison oak, your doctor can give you cortisone, and it will stop the poison oak. If you have inflammation in your joints like rheumatoid arthritis, he can inject cortisone, and it will stop the inflammation. Cortisone stops the cell from doing what it's doing because of inflammation. In the case of bone cells, it stops them from making new bone. This was the reason the woman's bone density measurement went down in the 23rd month.

When I explained this to her husband, they stopped the injections and the bone density increased again. After four years she had gained 37.9% new bone. There is no other treatment anywhere that comes close to this. In her case it was the only thing she needed. Her doctor told her that she would have to take estrogen. She replied, "Oh no, my sister took estrogen, and she died of breast cancer." You have to be stubborn, and this lady was stubborn. Her husband told her it couldn't work. Her son told her it couldn't work. Her doctor told her it couldn't work. Her orthopedist told her it couldn't work. Her radiologist told her it couldn't work. Now, one by one I've gotten letters from all these doctors – her radiologist, her orthopedist, her doctor, and her husband – all basically saying, "If we hadn't seen it with our own eyes, we would never have believed what you wrote in your

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book." I still haven't heard from the son, but he is using progesterone in his practice, so we got them all changed in their thinking. And this is how it is going to happen – one by one, people are going to see that **progesterone** works.

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In a couple of my patients **progesterone** was not working. One lady was taking too much thyroid hormone which accelerates bone loss, and when we got that straightened out her bone density improved. Another lady was 75. She didn't make hydrochloric acid. If you don't make hydrochloric acid you can't absorb calcium. It took great brains to discover that. You have to be very, very clever. She came in and said, "I don't think I'm absorbing the calcium." So I asked her why she thought that and she said, "Well, I can see the little calcium pills in my bowel movements." So, clever as I was, I said, "I think you're not absorbing the calcium! The reason is that you don't have enough hydrochloric acid." She disagreed and told me that the Ross Valley Clinic was giving her a medicine to suppress her acid because she'd had indigestion for years so she probably had too much acid. They gave her Tums, but that didn't help. Then they gave her Tagamet. Tagamet stops the stomach from making acid, but that didn't help her indigestion. I told her that she had indigestion because she didn't have the acid necessary to digest her food so the undigested food goes into the intestine where the bacteria that live there digest it, ferment it, and make all these things that cause gas and indigestion. I suggested that she try some hydrochloric acid. She was afraid of getting an ulcer, but I persuaded her to try some betaine hydrochloride from the health food store. Not only did her indigestion go away, but her bones immediately began to get stronger as well.

The doctor was treating a symptom. It didn't work, and he wasn't even curious enough to figure out why it didn't work. Approximately 50% of people over 70 don't make enough acid to absorb calcium. A large number of older people take antacids on a regular basis. Maalox, Mylanta, and all of the H₂ blockers stop the stomach from making its normal acid. And now these H₂ blockers such as Pepcid AC and Tagamet, are being sold over the counter. They knock out 85% to 90% of the stomach's acid production. These people will not be able to absorb nutrients like calcium. Antacids increase the **osteoporosis** problem and may be related to eventual deep bone deficiency and pernicious anemia. Gastric cancer could also be related. Mother Nature makes these stomach acids for a reason. Antacids stop the absorption of calcium, no matter how it is given.

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Winston Churchill once said, "Every once in a while it happens that people stumble over the truth. But most of the time they pick themselves up and go on as if nothing happened." That's what I don't want to do. I don't want to go on as if nothing happened. Something happened to me. I fell into this, and I saw all these good things that were happening.

- **Anovulatory cycle** means that the ovaries didn't make the eggs that month, and if women don't make eggs, they don't make **progesterone**.
- **Apoptosis** means normal, programmed cell death. The only reason you can stay healthy and young is because the cells die on time, so the new cells coming along will have a place to work. The word means "a falling away".
- **National Osteoporosis Foundation**: A bogus organization at best, funded by the manufacturers of Premarin and Tums. They are a group of retired professors who go around the country charging \$300, \$400, \$500 for people to come and hear their

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talk. They know that I say that a little progesterone is very important. So when they were asked about Dr. Lee, a member from the National Osteoporosis Foundation in Boston said, "Oh, we know Dr. Lee. He's Chinese, and he owns all the progesterone companies." I've got the right surname for being Chinese, but my grandparents all came from Norway and Sweden, and I don't own a share in any company that makes progesterone cream. I don't own anything in any company that makes a progesterone cream. So when they were in New York they were asked, "What about Dr. Lee's ideas about progesterone?" And they replied, "Oh, we know Dr. Lee. We offered him as many millions as he needed to do a double blind study, but he refused." I've been retired from private practice for nine years, so maybe I missed it in the mail, but I haven't seen it.

There are things in life that do not need a double blind, placebo-controlled study. We have a pasture on our farm, and we pasture horses for people. There is one horse that likes to kick at you when you walk behind her. You don't need a double blind study to avoid getting kicked. You avoid the horse, and that's all you need to do. If someone says all sheep are white, all you have to do is bring in a couple black sheep. You don't have to do a double blind study. It's the same thing with natural progesterone cream. If they say that after age 65 osteoporosis cannot be reversed, and you reverse it in 62 women using just progesterone, you don't need a double blind study! I'm not against someone doing a double blind study, but they know that no one will pay for it. Progesterone is a real hormone and since it's not a patentable synthetic, there is no money to be made so no one is going to ante up the \$500,000 to \$1,000,000 to do a study.

**For more complete information on breast cancer and progesterone,
please refer to the John R. Lee, M.D. Medical letter.**

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Decision and Order

DECISION AND ORDER

The Federal Trade Commission having initiated an investigation of certain acts and practices of the Respondents named in the caption hereof, and the Respondents having been furnished thereafter with a copy of a draft of complaint which the Bureau of Consumer Protection proposed to present to the Commission for its consideration and which, if issued by the Commission, would charge the Respondents with violation of the Federal Trade Commission Act; and

The Respondents and counsel for the Commission having thereafter executed an agreement containing a consent order, an admission by the Respondents of all the jurisdictional facts set forth in the aforesaid draft complaint, a statement that the signing of the agreement is for settlement purposes only and does not constitute an admission by the Respondents that the law has been violated as alleged in such complaint, or that any of the facts as alleged in such complaint, other than jurisdictional facts, are true, and waivers and other provisions as required by the Commission's Rules; and

The Commission having thereafter considered the matter and having determined that it had reason to believe that the Respondents have violated the Act, and that a complaint should issue stating its charges in that respect, and having thereupon accepted the executed consent agreement and placed such agreement on the public record for a period of thirty (30) days for the receipt and consideration of public comments, now in further conformity with the procedure prescribed in § 2.34 of its Rules, the Commission hereby issues its complaint, makes the following jurisdictional findings, and enters the following order:

1. Respondent Lawrence A. Jordan is an individual trading and doing business as Springboard and Pro Health Labs with his principal office or place of business at 3115 Stoney Oak Drive, Spring Valley, California 91978. Individually, or in concert with

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others, he formulates, directs, controls, or participates in the policies, acts, or practices of Springboard and Pro Health Labs.

2. Respondent Stephanie L. Jordan is an individual trading and doing business as Springboard and Pro Health Labs with her principal office or place of business at 3115 Stoney Oak Drive, Spring Valley, California 91978. Individually, or in concert with others, she formulates, directs, controls, or participates in the policies, acts, or practices of Springboard and Pro Health Labs.

3. The Federal Trade Commission has jurisdiction of the subject matter of this proceeding and of the Respondents, and the proceeding is in the public interest.

ORDER**DEFINITIONS**

For purposes of this order, the following definitions shall apply:

1. Unless otherwise specified, “Respondents” shall mean:
 - a. Lawrence A. Johnson, individually and trading and doing business as Springboard and Pro Health Labs; and
 - b. Stephanie L. Jordan, individually and trading and doing business as Springboard and Pro Health Labs.
2. “Competent and reliable scientific evidence” shall mean tests, analyses, research, studies, or other evidence based on the expertise of professionals in the relevant area, that has been conducted and evaluated in an objective manner by persons qualified to do so, using procedures generally accepted in the profession to yield accurate and reliable results.

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3. “Progesterone product” shall mean any product containing or purporting to contain any progestagen (whether natural or synthetic), including but not limited to progesterone (whether produced by the human body or produced outside the human body but having the same chemical structure as the progesterone produced by the human body) or any progestin, including but not limited to ProBalance and ProBalance Plus.
4. “Food,” shall mean (a) articles used for food or drink for man or other animals, (b) chewing gum, and (c) articles used for components of any such article.
5. “Drug” shall mean (a) articles recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (b) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; (c) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and (d) articles intended for use as a component of any article specified in clause (a), (b), or (c); but does not include devices or their components, parts, or accessories.
6. “Device” shall mean an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, which is (a) recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them; (b) intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or (c) intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its principal intended purposes through chemical action within or on the body of man or other animals and

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which is not dependent upon being metabolized for the achievement of any of its principal intended purposes.

7. “Covered product or service” shall mean any dietary supplement, food, drug, device, or any health-related service or program.
8. “Commerce” shall mean commerce among the several States or with foreign nations, or in any Territory of the United States or in the District of Columbia, or between any such Territory and another, or between any such Territory and any State or foreign nation, or between the District of Columbia and any State or Territory or foreign nation.
9. “Endorsement” shall mean any advertising message (including verbal statements, demonstrations, or depictions of the name, signature, likeness or other identifying personal characteristics of an individual or the name or seal of an organization) which message consumers are likely to believe reflects the opinions, beliefs, findings, or experience of a party other than the sponsoring advertiser. The party whose opinions, beliefs, findings, or experience the message appears to reflect will be called the endorser and may be an individual, group or institution.

I.

IT IS THEREFORE ORDERED that Respondents, directly or through any person, partnership, corporation, subsidiary, division, trade name, or other device, in connection with the labeling, advertising, promotion, offering for sale, sale, or distribution of any Progesterone product or any other covered product or service, in or affecting commerce, shall not represent, in any manner, expressly or by implication, including through the use of a product name or endorsement:

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- A. That such product or service is effective in preventing, treating, or curing osteoporosis;
- B. That such product or service is effective in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer;
- C. That such product or service does not increase the user's risk of developing breast cancer;
- D. That such product or service is effective in preventing or reducing the user's risk of developing breast cancer;
- E. That such product or service is safe for human use or has no side effects;
- F. That such product or service is effective in the mitigation, treatment, prevention, or cure of any disease, illness or health conditions; or
- G. About the health benefits, performance, efficacy, safety, or side effects of such product or service;

unless the representation is true, not misleading, and, at the time it is made, Respondents possess and rely upon competent and reliable scientific evidence that substantiates the representation.

II.

IT IS FURTHER ORDERED that Respondents, directly or through any person, partnership, corporation, subsidiary, division, trade name, or other device, in connection with the labeling, advertising, promotion, offering for sale, sale, or distribution of any Progesterone product or any other covered product or service in or affecting commerce, shall not misrepresent, in any manner, expressly or by implication, the existence, contents, validity, results, conclusions, or interpretations of any test, study, or research.

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III.**IT IS FURTHER ORDERED** that:

- A. Nothing in this order shall prohibit Respondents from making any representation for any drug that is permitted in labeling for such drug under any tentative final or final standard promulgated by the Food and Drug Administration, or under any new drug application approved by the Food and Drug Administration;
- B. Nothing in this order shall prohibit Respondents from making any representation for any product that is specifically permitted in labeling for such product by regulations promulgated by the Food and Drug Administration pursuant to the Nutrition Labeling and Education Act of 1990; and
- C. Nothing in this order shall prohibit Respondents from making any representation for any device that is permitted in labeling for such device under any new medical device application approved by the Food and Drug Administration.

IV.

IT IS FURTHER ORDERED that Respondents shall, for five (5) years after the last date of dissemination of any representation covered by this order, maintain and upon reasonable notice make available to the Federal Trade Commission for inspection and copying:

- A. All advertisements and promotional materials containing the representation;

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- B. All materials that were relied upon in disseminating the representation; and
- C. All tests, reports, studies, surveys, demonstrations, or other evidence in their possession or control that contradict, qualify, or call into question the representation or the basis relied upon for the representation, including complaints and other communications with consumers or with governmental or consumer protection organizations.

V.

IT IS FURTHER ORDERED that Respondents shall deliver a copy of this order to all current and future principals, officers, directors, and managers, and to all current and future employees, agents, and representatives having responsibilities with respect to the subject matter of this order, and shall secure from each such person a signed and dated statement acknowledging receipt of the order. Respondents shall deliver this order to current personnel within thirty (30) days after the date of service of the order, and to future personnel within thirty (30) days after the person assumes such position or responsibilities.

VI.

IT IS FURTHER ORDERED that Respondents shall notify the Commission at least thirty (30) days prior to any change with regard to Springboard or Pro Health Labs or any business entity that any Respondent directly or indirectly controls, or has an ownership interest in, that may affect compliance obligations arising under this order, including but not limited to incorporation or other organization; a dissolution, assignment, sale, merger, or other action that would result in the emergence of a successor entity; the creation or dissolution of a subsidiary, parent, or affiliate that engages in any acts or practices subject to this order; the proposed filing of a bankruptcy petition; or a change in the business or corporate name or address. *Provided, however,* that, with respect to any proposed

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change about which Respondents learn less than thirty (30) days prior to the date such action is to take place, Respondents shall notify the Commission as soon as is practicable after obtaining such knowledge. All notices required by this Part shall be sent by certified mail to the Associate Director, Division of Enforcement, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Avenue, N.W., Washington, D.C. 20580.

VII.

IT IS FURTHER ORDERED that Respondents, for a period of seven (7) years after the date of issuance of this order, shall notify the Commission of the discontinuance of their current business or employment; or of their affiliation with any new business or employment. The notice shall include respondent's new business address and telephone number, a description of the nature of the business or employment, and their duties and responsibilities. All notices required by this Part shall be sent by certified mail to the Associate Director, Division of Enforcement, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Avenue, N.W., Washington, D.C. 20580.

VIII.

IT IS FURTHER ORDERED that Respondents shall, within sixty (60) days after service of this order, and, upon reasonable notice, at such other times as the Federal Trade Commission may require, file with the Commission a report, in writing, setting forth in detail the manner and form in which they have complied with this order.

IX.

This order will terminate on November 13, 2027, or twenty (20) years from the most recent date that the United States or the Federal Trade Commission files a complaint (with or without an

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accompanying consent decree) in federal court alleging any violation of the order, whichever comes later; *provided, however*, that the filing of such a complaint will not affect the duration of:

- A. Any Part in this order that terminates in less than twenty (20) years;
- B. This order's application to any Respondent that is not named as a Respondent in such complaint; and
- C. This order if such complaint is filed after the order has terminated pursuant to this Part.

Provided, further, that if such complaint is dismissed or a federal court rules that the Respondent did not violate any provision of the order, and the dismissal or ruling is either not appealed or upheld on appeal, then the order will terminate according to this Part as though the complaint had never been filed, except that this order will not terminate between the date such complaint is filed and the later of the deadline for appealing such dismissal or ruling and the date such dismissal or ruling is upheld on appeal.

By the Commission.

Analysis to Aid Public Comment

**ANALYSIS OF CONSENT ORDER TO AID PUBLIC
COMMENT**

The Federal Trade Commission (“FTC” or “Commission”) has accepted, subject to final approval, an agreement containing a consent order from Lawrence Jordan and Stephanie Jordan, individuals trading and doing business as Springboard and Pro Health Labs (together, “respondents”).

The proposed consent order has been placed on the public record for thirty (30) days for reception of comments by interested persons. Comments received during this period will become part of the public record. After thirty (30) days, the Commission will again review the agreement and the comments received and will decide whether it should withdraw from the agreement or make final the agreement’s proposed order.

This matter involves the advertising and promotion of ProBalance and ProBalance Plus, transdermal creams that, according to their labels, contain, among other ingredients, natural progesterone. According to the FTC complaint, respondents represented that ProBalance and ProBalance Plus: (1) are effective in preventing, treating, or curing osteoporosis; (2) are effective in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer; and (3) do not increase the user’s risk of developing breast cancer and/or are effective in preventing or reducing the user’s risk of developing breast cancer. The complaint alleges that respondents failed to have substantiation for these claims. The complaint also alleges that respondents misrepresented that clinical testing proved that ProBalance and ProBalance Plus are effective in preventing or reducing the risk of estrogen-induced endometrial (uterine) cancer and breast cancer. The proposed consent order contains provisions designed to prevent respondents from engaging in similar acts and practices in the future.

Analysis to Aid Public Comment

Part I of the proposed order requires respondents to have competent and reliable scientific evidence substantiating claims that any progesterone product or any other dietary supplement, food, drug, device or health-related service or program is effective in preventing, treating, or curing osteoporosis, in preventing or reducing the risk of estrogen-induced endometrial cancer or breast cancer, or in the mitigation, treatment, prevention, or cure of any disease, illness, or health condition; that it does not increase the user's risk of developing breast cancer, is safe for human use, or has no side effects; or about its health benefits, performance, efficacy, safety, or side effects.

Part II of the proposed order prevents respondents from misrepresenting the existence, contents, validity, results, conclusions, or interpretations of any test, study, or research.

Part III of the proposed order provides that the order does not prohibit respondents from making representations for any drug that are permitted in labeling for the drug under any tentative final or final Food and Drug Administration ("FDA") standard or under any new drug application approved by the FDA; representations for any medical device that are permitted in labeling under any new medical device application approved by the FDA; and representations for any product that are specifically permitted in labeling for that product by regulations issued by the FDA under the Nutrition Labeling and Education Act of 1990.

Parts IV through VIII require respondents to keep copies of relevant advertisements and materials substantiating claims made in the advertisements; to provide copies of the order to certain of their personnel; to notify the Commission of changes in corporate structure and changes in employment that might affect compliance obligations under the order; and to file compliance reports with the Commission. Part IX provides that the order will terminate after twenty (20) years under certain circumstances.

Analysis to Aid Public Comment

The purpose of this analysis is to facilitate public comment on the proposed order. It is not intended to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

Complaint

IN THE MATTER OF

**THE GREEN WILLOW TREE, LLC,
AND
ROBERT BURNS**

CONSENT ORDER, ETC., IN REGARD TO ALLEGED VIOLATIONS
OF SEC. 5 AND SEC. 12 OF THE FEDERAL TRADE COMMISSION ACT

Docket C-4207; File No. 072 3144

Complaint, November 13, 2007 – Decision, November 13, 2007

This consent order addresses the deceptive advertising and promotion of Progesta Care Plus, EST, and Restored Balance transdermal creams in violation of the FTC Act. According to their labels, the creams contained, among other ingredients, natural progesterone. The complaint alleged that the respondent had no substantiation for its claims that the creams were effective (a) in preventing, treating, or curing osteoporosis; (b) in preventing or reducing the risk of estrogen induced endometrial (uterine) cancer; and (c) in reducing or alleviating the user's risk of developing breast cancer. The consent order requires that respondents have competent and reliable scientific evidence substantiating claims that any progesterone product or any other dietary supplement, food, drug, device or health related service or program is effective in preventing, treating, or curing any disease. The order also bars respondents from engaging in similar acts and practices in the future and prohibits the respondents from misrepresenting the existence, contents, validity, results, conclusions, or interpretations of any test, study, or research.

Participants

For the Commission: Gregory A. Ashe, Laura DeMartino, Janice P. Frankle, James A. Kohm, and Michael Ostheimer.

For the Respondents: Not represented by counsel.