

**NEW**  
Introductory Offer  
3 FREE WITH 9

# LIPO-PLEX

(A Digestive Aid)

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The need for a total digestive support such as Lipo-Plex cannot be over-emphasized. Statistics show that one in nine persons have chronic digestive disease. Also, 44% of all men and 55% of all women have a digestive complaint. Areas where digestive disturbances come from are the stomach, small intestine, liver, gall-bladder and bowel.

Lipo-Plex is a unique formula in that it supports the stomach, small intestine, liver and gall-bladder. Not only does Lipo-Plex supply freeze-dried glandular support for the liver, pancreas and duodenum but also provides herbals, digestives, and nutrients. Lipo-Plex is not intended to cure disease but rather to support the digestive system.

## Symptoms and Indications

Chronic indigestion	Foul smelling stool	Weight gain	Liver Disease
Flatulence	Constipation	Protein deficiency	Colitis
Bloating	Halitosis	Anemia	High Cholesterol
Low Bowel gas	Diarrhea	Heartburn	Alcoholism

**60 Tablets \$6.00**

### Formulation: Two Tablets Contain:

Papain	110 mg.
Bromelain	75 mg.
Inositol	150 mg.
Choline	300 mg.
Methionine	50 mg.
Ox Bile	50 mg.
Liver	50 mg.

Pancreas Concentrate	200 mg.
(Equivalent to 800 mg. NF)	
Pancreloose	100 mg.
Duodenum	20 mg.
Pituitary	2 mg.
Green Beet Leaf	100 mg.
Bladderwrack	50 mg.

Blue Flag	50 mg.
Cleavers	50 mg.
Black Radish	20 mg.
Candelion	20 mg.
<b>AMINO ACID CHELATED MINERALS</b>	
Zinc	10 mg.
Chromium	50 mcg.

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## Transdermal Progesterone for Premenstrual Syndrome

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For many years, Katharina Dalton<sup>1</sup> has studied the use of progesterone therapy for the premenstrual syndrome. A typical patient may require ten or more progesterone injections per month, more or less permanently. While this is feasible (at least in some countries) it is not comfortable or convenient, in some cases leads to serious reactions at the injection sites, and in the United States would be too expensive for general use. When the syndrome is disabling, even the burden of frequent and expensive injections is usually seen as a welcome alternative. However, a less expensive and more pleasant form of administration could make the therapy available to millions of women who are now disabled for one or more days each month. We are reporting here on what we believe to be a satisfactory alternative to the injection or implantation of progesterone, namely, a solution of progesterone and vegetable oil in a lotion or "cold cream" base for transdermal use.

After animal experiments revealed that progesterone in vegetable oil was absorbed effectively through the skin, in 1977 we began experiments with women who suffered from the premenstrual syndrome.

The effectiveness of the transdermal (absorption) route of administration varies with the individual, but compares favorably with injections in the amount assimilated. Thickness of skin or degree of circulation in the skin (these can be very abnormal in hypothyroidism, for example) and the amount of adipose tissue apparently make some difference in the rate of absorption and response. When a small daily dose (e.g., 5 or 10 mg.) is sufficient, this can be taken as about 250 mg. of a three percent cream rubbed into the throat, where it leaves no noticeable oiliness after a few minutes. For large doses, the appropriate amount can be applied to a larger area of skin after a hot bath, once or twice a day if necessary.

We have used transdermal progesterone therapy in two hundred women suffering from the full range of premenstrual symptoms, including migraine, acne, depression, mastalgia, edema, and lethargy, and we found that nearly all of the women, applying the lotion themselves, are able to find the appropriate dosage for controlling their symptoms. Occasionally, thyroid therapy, weight reduction, or change in some aspect of life-style is necessary for complete relief from symptoms. We have learned that it is necessary to be very explicit in describing the amounts that can be used, while leaving it up to the patient to find the dose which controls her symptoms, because some women have an exaggerated idea of the power of a "hormone." We have learned, when some women said the progesterone had no effect, that they were applying it as sparingly as they would a rare perfume, just touching it to their wrists.

Another problem we have encountered is that a few women have trouble understanding how, if their edema is caused by "hormones," a "hormone" could relieve the edema. We have usually solved such problems by applying one dose (sometimes using a twenty-five percent solution) in the office, and waiting thirty or forty minutes to make sure that it was large enough to take effect. Once having felt sudden relief from this "cold cream," it is easier for the patient to understand how it should be used.

Unfortunately, many of the solvents which hold progesterone stably in a concentrated solution are highly allergenic. Injectable progesterone in oil could be used transdermally except for this problem. Progesterone can be removed from an injectable water suspension, and dissolved in warm olive or almond oil for transdermal use in patients who react to other solvents.

### References:

1. Katharina Dalton, *The Premenstrual Syndrome and Progesterone Therapy*, Year Book Medical Publishers, Inc., Chicago, 1977.

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