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Founder and CEO of
The National Association of Baby Boomer Women
(NABBW)**



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Presents

Understanding Menopause and the Role of Hormones!

With

Dr. Felicitas Juguilon

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Understanding Menopause and the Role of Hormones!
With Dr. Felicitas Juguilon

Dotsie: The format for the call is simply that I will interview Dr. Juguilon and you can find her if you are in front of computer and you want to, at www.antiagingandvitality.com. Okay, so lets get started.

For those of you who don't know me, I am Dotsie Bregel and I am the founder of the ***National Association of Baby Boomer Women***, which can be found at www.NABBW.com and also Boomer Women Speak, www.boomerwomenspeak.com, and both are the number one sites on major search engines for baby boomer women. My passion is educating and empowering boomer women which happens to be my generation of women, too. Since launching Boomer Women Speak over five years ago, I've been connecting, encouraging, and supporting boomer women on a daily basis. I have my finger on the pulse of this spirited generation, and I dedicate a great portion of my time to creating opportunities that inspire women to explore their passion and live life to the fullest. My prayer is to embrace all women and provide them with the means to soar.

This call is the first in our series called ***Healthy Livin' for Boomer Women***. If you do not have information for upcoming calls, be certain to visit either site www.boomerwomenspeak.com, or NABBW and while you are on the site, sign up for the newsletter and you can find the information on the sites and then you'll begin receiving notices by email. Okay, lets get started here. I would just like to tell you a little bit about Dr. Juguilon. Are you there?

Dr. Juguilon: Yes, I'm here.

Dotsie: Okay, great, welcome. She has an extraordinary background and passion for offering her patients state of the art, safe and affective care. She has a successful twenty year career as a family practitioner in the Cleveland Metropolitan area, and right now she is the Chief Medical Officer of the *Anti-Aging and Vitality Center of Cleveland*. And I want you to tell us a little bit about your center for those people who haven't been on your site. Anyway, in addition to her successful family practice, she has also spent several years as an emergency and urgent care physician. She also has a big interest and lots of training in sleep medicine, and in fact has been published—actually had a case study published in the *Journal of Sleep* and she is going to be presenting an abstract to the *Association for Professional Sleep Societies* at the *National Meeting of Sleep Medicine*. So, I'm sure you will touch on sleep a little bit while addressing the menopause issue.

But I would like to just welcome you to the call and then get started by sharing some of the words that Dr. Juguilon had shared with me; and then I'll just begin asking questions. By definition, you shared that menopause is the cessation of

menstrual bleeding. And it can occur artificially by the surgical removal of the uterus and/or ovaries or irradiation, etc. Or naturally, usually around the age of fifty when the ovaries stop functioning and are unable to produce hormones, which is what most of us are going through or have been through. It's true that menopause is a rite that every woman eventually goes through but it doesn't have to be accompanied by a rigid decline in energy, mental sharpness, or diminished zest for living. And that sentence right there is the reason I said, oh, I want to have her do a teleseminar so we can learn more about this because I think a lot of women associate menopause with that decline in energy and the lack of mental sharpness, etc. So most women consider it a blessing not to have menstrual periods because they affect our activity, mostly physical, and at times mental and emotional. However, this liberation from the dreaded monthly ritual comes at a high cost; and we are learning this. Estrogen, which is the most important female hormone produced by our ovaries, has a profound effect on all of our organs from our brain to our skin. Deficiency of estrogen increases a woman's risk for heart disease and osteoporosis. It can cause depression and a decline in cognitive function, and hastens the external signs of aging, such as wrinkling, and dryness of the skin, thinning of hair, and thinning and dryness of the vagina making sexual intercourse painful. It can also lead to laxity of the urinary bladders, sphincter muscles, and affect a woman's ability to hold urine. This may indeed explain why many women frequent the bathroom after menopause.

Every one of these things that you shared with me, we're all aware of this; but I don't know how aware we are that it is really that lack of estrogen that causes all of this. So that's why I'm really interested in what you have to say. You also shared that hot flashes are the most frequent symptoms associated with menopause, but there are other manifestations. It is very important for women to be aware not only about symptoms, but also about the consequences of not replacing the ovarian hormones such as estrogen, progesterone, and testosterone, as well as possible side effects of hormone replacement. Information about bio-identical hormones versus synthetic and hormones from animal sources should be discussed by every menopausal woman with her doctor. And I have to tell you I am in Peri-menopause, I'm on the pill for my symptoms, but my doctor has never really discussed it with me, or told me what's going on, and why she's doing what she is doing. So I feel really ignorant about this, and am really grateful to have this opportunity today. So by prudent consideration of these factors one can make an informed decision about an issue which will have a significant impact on the quality of life during the menopausal years. So, that is just to give you a little background on what Dr. Juguilon thinks and believes and now what she is going to do is answer some questions for us so that we can become clear, more clear about what is happening with our bodies, and what we can do to be pro-active. So are you ready for this Dr. Juguilon?

Dr. Juguilon: I'm ready.

Dotsie: Okay good, and I can hear you loud clear, which is really great. Okay, if you wouldn't mind telling us the importance of the female sex hormones to the body.

Dr. Juguilon: Okay, well let me just start first; you know that the age of menopause has not changed over the past few centuries. But there has been a gradual increase in life expectancy and that's because of hormone replacement, which is estrogen. You know, in previous centuries women were not expected to live beyond menopause, but now women spend one third to one half of their lives after menopause. In fact, in the year 2000, an estimated 31.2 million women transitioned into menopause. And the total group of post menopausal women in the United States is increasing. By the year 2020, the size of this group is estimated to be 45.9 million. There will be a lot of us into this.

Dotsie: Thanks to the Baby Boomers.

Dr. Juguilon: Yes, we're the biggest mover and driver of all the financial things in the world right now. Anyway, I should have mentioned menopause is actually the cessation of menstrual cycles, and you know you could be naturally induced, or it could be artificially induced by surgery. The big question right now is, should estrogen be replaced or not be replaced. First, let me tell you the profound effect of estrogen on the body of a woman. Before I discuss that, there are estrogen receptors in all our bodies for estrogen. Now to explain what receptors are. I always tell my patients have you ever wondered why, when you take an aspirin how does the aspirin know to go to your headache. Well, the answer is actually very simple. The explanation is very simple. Because if you have watched your children play with the most basic puzzle, a round block will fit in a circular hole, a square in the square hole, triangular in the triangular hole; so the same thing is true of all of these chemicals, or substances that we take in. Like aspirin, it has its own biochemical shape, so when it is carried in the circulation, when it is absorbed in the blood, then it passes through all the organs. If it sees a hole or a receptor site similar to its shape then it will sit there, and that's how it exerts its affect on that organ. Now estrogen receptors are all over our body. It is in our brains and in all the organs that have connective tissue or collagen tissue. And if you think about it, there is no organ in the body that doesn't have collagen tissue. So, if in effect, there is a receptor in the brain what happens if there is estrogen, it has an effect on our mood, on our memory and our concentration. It also affects our sleep centers, okay because there are different centers in the brain. So there is a profound affect. Now the biggest organ in the body is the skin, so what happens is it allows our skin to be young looking. Estrogen promotes female secondary sex characteristics, so we're softer than the men. It reduces muscle mass, it stimulates endometrial growth, but if you're post menopausal you don't want that anymore, but it maintains the vessels in our organs and in our skin. It reduces bone resorbtion, and increases bone formation. It also has a positive affect on the blood vessels because we have a lot of collagen tissue in our blood

vessels. So it affects it favorably so that we are not prone to high blood pressure when we are still menstruating. But after menopause, then we lose protective affects of estrogen, we develop cardiovascular problems. We are more prone to cardiovascular problems just like the men. It also has a positive affect on cholesterol, it actually increases the good cholesterol, the level of the good cholesterol, and it decreases the bad cholesterol. It also has a positive affect on mood balance and it can also affect the amount of growth hormone that we have in the body, and it is also our stress hormone called Cortisol. So in the lungs, it also promotes lung function by supporting those small air sacs in the lungs. Of course our genital organs have a lot of collagen and so it promotes the tone of the sphincter muscle in the urinary bladder. It also maintains the lubrication of the vagina, so that you don't experience any discomfort when you have sexual relations.

Dotsie: Well, is that it or is there more?

Dr. Juquilon: Well, these are some of the positive affects of estrogen. It also has a positive affect on photosynthesis. It increases hepatic production of binding proteins. Now these binding proteins are the basal by which a lot of hormones are distributed throughout the body. It also increases circulating levels of ovulation factors so that we don't bleed to death.

Dotsie: It is amazing I was not aware, so you know everything that you have mentioned is certainly something that I've heard women mention about how their bodies are falling apart. So it makes sense that, you know, if we are estrogen deprived then these are they types of things that are happening.

Dr. Juquilon: That's right. Because of the positive affect on the brain, what happens when you have a deficiency of estrogen? Well, then you have cognitive decline. Women who are not replacing their estrogen and therefore; have estrogen deficiency develop dementia faster than their counterparts who do not have estrogen replacement.

Dotsie: Okay, well, I'm going to be interested in hearing what you have to say about the whole replacement idea. But first lets see, you know we are well aware of most of these symptoms but are there some that we are not that aware of that you haven't mentioned yet, or have you pretty much covered everything?

Dr. Juquilon: Well, then we can go through what are the risks of estrogen deficiency. Then there is increased risk of basic motor symptoms and that is most commonly manifested as hot flashes. In the brain and the central nervous system there are mood changes. In fact you can even develop migraine headaches and vision is also affected. There is an idiopathic macular degeneration which you do not see in pre-menopausal women, but you see it in post menopausal women because of the loss of estrogen protection. The collagen in the skin when it dries up, it makes us wrinkle, makes us older. The

lack of collagen in the bones; bone has a lot of collagen tissue, so it makes us prone to osteoporosis. Of course, I mentioned the cardiovascular affect. If we don't have the protection of estrogen, your cholesterol rises, your blood vessels tend to be more stiff, and you develop sclerosis, and you are more prone to coronary artery disease problems.

Dotsie: Well, this is interesting because I know, I'm aware of all these issues but nobody is telling us that all of this is taking place because our estrogen is depleted. Is it right to say that if we do have some type of estrogen replacement, these things would be slowed down or stopped?

Dr. Juguilon: Yes, it can be slowed down or stopped but we cannot reverse some changes. For example, if a person who is menopausal, has not had any replacement of estrogen for a number of years there have been cardiovascular changes like hardening of the arteries. We can not reverse that, even when you start taking estrogen, but we can prevent it from getting worse.

Dotsie: Wow, this is just amazing to me, so I'm anxious to hear more. So help us understand the short and long term affects of this persistent hormone deficiency. Anything else, I mean it sounds like it affects every part of our body in some way or another.

Dr. Juguilon: That's right. It affects all of our organs in the body because as I mentioned before, there is not one organ without any collagen tissue in it.

Dotsie: Okay, well you know we hear a lot about the bio-identical hormones. Tell us exactly what they are because to be honest I have heard the term, I've used the term, and I really don't even know exactly what bio-identical hormones are.

Dr. Juguilon: Bio-identical hormones? Well, bio-identical hormones, when you say bio-identical, that is exactly what it means. It means that the molecules, the molecular structure of the hormones is identical to what your own body produces. So that your body recognizes it just like its own, it readily accepts it. As compared to animal hormones, animal derived hormones, or synthetic hormones, they are not identical to what your body produces and therefore, when you introduce anything that is not identical to your body, whatever substance it is, your body will always try to change it so that it is more acceptable, or reject it because it is recognized as foreign.

Dotsie: Okay, so if women want to take bio-identical hormones, what exactly are they prescribed?

Dr. Juguilon: Well, this bio-identical estrogen, we're talking about and bio-identical progesterone's, are usually plant based. For some reason, the hormones that are plant based can easily be altered into identical hormones that

the body produces as opposed to the animals because they already produce their own type of similar hormones so they are similar, but they are not identical.

Dotsie: Okay, so then what is then the difference between the synthetic and animal hormone compared to the bio-identical? I understand that, but like why would someone take the synthetic or animal hormone, if there is a bio- identical hormone available.

Dr. Juguilon: That is a very good question. That's why I do not prescribe synthetic or animal derived hormones, because that's when side affects develop because the body is trying to change it and other kinds of metabolites are produced. Lets take for example the equine derived, the horse derived estrogen. The horse produces more than thirty kinds of estrogen and they are very, very strong estrogen. When they are taken into the body, they become more potent estrogens and that's when a lot of side effects occur. When something is taken into the body, the liver always tries to metabolize it into more benign products.

Dotsie: Okay, so if then you go, like a woman goes to her doctor and she is having some type of estrogen replacement, how do we know what our doctors are giving us? How do we know if it's bio-identical, or if it's animal, or if it's synthetic. And are the drugs that women are taking from these pharmaceutical companies that are being prescribed by doctors, are they indeed synthetic, or animal hormones?

Dr. Juguilon: Well, the only animal hormone, animal-derived hormone that I know that's preparation for estrogen is Premerin. That's derived from horses. Now, a lot of the other ones are synthetics. They are not identical to what your body produces, so you still run the risk, and most of them for example, are made of; let me go back up. There are only three kinds of estrogen that the female body produces. That's Estriol, which is the weakest of all the estrogens, and then you have Estradiol, and Estrone. Now Estrone had been linked to formation of cancer. Estradiol has been linked to proliferation of breast tissue. So the best kind of estrogen actually is Estriol. Although, it is the weakest. Now a lot of these synthetic estrogens are Estradiol. So in answer to your question, how do you know what your doctor is giving you? You have to ask the question; what kind of estrogen is this that you want me to take? Is it Estradiol? Is it horse urine, horse derived estrogen, what kind is it?

Dotsie: Okay, so that's what is being used in the medications that are being developed and prescribed, is that right?

Dr. Juguilon: Right.

Dotsie: So if you don't want the synthetic and you don't want the animal hormone and you do want the bio-identical hormones how to you go about getting that?

Dr. Juguilon: Well, you can request your doctor to prescribe it for you. But if that doctor is not versed in bio-identical hormones, then you should go to somebody who is an expert or specialist in anti aging. You can ask your doctor to prescribe this, but if she doesn't know how to prescribe it than you should go to a specialist, like an Anti Aging Medicine specialist. There are doctors who are all over the county who can do that.

Dotsie: So am I right in saying that probably if I went to my gynecologist and asked for bio-identical hormones, am I right in saying that she probably isn't the person to help me?

Dr. Juguilon: Probably not. I just saw a patient today and she just went for her pap test and she showed her gynecologist what she is taking and her gynecologist said, yeah, I agree this is a good preparation. But she herself is not going to prescribe it, which I don't understand.

Dotsie: Well, is it a medication? Is it something that can be purchased or is this something that you actually create?

Dr. Juguilon: This is actually put together; it is formulated in a compounding pharmacy. The reason why it is not commercially prepared is because, you know, it doesn't come in a ready made pill form because it is not manufactured commercially by pharmaceutical companies. And plus the dose is specific for you individually.

Dotsie: Okay, so tell us about the testing that is done for us to figure out how you would prescribe bio-identical hormones for an individual.

Dr. Juguilon: Okay, first of all just because a woman does not menstruate doesn't mean that she is already in menopause. We have to determine that the ovaries are really not functioning anymore. So what I do in my practice is I do the blood test to determine whether the ovaries are still functioning or not. And then when I am positive that they are already menopausal, then I will start them on bio-identical hormones, and then about four to six weeks later, in order to determine that I am giving her the right dose and the right amount is being absorbed and used in the tissue, I would follow that with a saliva test.

Dotsie: So, okay if women are in peri-menopause or menopause and are visiting their doctors and are in search of some kind of help because I've got to tell you, when I started this peri-menopause I just didn't feel myself and I just felt on edge more often and kind of sad, at times. And I went to my doctor and I said this is the story, my periods are irregular, this is how I feel, and she said I think we should put you on the birth control pill, and I think that's going to help, and you know what I'm on it. I've been on it for a few years and I've got to tell you, it has helped me tremendously. Now you're probably going to tell me I'm crazy, and I'm

beginning to wonder after listening to you. But this is what is happening across the country and you know doctors are prescribing these kinds of things, and if it helps, we stick with it because we don't know any better; we are listening to our doctors. So what type of advice do you have for women when we go to our gynecologist, we're starting to feel the affects, the hot flashes, and you know just maybe feeling different about ourselves, or just not feeling like we are our true selves, and we know it's related to our cycle and to hormones. Do you recommend going to a regular gynecologist or do you recommend, you know I mean you're a medical doctor, and so there are medical doctors out there doing this? So how do we go about finding them?

Dr. Juguilon: I think the best way you can find them is go to our website first, if you around our area and even if you're not, we have patients from all over the country who come to us. If it's not feasible for you to come to any of our centers, I think the best way to find a doctor who practices bio-identical hormone replacement, would be to go to the Anti-Aging, to the A4M website and they will have a list of doctors.

Dotsie: Okay, and tell me what that is again. A4M?

Dr. Juguilon: Yes, the American Academy of Anti-Aging Medicine. A4M.

Dotsie: So if I were to go to that site right now, it's <http://www.a4m.com>?

Dr. Juguilon: Yes.

Dotsie: Okay, just so that everybody knows that and can use that as a resource. So lets get back to you know when women go to their doctors and they are irregular, they think they are in the peri-menopausal stage, or they are even beyond it, what test do we ask to have done?

Dr. Juguilon: Okay, if you're peri-menopausal, you haven't stopped menstruating yet. They should test your pituitary hormones, which are your Follicle-stimulating hormone (FSH) and your Luteotrophic hormone, and of course the levels of your estrogen and your progesterone, because that would give us all the indications of whether your ovaries are on the decline, or whether it's already not producing hormones.

Dotsie: Okay, and they are simple blood tests, is that right?

Dr. Juguilon: Yes, these are simple blood tests.

Dotsie: I know there are going to be some questions at the end here, but let's get back to some of the other questions that I wanted to ask you, and that was what are the possible side affects of hormone replacement?

Dr. Juguilon: Well, as far as natural, bio-identical hormone replacement, I haven't seen any side affects. But of course, hormones are great substances, but they have to be monitored because not having enough is not good, but having too much also is not good. For example, if you have too much Estradiol in your system then you will experience all of the breast engorgements which you may not like. And it has been linked to cancer also, and we want to make sure that you don't have an over production of Estrone, which has been definitely linked to cancer, but those things have to be monitored.

Dotsie: Okay, like for instance these women who are slapping on this estrogen cream onto their stomachs, I mean I would think that probably shouldn't be the case, do you agree?

Dr. Juguilon: I agree because you shouldn't apply estrogen to the areas where there is a lot of fatty deposits because then, they'll get stored in there. So you should apply it on the areas where there is a minimum amount of fat so that they can be absorbed straight into the circulation and not stored.

Dotsie: So women who are buying estrogen cream off of websites, should really be taking that tube to their doctors and learning precisely where to place it on their bodies. Would you agree to that?

Dr. Juguilon: Yes, I agree. And plus these websites where they sell even bio-identical hormones you know some times you have to look at the preparation. There is a tri-estrogen, where they give all the three estrogens, Estrone, Estradiol and Estriol. Some have estrogen only and some only have Estriol. You really have to know what you are getting. You have to go to somebody who knows what all of those three estrogens does. What affect it has on the body. You can not just do it on your own, plus you have to be monitored. I don't recommend that going on your own, going to a website, and buying these preparations.

Dotsie: Okay, I know it is being done. I can't say I've done it, but I know that people are doing it. What are the methods of this hormone replacement?

Dr. Juguilon: Well, estrogen replacement should never be orally, because anything that you take in by mouth goes to the liver to be metabolized. Now estrogen can activate your coagulation factors, so it can make you prone to blood clots. These should never, never be taken orally. It should be through the skin, direct absorption to the skin.

Dotsie: How about that?

Dr. Juguilon: Yes, creams or jells.

Dotsie: So these bio-identical hormones that you prescribe are creams or jells?

Dr. Juquilon: Yes.

Dotsie: Oh, how about that, see I wasn't picturing that. I am learning so much. Thank you. How about telling us how we can make informed choices about our hormone replacement and if we are doing something that perhaps we shouldn't be doing, how to go about making those changes. How do we go about making the informed change first, or choice?

Dr. Juquilon: Well, I would recommend that women read about estrogen, read about bio-identical hormones. Suzanne Summers is a great promoter of bio-identical hormones and she has published two books.

Dotsie: Oh, good so you like her work, because I've heard, you know some people like it, some don't, so I'm kind of happy to hear that you are in agreement with what she is publishing, is that right?

Dr. Juquilon: Well, I agree with most of it, but not totally, not everything. But it is a good book to read so that you can be made aware of what bio-identical hormones are, and what is out there.

Dotsie: I've also heard, I know on the Forums on our site at www.boomerwomenspeak.com, women have talked about Dr. John Lee and would you recommend his site and his books because I know he has published quite a bit.

Dr. Juquilon: Yes. I would recommend his book because he is a pioneer of bio-identical hormones and he is very good. His book is very informative. I would recommend reading that too and going to his website.

Dotsie: So basically we need to educate ourselves before we really walk into a doctor's office is what you're saying?

Dr. Juquilon: Right; and you know like one of my patients said, we are in control of what we do every day. Why shouldn't you be in control of the medications that you take? You should know what you are taking; you should require your doctor to tell you what it is that he or she is prescribing for you.

Dotsie: It makes sense, it really does. So basically then we can have the blood work done by our doctors, talk to them about the bio-identical hormones, and see if they know about them and if they can prescribe them and then if not, we can go to that A4M.com site and find a doctor who practices bio-identical hormones in our area, is that right?

Dr. Juquilon: Right, or go to an Anti-Aging and Vitality Center.

Dotsie: Right, absolutely. Now where are your Centers and tell us a little bit about them.

Dr. Juguilon: Okay, our Anti-Aging and Vitality Center was established so that we can help men and women of all ages maintain their optimal function at any age. We want to make the rest of your life the best of your life. And we accomplish this by balancing your hormones and taking care that your nutritional status is good. You have enough exercise; give you all the advice and all this to maintain optimal function. Now we have several sites. We have, I am in Cleveland, Ohio, we have a Center in Atlanta, Georgia, and we have opening soon in Dallas, Texas, and there will be many more.

Dotsie: Okay, so this is all new and hopefully coming to all the major cities in the U. S. some time soon. Very good. And I also want to tell the women on the call too, that if they are interested, you have a quiz on your site. Do you want to tell us a little bit about that quiz?

Dr. Juguilon: Yes. We have an online survey. When they go in there, they can answer the questions and by answering those questions, they can see whether they are candidates for hormone replacement; and you'll be surprised how you will find that you were not even aware of some of the symptoms that you might have, and you think that you're doing very well, but you actually need some help. By going to www.antiagingandvitality.com and take the survey, men and women can do it and they can discover if they need some help in hormone replacement.

Dotsie: And not that this was the topic for today, but this is also common in middle age men, is that right?

Dr. Juguilon: Yes.

Dotsie: Okay, and that's something that the Association is going to address later this year, the whole male mid-life crisis and why that happens, and we have Dr. Jed Diamond, who has been with us before and is going to talk to us again about the whole *Irritable Male Syndrome*. But I think that there are women out there who aren't even really aware that it is a real thing for mid-life men too. So it would be interesting for us to go to the site and take that quiz and I think just that will help educate us a little more. So I would recommend that anyone on the call might do that too. What I have found is interesting is that listening to you talk about how you know, when the estrogen is not getting to the receptors in the body, what you were explaining in the very beginning, and when that doesn't happen, you know the breakdown of the body. As you were speaking, all these little light bulbs were going off of other stories I've heard from other women. Actually in our forum community of boomer women speak, and in fact one woman I know, her whole bladder almost fell out of her body and she has learned that her vaginal wall had thinned so much that she really didn't have anything there to support it, and it was all related to estrogen. No one every said to her, oh

you've stopped having your period you don't have estrogen, why don't you take it. So she ended up having actually two surgeries, but at one point they had her on estrogen and using estrogen cream, and it did help some but it was too late at that point. So anyway, it's important that we listen and pay attention to these things and that we educate ourselves. So do you have anything, any other books or resources, or websites or anything that might be of help to us?

Dr. Juquilon: Well, I usually, if you want to learn about menopause and all of the symptoms, you can go to www.acog.org, that's the American College of Gynecology. You don't necessarily have to follow their treatment, but just to learn about the physiology of the female body. It's a good website to go into. And then there is a website, www.menopause-online.com.

Dotsie: Okay, www.menopause-online.com. Okay, so you recommend both of those sites. And how about, lets see it's the ACOG site, the American College of Gynecology. Is that site written for the lay person?

Dr. Juquilon: Yes.

Dotsie: I mean we'll be able to understand those articles and make sense of them.

Dr. Juquilon: Yes, you will be.

Dotsie: Okay, because I know some times, you know some of these sites are written for the physicians and we find ourselves saying, huh? So I'm glad to hear that they speak in our language. Do you have anything else you want to add before we see if anyone has questions?

Dr. Juquilon: Well, I just want to leave this message for everyone who is listening, because we all know that menopause is a developmental process. Everyone goes through menopause. But it doesn't have to be left to progress, because of the serious clinical consequences of estrogen deficiency; we have to replace our estrogens and progesterone's. Estrogen has always—it should be balanced by progesterone. So if you have estrogen, you have to take progesterone also. But insist on bio-identical hormone replacement treatments only.

Dotsie: Okay, and let me ask, I may sound really ignorant, but I've just got to ask because I'm curious. If we start taking this now is this something that women need to take forever to slow down the osteoporosis, and the lack of, you know, I know I have this fear of dementia and Alzheimer's because it's in the family, and I continue to hear that we need to be training our brains and working at our brains right now, and it sounds like estrogen helps even with that. Is this something we need to do forever?

Dr. Juquilon: Yes, because the benefits of hormone replacement is only in effect while you are taking it.

Dotsie: Okay, so once you stop it hasn't accumulated it's done.

Dr. Juquilon: Right, it is done.

Dotsie: So women, you have patients in their seventies or eighties or whatever who continue to take this?

Dr. Juquilon: That's right.

Dotsie: That's really amazing.

Dr. Juquilon: As long as they are monitored, and they are given the right type of estrogen, they should be okay.

Dotsie: So lets say you come in and you get your dose for six months or a year and it is possible that two, three years from then you will still be on bio-identical hormones but your prescription may have changed.

Dr. Juquilon: Right, depending on, that's why we follow them up with saliva testing to see what is going on in the tissue.

Dotsie: Okay, so is it possible that once you are finished menopause that you're bio-identical hormone treatment would stay the same forever?

Dr. Juquilon: That's very possible or we can change.

Dotsie: Okay, I'm trying to get a picture of this. One other question and that is, I would assume that your patients are very happy.

Dr. Juquilon: Yes.

Dotsie: That's always good news right?

Dr. Juquilon: Yes.

Dotsie: It's good to be in the business of making people feel better and knowing that what you're doing is really benefiting them.

Dr. Juquilon: In fact if you want to get an idea of how well the patients are if you go to our website, click on testimonials. There are live testimonials of actual patients, their experience with the treatment.

Dotsie: Yes, I saw that and you can access that right on the home page. There is actually a man, if I recall with the word testimonials somewhere in there. So that's a good idea. Why don't we see if anyone has any questions? If someone has a question for Dr. Juguilon, if you would be kind enough to push the six button so we can hear what you have to say, we'll go from there. It sounded like there were quite a few people on the call so, I'm hoping we have a couple questions, but maybe you have answered everyone's question.

Does anyone have a question for Dr. Juguilon? Okay, I'm surprised; maybe they will get up the nerve to ask in a second. Until then I'm just curious to know, this practice that you have now, this center; you're a medical doctor, and do you actually practice gynecology, or what would your title be?

Dr. Juguilon: Well, actually I'm a Anti-Aging Specialist.

Dotsie: Oh, okay. But were you a gynecologist?

Dr. Juguilon: No, I was a family practitioner. I did pap tests, I sent my patients for mammograms, and I did those things.

Dotsie: If no one else has another question, I just have a couple for you. If someone has cystic fibrous disease in their breast, does this get better or worse with the depletion of estrogen?

Dr. Juguilon: Well, estrogen deficiency will make your breasts involute, that's atrophy of the breast. When we do saliva tests we can determine if you have cystic breast, probably you have an overproduction of Estradiol. Or it could be because of a predominance of estrogen, too much estrogen in proportion to your progesterone. So those things have to be determined.

Dotsie: Okay, and again, that can be done through blood work.

Dr. Juguilon: Through saliva testing.

Dotsie: Okay, saliva testing. Another question is breast cancer, and ovarian cancer, and cervical cancer, all of those cancers of course, are a concern to women at mid-life, and I'm just wondering in thinking about all of these women running around with not enough estrogen in their bodies, is that something that could cause cancer? I mean is it beneficial to be on the bio-identical hormones to prevent cancer? Do you find that maybe less women who are being treated and keeping their hormones balanced, are you seeing less cases of cancer or anything like that?

Dr. Juguilon: First of all, estrogen is not given to prevent cancer. It is just, Bio-identicals however have been found to be cancer protective. You give estrogen to women to prevent the health consequences so that the woman does

not die prematurely. It is interesting to note that in that big study the *Women's Health Initiative* study, where they had more than 100,000 women that the *National Institute of Health* followed, even though they used the animal derived estrogen, which is Premarin, these women developed, they had higher incidence of cancer that's why they stopped the study, they stopped the experiment. Still when they look at their data, the women who had estrogen replacement had a lower mortality rate from any cause than the women who did not have estrogen replacement.

Dotsie: Well, it just sounds like it's a no brainer, but I have to say also that it is information that really needs to get out there, because I, day in and day out I work with baby boomer women and in and out of the forum community, I try to read all these magazines, you know so I can keep things up to date and going in the forums and I have to say, I haven't read enough about this.

Dr. Juguilon: That's right. That's why I recommend very strongly that women read about estrogen, especially bio-identical estrogen, and bio-identical progesterone. It's a matter of life or death.

Dotsie: It sounds like it. Okay, now lets ask this, if the gynecologists that we go to are not familiar and can not prescribe bio-identical hormones and you go to a doctor say that we find through the A4M.com, is this covered by insurance?

Dr. Juguilon: There are some insurance providers of medication who have their own compounding pharmacy. In fact I have some patients, I think Medical Mutual have their own compounding pharmacy. There are some providers that have their own compounding pharmacy and so it is covered. All they have to do is make their co-payment.

Dotsie: So they make the co-payment when they come to see you, let's say, and then if they have a prescription plan, then in some cases the medication, the hormones are even covered.

Dr. Juguilon: I have to make that correction. Our clinic is not a provider for any insurance company. Our clients, our patients come to us and they pay, they make their payments to us and then we give them an insurance form that they can submit to their insurance company, so that they can get reimbursement. Well, what I was talking about is the prescription plan. Some prescription plans cover bio-identical hormones, compounded hormones.

Dotsie: Okay, I see. Well, I mean there are a lot of places that are doing what you are doing with the insurance, I mean you just have to be responsible enough to follow through, and the patient has to be responsible enough to follow through and file to get their reimbursement. Alright, I don't really think that I have any other questions. I would just encourage women to go to www.antiagingandvitality.com. I would also encourage you to visit some of the

websites that Dr. Juguilon has mentioned and also of course, encourage you if you're not a member of the *National Association of Baby Boomer Women*, to please join and that's www.NABBW.com because this information that we gave today is very similar to the teleseminars that we do several times a month. So, our passion is really to educate and empower boomer women to live the lives they are called to live and with information like this it sure helps. So Dr. Juguilon do you have anything else you want to add to the call?

Dr. Juguilon: I think I've said everything I wanted to say unless Deborah has something to say.

Dotsie: Okay, Deborah do you want to add anything? You would have to push six to talk. Okay I guess you've covered everything, but you have done a fantastic job, and I know you have really peaked my curiosity to learn more, and I'm going to be visiting these websites and probably check out one of Dr. Lee's books to learn more. Thank you so much and I'll be in touch and I appreciate your time.

Dr. Juguilon: Thank you for listening to me, and I hope the message goes out there.

Dotsie: Well, we're going to work on spreading that for you.

Dr. Juguilon: Thank you.

Dotsie: Okay, thank you have a great day.