



The Hormone Secret: Discover Effortless Weight Loss and Renewed Energy in Just 30 Days

By Tami Meraglia

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In *The Hormone Secret*, Dr. Tami offers an evidence-based thirty-day plan to restore testosterone and balance the relative levels of other hormones, based on lifestyle modifications such as supplements and nutritional adjustments. She also offers a Mediterranean diet-based meal plan and low-impact exercise ideas that will immediately boost your energy. *The Hormone Secret* is an indispensable guide to taking back control of your hormones and improving your vitality for a strong—and long—life.

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Editorial Review

About the Author

Tami Meraglia, MD, known as “Dr. Tami” to her patients and fans, is double board certified in integrative and natural medicine and aesthetic medicine. She is the medical director of the Vitality Medical Clinic in Seattle, Washington, and on the advisory board of Douglas Labs, one of the largest medical grade nutraceutical companies in the United States, where she contributes to research and education.

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The Hormone Secret

CHAPTER 1

Hormones Working Together: The Entire Orchestra

Perk up your ears and imagine sitting next to me as the curtain is about to rise on the opening night of a concert. The orchestra consists of strings, wind, and percussion sections, each tuning up with dissonant sounds. Initially, there is a kind of chaos as orchestra members practice and refine the parts they play in the performance that’s about to begin. Yet slowly the instruments begin to work together in harmony. They become a cohesive unit as the curtain goes up, and the performance transports you. In many ways, your hormones, which control the functions of organs and tissues in your body, are similar to a philharmonic. Hormones must balance and work in concert with one another to create optimal health. In perimenopause or menopause, too little or too much of one hormone causes an imbalance in others and can set off a chain reaction of dysfunction. This imbalance is common, because our hormones rarely decline at exactly the same rate and pace.

That’s why I often hear a familiar story when a new patient comes to my office. I always ask, “Why are you here?” The answer is usually: “I’m not really sick. But I don’t have the energy I used to.” Frequently, a primary-care physician has prescribed an antidepressant or sleeping pills. I point out that the symptoms of depression and insomnia are almost identical to those of hormone imbalance. “First, let’s check to see if you have any hormone deficiencies,” I add. “Maybe we can restore hormone balance without adding prescription drugs that have a long list of side effects.” I want to know why my patients are experiencing a problem, and address that first, rather than to simply treat symptoms.

I also explain that our years of perimenopause and menopause are associated with more significant physical changes than at any other time of life, except puberty. Loss of energy is only one of the issues. Unless an MD has taken additional education in integrative medicine or anti-aging (as I have), he/she can easily miss the very real problem of hormone imbalance. Why? Because the traditional medical education that I and other physicians received focuses on diseases and how to treat them, rather than on how to create and maintain wellness.

Hormone imbalance is not a disease, but it can wreck your quality of life. We live in a society where our hormones are depleted long before the end of our life span, and at a much earlier age than was the case for our parents or grandparents. As early as our thirties, our bodies and our hormone levels are no longer in

concert. The challenge is to boost some hormones to help them recalibrate and rebalance. I'm going to educate you in how to deal with and treat any hormone deficiencies you may have. It is possible to reboot your biology with a host of nutritional and lifestyle changes, plus supplementation with herbs, vitamins, and minerals available over the counter. I help women do this every day. But first I want to help you understand the state of your own hormones.

What's Going On?

Just recently, I saw three different patients who felt desperate and didn't know what was wrong with them. One, a single high-school English teacher, was experiencing premenstrual syndrome (PMS) for the very first time at the age of thirty-nine. She complained of cramps, headaches, and other symptoms, and she felt bewildered by this new turn of events. Another patient, forty-two years old, felt guilty about how often she kept "losing her cool," after priding herself on being a patient, calm wife and mother. "This isn't me," she insisted. The third woman, forty-five, a successful business executive, was experiencing profound fatigue for no plausible reason. "I used to be a ball of energy. I don't understand what's happened to me," she said.

All three women had no idea their symptoms suggested the beginning of menopause. Neither they nor their primary-care physicians had made the connection, because they didn't have hot flashes and night sweats. Many women (and some doctors) don't associate exhaustion, irritability, brain fog, or unexplained weight gain and other menopausal symptoms with hormones. They conclude, "I'm cranky because my life is busy. I have small kids and I work. Of course I feel crappy, because I'm not sleeping. My work is stressful. I'm not losing weight, because I'm not working out." Some of these women are divorced. Some juggle a career and the care of elderly parents. Or they're stay-at-home moms, contending with stresses of their own. Whatever the individual scenario, they just accept "feeling off" as a consequence of external grievances—when it's really about internal disequilibrium that can be fixed. And the sooner the better!

What You Need to Know About Perimenopause and Menopause

People often confuse the terms "menopause," which occurs at an average age of fifty-one in North America according to the National Institutes of Health (NIH), and "perimenopause," the years leading up to cessation of your menses. Menopause simply means you have not had a period for twelve consecutive months. Perimenopause can start ten years before you hit the mark of menopause. You may experience perimenopausal symptoms as early as your thirties—and certainly your forties. Hot flashes and other symptoms are part of menopause, because they're directly related to the decline and absence of the hormones estrogen and progesterone. However, it is perimenopause that really affects your quality of life. For some women, hot flashes and night sweats start in perimenopause, the period of time when hormones begin to decline but are not yet entirely absent. Other women don't have flashes and sweats but do have mood, cognitive, weight, and other problems at this stage.

Why Is This Happening?

Your ovaries are the primary organs producing several hormones, including estrogen, progesterone, and testosterone in the childbearing years. Childbearing plays a big role in hormone levels. Pregnancy is ten months, not nine. Your ovaries and adrenal glands go into a totally different modality at this time, and hormones are different. It takes quite a while for the body to figure out how to get back to normal. For example, hair gets thick and luxurious during pregnancy. You have the same static level of estrogen and progesterone while you're pregnant. The normal cycle of your hair growing and then falling out doesn't

occur. It just grows and stays.

After the baby is born, hair falls out because your hair has a lot to do with estrogen. Some women feel as if they're going crazy because they see handfuls of hair in the shower.

Not everyone has lingering hormone issues after giving birth, but a large number of women do. For nearly a year, you are pregnant and your hormones are in suspended animation. They don't go through their normal rise and fall. After pregnancy our hormones rush out, and it's like pulling out a plug. There's nothing gentle about it, and it feels very abrupt. In some women, that crash in certain hormones (particularly progesterone, which drops after you give birth, sometimes causing dreadful PMS) leads to depression. It takes the body a while to "remember" and kind of grease the gears to return to its cycle.

The other problem that is common after childbirth is stress, which depletes hormones. Who is more stressed, more sleep-deprived, more exhausted than a new mom? We used to live in a village where family members, friends, and connections helped us raise a child. We don't live in a village anymore, and we lack the resources to restore our body systems by having somebody else hold the baby while we take a shower.

I remember when I was in residency and had my daughter. I'd go to the clinic early and literally lie on the floor, because I couldn't get up. I'd stay there until I had to start seeing patients. I had the physical drain of different hormones needed to produce milk, the drain of lack of sleep, and the drain of "being on call."

When I first got my pager, I was so excited. Somebody was telling me that a patient was very sick, and there were all those issues to be dealt with. I turned to the nurse and said, "You'd better call a doctor." She said, "You are the doctor." At that moment, I realized the responsibility I had stepped into in this long white coat. Throughout my residency, I never got over the stress of being on call.

When you're a new mom, you're on call, too. It's: "Is the baby going to cry while I shampoo my hair?" or "Will she be hungry?" And you never relax.

Maybe some new moms eat right, but I didn't. I wanted to lose the baby weight and was tired and wasn't cooking nutritious meals for myself. I didn't have to cook for the baby, who was breast-feeding. All the pillars that are the foundation for an amazing house of health—sleep, nutrition, stress management, support, relationships, doing stuff for yourself—didn't exist.

For me, it was even harder, because my husband worked out of town at the time. He was gone for three weeks and home for one week. So I was on call 24/7. He was utterly amazing when he was home, but I missed his support for our daughter and the connection we had as a family when he was away.

As you enter perimenopause, hormone production declines significantly in the ovaries, and the adrenal glands need to pick up the slack. When menstruation ceases and we enter menopause, the ovaries stop functioning and producing hormones altogether. Our bodies were designed to handle ovarian decline with the adrenal backup system to help maintain our quality of life. Today, however, the adrenals don't work well enough to produce the hormones we need. Our twenty-first-century lifestyle has created conditions that make it impossible for our adrenal glands to thrive (known as adrenal insufficiency). We're left with inadequate hormones to feel, look, and function at our best.

The Orchestra Players

As you will see, testosterone is the star of the hormone symphony. But, first, let me introduce you to the

supporting cast, especially estrogen and progesterone.

Meet Estrogen

Estrogen, which is also present in men (although at a much lower level), has a big job to do for women. For example, estrogen regulates female sexual characteristics. In puberty, this hormone is responsible for the growth of curvaceous hips and full breasts. Estrogen also builds the uterine lining during the first part of a woman's menstrual cycle, in preparation for possible pregnancy. If pregnancy does not occur, this lining is sloughed off as a period.

Estrogen regulates the menstrual cycle, is in charge of the reproductive system, and supports a healthy sex life. The drop in estrogen during perimenopause and menopause plays havoc with your sexuality, causing loss of desire and vaginal dryness, which can lead to painful sex. Add night sweats and hot flashes, and it's hard to feel sexy.

Optimal Estrogen Levels

- Help build bone
- Support your sex life
- Help your brain
- Help mood and sense of well-being
- Affect the urinary tract, heart, and blood vessels
- Support skin, hair, pelvic muscles, and breasts
- Have been shown in studies to protect against Alzheimer's disease

Adequate estrogen levels are also essential for thinking and memory. Memory loss is a normal fact of life as the brain ages, but the loss is magnified when estrogen declines. A University of Rochester study published in 2013, in the journal *Menopause*, sheds light on the effect of menopause on cognitive functioning. Researchers followed 117 women, ages forty to sixty, in various stages of menopause and found that those who were in their first year of postmenopause experienced far greater cognitive decline and memory loss than those in perimenopause. Hormone loss was seen as the probable cause.

Estrogen and Surgical Menopause

Surgical menopause, also known as a hysterectomy (removal of the uterus) and an oophorectomy (removal of the ovaries), causes an immediate jolt to women's lives as levels of estrogen and other hormones plummet overnight. Studies show that hysterectomy shoves women into full-blown menopause earlier, even if they retain their ovaries. Depression and sexual problems, such as low libido and vaginal dryness leading to discomfort during sex, are common.

Cognition and memory often decline, too. The younger a woman is when she has surgical menopause, the faster cognition and memory issues develop, according to a study of eighteen hundred postmenopausal

women. The findings were presented in March 2013 at the American Academy of Neurology.

The Estrogen Trio

There are three main types of estrogen: estradiol, estrone, and estriol. They exist in different ratios depending on the stage of life you're in.

Estradiol is the predominant hormone of our youth. In the childbearing years, our ovaries produce mostly estradiol (80 percent) and the rest is equally divided between estriol and estrone. As we enter menopause, the ratio changes, and we produce predominantly estrone. Each of these estrogens is broken down, primarily through the liver, into other estrogens, and each has a role to play in our health and the diseases that affect us.

Estrone is broken down into three different components with varying functions: 2-hydroxyestrone, 4-hydroxyestrone, or 16-hydroxyestrone. The first, 2-hydroxyestrone, helps protect us from breast cancer. In contrast, 16-hydroxyestrone helps build bone, but it encourages multiplication of cells that can cause cancer. Higher than normal levels of 16-hydroxyestrone are found in women who have breast cancer. In addition, 4-hydroxyestrone has an association with cancer, too. Fortunately, you can actually guide estrone to be more protective. I'll show you how in future chapters.

Estriol is produced in significant amounts only during pregnancy. The adrenal glands manufacture a little estriol, too. Estriol is a weaker estrogen compared with estradiol and estrone. Estriol, which is available over the counter, can alleviate hot flashes and vaginal dryness. I will discuss estriol's treatment benefits more fully in Chapter 9.

ESTROGEN SELF-TEST

Do You Have Low Estrogen Levels?

Major sex-hormone growth occurs during puberty and peaks at around age twenty-eight. Decline begins thereafter. Below is a list of common symptoms of estrogen deficiency.

Fill in the number at right that applies to you:

AGREE

AGREE

SOMEWHAT

DISAGREE

(1)

(0)

1. I have hot flashes.

2. I have night sweats.

3. I have vaginal dryness.

4. I have bladder leakage when I cough, sneeze, or run.

5. I get very emotional five to seven days before my period begins.

6. I am over forty years old.

7. I have difficulty sleeping.

8. I have lost interest in sex.

9. My periods have ceased.

10. I have had a hysterectomy.

Total Score:

Under 4: It's unlikely that you have an estrogen deficiency.

If it's 5 or higher: It's likely that you have an estrogen deficiency.

Estrogen Excess

On the other hand, too much estrogen can be a major problem as well. Studies have shown that there is a link between excess estrogen and cancer. We also know that it is not just excess estrogen but an imbalanced excess estrogen that seems to be the cause. Which age group has the highest levels of estrogen? Teenagers. Yet breast cancer is virtually unheard of until later in life, because teenage girls have all their hormones in balance, including estrogen.

Estrogen excess can occur for many reasons. Birth-control pills, which contain synthetic estrogen and progestin (synthetic progesterone), can create estrogen imbalance by raising estrogen levels. Obesity can raise estrogen levels as well. In fact, weight gain is often the first sign of too much estrogen. Estrogen makes fat, which creates more estrogen, causing more fat.

Your liver can fail to excrete excess estrogen, too. Your body is perfectly designed to use what you need and dispose of the rest, and has a system to do so. This process takes place in the liver. I'll show you how to maintain a healthy liver that does its job in Chapter 7. My liver cleanse helps ensure that all excess estrogen is eliminated.

Meet Progesterone

Progesterone is the valium that bathes the female mind and helps reduce anxiety. Remember, it is the peaceful hormone. When I had hormone trouble in my early forties, progesterone deficiency was my biggest issue. Progesterone is the culprit when women balancing work and home responsibilities experience increased frustration with the details of life, and need to exert more control to keep their cool. That's what happened to me.

Progesterone acts on the gamma-aminobutyric (GABA) receptors in the brain (the same receptors sleeping pills, anti-anxiety medication, and even alcohol act upon) to produce a calming effect that helps you sleep. GABA is the primary inhibitory transmitter in the brain, protecting our brains from damaging overstimulation. If you wake up between 2 a.m. and 4 a.m. most nights (or open your eyes in the morning more tired than you were when you went to sleep), you have a progesterone deficiency.

Optimal Progesterone Levels

- Give you a good night's rest
- Help clear brain fog
- Help build bone
- Support normal development of neurons in the brain
- Increase libido
- Improve skin elasticity
- Have an anti-inflammatory effect
- Help prevent bloating and puffiness

Foggy Brain

Many women in perimenopause or menopause complain of “foggy brain”—and low progesterone is the troublemaker. It also causes sleep problems that worsen brain fog. Brain fog is characterized by slower processing time and difficulty finding the words you’re looking for. You might be unable to retrieve the name of a coworker and have to sit down and think of it. You pull out your iPhone to make an appointment with the dentist, and find that it takes a minute to recall his name. A patient of mine, a fifty-four-year-old flight attendant, was telling a story to friends on her way to work, and couldn’t retrieve the name of the Irish holiday where there’s a parade and everyone dresses up in green. It took her a day to figure out that the holiday was St. Patrick’s Day.

Getting Pregnant

Progesterone plays a role in embryo implantation, too. People think miscarriages and an inability to conceive are very mysterious and complicated. In medical school, I was taught that the most common reason for miscarriages is chromosomal abnormalities, and that it’s nature’s way of taking care of business. In fact, it turns out that miscarriages are usually caused by progesterone deficiency. When progesterone is prescribed, women are able to get pregnant and stay pregnant. It’s also reassuring to know that progesterone is safe to take when you’re trying to get pregnant and during pregnancy. Women who wait until their thirties to get pregnant may be surprised to learn they may have a progesterone deficiency.

Some patients are nervous about taking a hormone, and I always tell them, “Let’s start with progesterone. It’s the one that doesn’t have any worrisome side effects, and it can have such a large impact on your life.” I think progesterone is No. 2 in significance for women, after testosterone. I always say that if there’s a fire in my house I would grab my children and my progesterone. My husband was a fireman, and he can run for himself.

Progesterone also affects menstruation, balances the effects of estrogen, is a natural diuretic, and helps normalize blood-sugar levels. It stimulates cells called osteoblasts, which make new bone. In our younger years, progesterone is the hormone of pregnancy. The same progesterone is focused on its function during pregnancy—“pro” meaning in favor of “gest,” as in gestation (pregnancy). Progesterone is produced by the ovaries, by the placenta during pregnancy, and by the adrenal glands. After the childbearing years, it is metabolized through the liver and must be produced solely by our poor, overworked adrenal glands (along with testosterone and certain other hormones).

PROGESTERONE SELF-TEST

Do You Have Low Progesterone?

These symptoms are commonly found in women suffering from progesterone deficiency.

Fill in the number at right that applies to you:

AGREE

AGREE

SOMEWHAT

DISAGREE

(2)

(1)

(0)

1. I have premenstrual breast tenderness.

2. I have premenstrual mood swings.

3. I have premenstrual fluid retention and weight gain.

4. I have premenstrual migraine headaches.

5. I get very emotional five to seven days before my period begins.

6. I have severe menstrual cramps.

7. I have heavy periods with clotting.

8. I have or have had uterine fibroids.

9. I have breast cysts.

10. I have problems with infertility.

11. I have had more than one miscarriage.

12. I have anxiety or panic attacks.

13. I wake up between 2 a.m. and 4 a.m. and can't get back to sleep.

Total Score:

A 6 or above indicates progesterone deficiency.

I know from clinical trials and from treating thousands of my own patients that progesterone levels are the earliest to decline—and they drop fast! You can have a low progesterone level as early as your late twenties. This is significant for two reasons. First, irritability, loss of enjoyment of life, and trouble sleeping are not due to stress, working hard, or getting older (though these do not help). They're caused by hormone imbalance, such as low levels of progesterone, and are easily fixed.

Second, when progesterone drops sooner and faster than estrogen, we become “estrogen dominant.” This means that although estrogen levels are declining as well, our progesterone dips to a lower level compared with estrogen and our other hormones. This imbalance leaves us at increased risk for estrogen-related cancers.

The Testosterone Life Changer

Estrogen and progesterone are the backup players in the symphony. But testosterone is the star, because adequate levels improve almost every aspect of your health, your figure and general appearance, how you function at home and at work, and your zest for life. Sometimes testosterone is even called the personality hormone, because a healthy level actually correlates with assertiveness, motivation, and a sense of power and well-being.

Testosterone and Our Bodies

If there's a woman who's satisfied with her weight and body firmness as she gets older, I haven't met her. Yet testosterone can make an enormous and surprising difference in both. Take Mary, a thirty-nine-year-old stay-at-home mom and the wife of a construction manager. Her kids were in school, which left her time to enjoy going to the gym and playing tennis. Despite this active lifestyle and a slim body, Mary came to see me about how she could tighten her arms. She was fit, but unhappy that no matter how hard she worked on her arms she couldn't firm them up. "I've stopped wearing sleeveless tops and dresses," she told me. "I need laser treatment."

Optimal Testosterone Levels

- Treat depression as well as antidepressants
- Help you lose weight
- Help you handle stress
- Energize you
- Support cognition and memory
- Rev up your sex life, increasing desire and fulfillment
- Keep your liver and your blood vessels clean
- Protect your heart, body, bones, brain, and more
- Build muscle and optimize your body's muscle-to-fat ratio
- Improve the appearance of your skin and hair

Now, my passion in life is teaching people how to boost and balance their hormones, but I am also a board-certified aesthetic physician. Blending my knowledge of cosmetic medicine with hormone medicine, I suggested, "Let's slow things down. I think I can help you get what you want without laser treatment. I'd like to try to boost your testosterone levels instead. If I'm right, you'll save a lot of time and money."

Mary liked the idea and was willing to get her testosterone levels checked and treat her arms from the inside out. The results showed she had an active testosterone level of less than 1, when 2–5 is optimal for women. We discussed ways to boost her level. I suggested over-the-counter supplements and a topical testosterone-boosting cream. She was willing to take testosterone, but first she wanted to see if supplements worked. After sticking to her plan for four months, she was rewarded with firmer, tighter arms. Her elevated testosterone levels (without a prescription) increased the amount of muscle in her body relative to fat—and firmed the flab.

Testosterone and Life After Hysterectomy

On top of all the testosterone advantages I've already mentioned, study after study shows that testosterone is

literally a lifeline for women who undergo hysterectomy. One particular research article published in 2000, in the *Journal of Women's Health & Gender-Based Medicine*, sums up the ordeal patients face. The author states that estrogen is not enough after hysterectomy, because many women also suffer undiagnosed testosterone deficiency. Symptoms of that deficiency, such as loss of libido, sexual pleasure, and a sense of well-being, go untreated. Adding testosterone to estrogen supplementation also helps prevent osteoporosis and may protect the heart.

I will spotlight testosterone exclusively in the next chapter because of this hormone's enormous significance for women—and its lack of attention from the medical community. Women have been afraid of testosterone supplementation for good reason. Years ago, the side effects of testosterone-replacement hormones were sometimes frightening, including growth of hair on the face, acne, bad temper, and other problems. We now know that these effects were due to high doses given to women. Today, the medical community agrees that women should receive only a fraction of the amount given to men.

But I'm not talking about your mother's testosterone or prescription hormones. My program is about increasing your body's testosterone naturally, on your own. I'm talking about nutrition and lifestyle changes, and supplementation using over-the-counter herbs, vitamins, and minerals.

In Chapter 2, you'll learn the incredible facts about testosterone for women and have the opportunity to evaluate your own testosterone levels with a testosterone self-test. If your levels are low—and most women's are after forty—I will explain how to increase your testosterone safely, effectively, naturally, and by yourself.

Other Parts of the Symphony

There are fifty different hormones in our bodies, but in this book I focus on a small number that have special importance for women. In addition to “the big three” (testosterone, estrogen, and progesterone), you must be aware of:

Cortisol

Cortisol is known as “the stress hormone,” and nature designed it for the needs of prehistoric man, who had to fight for survival on a daily basis. If a cave man saw a big, ferocious bear, his adrenal glands responded to the perception of stress by pumping cortisol into his system, pushing him to flee this life-threatening situation. However, cortisol is very inflammatory, and its secretion was supposed to last for about two minutes, provided he wasn't eaten by the bear.

Today, big bears aren't our problem; we're exposed to different sorts of stress. Yet your adrenal glands pump cortisol in response to all perceptions of stress, including a bad day at the office or a late babysitter.

Because the adrenals are so busy with cortisol, they have less time to manufacture testosterone, estrogen, progesterone, and other hormones that make your life better and easier. When you're driving on the freeway and there's a police car behind you and sirens start blasting and lights flash, your body has a physical response. Your heart beats faster, your breathing becomes shallow, your eyes probably dilate, because you're thinking, “Oh, no! I'm going to get pulled over for speeding.” This is a physical stress response caused by a cascade of stress-related hormones responding to a thought and a feeling. It is important to note how powerful a thought or feeling can be.

Stress assaults us 24/7 in our society, resulting in too much cortisol, which leads to hormone depletion. In Chapter 4, I will show you exactly how that happens. Too much cortisol due to overwhelming stress can also block progesterone receptors.

In Chapter 4, I will show you how to handle that stress in a healthy, efficient manner, and take control of cortisol overproduction.

Cortisol is also responsible for dumping sugar into the bloodstream (you need immediate energy for the fight-or-flight response). The trouble is that sugar makes our bodies produce insulin to deal with it. Insulin is secreted by the pancreas and released into the blood when glucose levels rise, such as following a meal. The insulin lowers the glucose level in the blood by transporting the glucose to the cells. When there is more glucose than the cells need at that moment, the insulin stores the excess sugar as fat. Over time the amount of insulin rises, which increases the desire and craving for more sugar in order to fill the insulin receptors. Sugar addiction has been compared to heroin addiction, due to these receptors shouting to be fed. This is one of the reasons stress causes you to gain weight and makes it almost impossible for you to lose weight. My 30-Day Plan will help you change this.

Many of my patients have elevated insulin levels and insulin resistance, a condition in which insulin becomes less effective at lowering blood sugar, which can impede weight loss. I check my patients' insulin levels to see if they are rising, as this is one of the best and earliest ways to detect prediabetes.

DHEA

DHEA is the raw ingredient of many hormones and an excellent indicator of your adrenal health. Because DHEA is a precursor to testosterone, replenishing it helps the body make more of its own natural testosterone. Studies show that the level of DHEA in your body also directly correlates with longevity. Perhaps one reason is that DHEA lowers total cholesterol and LDL (i.e., the “bad” cholesterol).

DHEA also:

1. Reverses immune suppression caused by excess cortisol levels from stress.
2. Stimulates bone production and remodeling to prevent osteoporosis.
3. Lowers LDL cholesterol (the lousy one).
4. Is important to women's libido, due to its androgen activity, and works with testosterone in this.
5. Makes more thyroid hormone available to the body.

Vitamin D

Did you know that vitamin D is a hormone, not a vitamin? It has been called the key that unlocks thousands of enzymatic reactions in your body. Vitamin D deficiency has been linked to multiple cancers, depression, and possibly even to multiple sclerosis (MS). Vitamin D is also important in the formation of bone and the prevention of osteoporosis. If you live in a latitude of 35 degrees (as I do in Seattle), you're not making enough vitamin D from October to April. You will need to supplement.

Pregnenolone

This hormone is available over the counter, and I have put some patients on it. It's one of the "mother hormones," meaning that many other hormones are made from it. In the list of hormones and what each one comes from, cholesterol is at the top and pregnenolone is next in line. I find that my healthy young patients can correct their hormone imbalances by increasing this raw ingredient.

Thyroid—the Symphony Conductor

You can't talk about the symphony without talking about the conductor. Your thyroid gland tells every cell in your body how fast or slow to go. Low thyroid hormone levels make you feel like a sloth. Everything moves slowly. You could sleep for ten hours and still feel tired. Your bowels move slowly, causing constipation, your skin becomes dry, and your hair turns coarse. Low thyroid levels can also cause an increase in cortisol production, which can make you feel wired and tired. DHEA helps convert inactive thyroid (T4) into active thyroid (T3), which makes more thyroid hormone available to the body. I'll discuss more about thyroid hormone in future chapters.

Fixing It

I'm going to show you how to stimulate your body to manufacture and balance estrogen, progesterone, testosterone, and other hormones naturally—and to make the hormones you do have as productive as possible. My mission is to empower you to take charge, to do this on your own—safely and without a visit to the doctor—and to show you why testosterone is the missing link for optimal energy and wellness.

Users Review

From reader reviews:

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