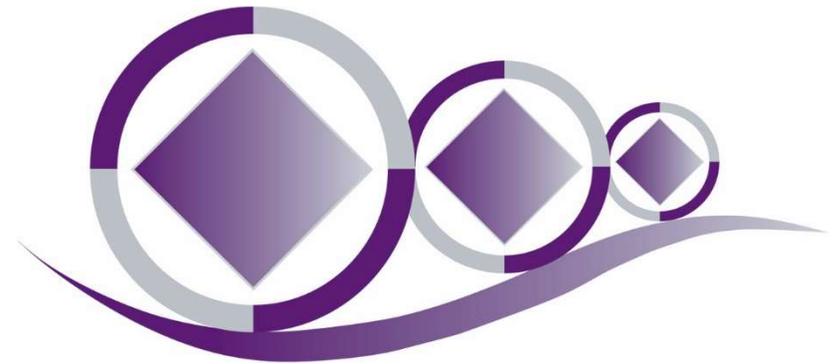


**There are 3.5 billion reasons that  
menopause research is important.  
Each of those reasons has a name.**



Diamond Research Foundation  
300 Center Drive  
Suite G-248  
Superior, Colorado 80027

***Diamond Research Foundation***

***501(c)(3) nonprofit***



All researchers will be required to perform regression analysis on all measured levels to better understand the interrelationship between the ovarian hormones.

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**There are 3.5 billion reasons that  
menopause research is important.**

**Each of those reasons has a name.**

And one of them is yours. Women have been convinced that HRT (hormone replacement therapy) for menopause is unhealthy because of the unethical, irresponsible, and misrepresented research done by the menopause research community. Those of us who use HRT enjoy the good health that 3.5 billion menopausal women should also have the opportunity to enjoy.

This opportunity has been denied to them because **menopause researchers have betrayed the trust of menopausal women and their doctors.**

Since the 1940's menopause researchers have made the unethical and irresponsible choice to misrepresent a non-HRT hormone drug as HRT. This non-HRT drug is ill-suited for menopausal

\* The **medical name for menopause** is derived from: **acquired** – not born with it, **profound** – severe, **hypo** – low and **gonadism** – having to do with the ovaries.

All researcher projects will be required to acknowledge the following in their published work.

- The definition of HRT for menopause is to restore ovarian hormones out of the menopause range with the use of only bioidentical progesterone, testosterone, estradiol and Dhea.
- The medical name for peri-menopause is hypogonadism, a condition of 1 -2 of the 4 ovarian hormones below healthy levels.
- The medical name for menopause is acquired profound hypogonadism, a condition of 3 - 4 simultaneous severe hormone deficiencies.
- The onset of menopause is caused by ovarian failure, which is organ failure.
- Menopause, profound hypogonadism, is a natural and unhealthy occurrence of aging due to its multiple severe hormone deficiencies.
- All research will measure and monitor at least free and total levels of the 4 ovarian hormones, SHBG, CBG, thyroid, cortisol and insulin levels.

\$ \_\_\_\_\_

- Finding the healthiest balance of ovarian hormones to prevent ovarian cancer.

\$ \_\_\_\_\_

- Provide the tools to doctors to facilitate healthy ovarian hormone replacement for the treatment of acquired profound hypogonadism\* to women of all groups from puberty to 100+ years old.

\$ \_\_\_\_\_

- Reduce size of uterine fibroids with the use of all 4 ovarian hormones.

\$ \_\_\_\_\_

- Development of educational materials for women in different age groups to help them understand how their ovaries work for them and how to take care of them to last longer.

women and has failed to improve their health and well-being.

**This decision has cost billions of menopausal women around the globe their health, marriages, careers, and the quality of life they want and deserve.**

Menopause research is primarily unethical, irresponsible, and unlawful. For nearly 8 decades menopause research has said that it has tested HRT and has found it to be unsafe and ineffective with intolerable side effects. This is untrue. In the history of menopause research there has never been a clinical trial of bioidentical human HRT that was based on youthful, healthy human ovarian hormone levels.

For decades, menopause researchers have been substituting a non-HRT drug for bioidentical human HRT and not informing women about this substitution. Then, as the non-HRT failed to improve the health of menopausal women

menopause researchers declared that their “HRT” (which was really a non-HRT drug and came from horses) was bad for menopause. What were menopausal women and their doctors to do but take the advice of the unethical and irresponsible menopause researchers? They came from prestigious universities and had many degrees and were supposed to be responsible and ethical. As a result, doctors would deny all hormonal treatment, including bioidentical human HRT, to menopausal women, and their health and life suffered greatly.

Please read, “***Evidence based medicine should be a safety net for your doctor.***” to find out more about this on page 16.

By 2005 the charade that horse hormones could actually replace bioidentical human hormones was over. The non-HRT drug (horse hormones) that was used in 99% of menopause research, that always made menopausal women sicker than menopause, that couldn’t restore sexual function, couldn’t

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- Reversing osteoporosis to normal bone density using all 4 ovarian hormones for women and men.

\$\_\_\_\_\_

- Restoring robust sexual function to pre-menopausal levels using all 4 ovarian hormones.

\$\_\_\_\_\_

- Finding the healthiest balance of ovarian hormones to prevent breast cancer.

\$\_\_\_\_\_

- Finding the healthiest balance of ovarian hormones for women who have had breast cancer.

\$\_\_\_\_\_

- Investigating the impact of supplementing BRCA1/2 carriers with androgens to significantly reduce the risk of breast cancer for women and men.

### Donate directly to menopause research

Diamond Research Foundation (DRF) is dedicated to supporting research that will further the health goals of all women. Please let us know if there are other areas you would like to see research in.

Please indicate how much you would like to donate to each menopause research project. This form is available on line at [www.diamonddf.org](http://www.diamonddf.org) You can fill it out online or mail it back to the address at the bottom. Every donation, no matter how small, is appreciated.

You will be updated as the research progresses and is published. Expect research to take 5-10 years to complete.

\$\_\_\_\_\_

- Focus on extending ovarian function by supplementing ovarian hormones to slow recruitment of eggs which in turn can extend the functional life of ovaries and postpone menopause.

reverse osteoporosis, and couldn't improve the quality of life of the majority of menopausal women was finally recognized as not providing any hormone replacement at all and the 'R' in HRT was dropped. This non-HRT drug was now called HT or hormone therapy. Now it made sense why hormone levels are never checked when using horse hormones, it is because there is no hormone replacement and ovarian hormones remain in the menopausal range.

But it was also a misrepresentation to call this non-HRT drug HT because it's not therapeutic. It only makes a menopausal woman sicker than menopause. The name of this non-HRT drug that dominated menopause research since the 1940's is Premarin and it gets its name from three words, **Pregnant Mares Urine**.

Each Premarin™ pill contains 60 horse hormones and it comes directly from horse urine. The horse urine is collected from forcibly impregnated horses

who are impregnated again and again, usually over a 20 year period, until they can't be impregnated anymore or they die. The pregnant horses are forced to wear bags between their legs and not move so their urine doesn't spill. The conditions these horses must endure is nothing short of extreme cruelty, particularly for a drug that has no useful purpose. Premarin™ is a drug that harms menopausal women and innocent horses.

Everyone agrees that bioidentical human HRT is more effective than Premarin, which means there is no reason to subject menopausal women to it or to cruelly force it out of pregnant horses.

There is never a good reason to use Premarin. So why haven't menopause researchers stopped using it? Why haven't they started using the gold standard of hormone replacement, bioidentical human HRT, so menopausal women could restore their sexual function, could have the bone density of a young woman, and a quality of life that is satisfactory?

I am asking you to restore integrity and honesty to menopausal research and make the health of menopausal women your top priority rather than the use of horse hormones. I'm asking you to prove in your research what medical science already knows: youthful hormone levels are healthier, then find the best bio-identical hormone products to use.

Yours truly,

Beth Rosenshein

Diamond Research Foundation

[www.diamonddf.org](http://www.diamonddf.org)

80 years menopause research has primarily used a drug (Premarin™) that contains dozens of hormones from a horse species which does nothing to raise any of the 4 ovarian hormones out of the menopausal range. Instead of discarding the horse hormones that are guaranteed to make a woman sicker than menopause you embraced it, renamed it as

often as you needed to continue to mislead women and their doctors into thinking it could be healthy. But it wasn't. You are responsible for women who lost their careers, marriages, and their health because you took away their opportunity for real, safe, and effective human-based medicine.

Were it not for your unethical and irresponsible re-labeling of horse hormones as HRT, HT, MHT, and ET, menopausal women would be using the 4 ovarian bioidentical hormones as replacement and have the bone density of a 20 year instead of picking out which nursing home their insurance covers for their broken osteoporotic hip.

Since the late 1940's, you saw that horse urine made women sicker than menopause, yet you shunned any modernization and have stayed with horse hormones in 99% of research to the present day. You have created a healthcare system, surgeons, hospitals, and nursing homes, that literally live off the backs of menopausal women who have shunned healthy bioidentical hormones because they have been misled into thinking their bodies have rejected their own hormones.

Because menopause is, in a word, profitable.

Imagine the amount of ill health generated from 4 long term simultaneous severe hormone deficiencies. Think of the severe sexual dysfunction, depression, high blood pressure, high cholesterol, low bone density, dry eyes, dry skin, autoimmune illnesses, gastrointestinal illnesses, urinary leaking, asthma, and sleep disorders that continue for years because the hormone deficiencies are never treated.

Menopausal women are a treasure trove for pharmaceutical companies, surgeons, hospitals, and nursing homes.

If menopausal women could be convinced that bioidentical HRT is bad for them they would avoid it. If menopausal women can't be convinced and take Premarin™, which is advertised as HRT, and get sick from that then there is manufactured illness from Premarin to be addressed.

It's a win-win for the pharmaceutical company that manufactures Premarin™. There are two reasons why 99% of menopause research since the 1940's has used only one drug, Premarin™, a drug that has only made menopausal women sick. The first reason is that the menopause research has been primarily funded by the makers of Premarin™. The second reason is that the FDA, the Food and Drug Administration, did not stop the manufacturer of Premarin™ from calling it HRT for menopause until 2005, 65 years after Premarin was approved for sale in the United States and planted the idea that all hormones, horse and bioidentical human hormones, are bad for menopausal women.

What is the result of doctors thinking that bioidentical human HRT is bad for menopausal women and denying treatment to them?

**By denying a menopausal woman treatment with bioidentical human HRT she is condemned to a lifetime of severe sexual dysfunction, probable**

### **An open letter to unethical and irresponsible menopause researchers**

To whom it may concern,

Millions of women around the world rely on you to bring them the information they need to safely navigate the aftermath of ovarian failure (menopause). You have failed them.

You have made women believe their hormones will betray them. You have taken away the opportunity for menopausal women to excel in the workplace and to maintain relationships on their own terms and forced them to endure menopausal illnesses like osteoporosis and breast cancer unnecessarily and convinced them their dramatic loss of sexual function is not related to menopause. You treat their vagina like it's a conduit for a penis without regard to restoring sensation with restored lubrication.

You refuse to recognize the importance of ovaries and develop products that will support the ovaries as they age so they don't run out of eggs so fast and fail decades too soon. Then you tell women stories about how evolution says ovarian failure saved humanity because grandmothers took care of their prehistoric grandchildren who lived in caves nearly 2 million years ago. For this reason, you tell women to embrace the extreme sickness of 4 severe hormone deficiencies, which is medical negligence.

You have betrayed women's trust by being dishonest about what is and what isn't hormone replacement. For

**Step 5: You and your doctor are on your own.**

It's not fair and you can't turn the clock back and change the emphasis of menopause research from being profit oriented to success oriented. As ethical menopause research is funded and completed over the next 5 to 10 years optimal regimens will emerge. Until then, do the best you can by mimicking Mother Nature.

**relationship dysfunction, weak bones and likely multiple fractures, a significant and preventable increased risk of breast cancer (by denying her bioidentical testosterone), and a fraction of the quality of life she could have with healthy ovarian hormone levels.**

**The expectation of medical research is to improve the health of people but by using horse hormones 99% of the time from the 1940's to the present day it's clear the emphasis of menopause research is not about improving the health of a menopausal women. In fact, there is great opposition to it demonstrated by the choice of horse hormones almost all of the time even though bioidentical hormones are available.**

**You can change the present and the future of menopausal women and fund the first ethical and responsible hormone replacement therapy clinical trials and prove bioidentical human HRT is healthy**

**for menopausal women for their entire adult lives, into old age.**

Please read, "***Menopausal women deserve more than an apology***" on page 23 for more information on this topic. They deserve the opportunities denied to them by unethical menopause researchers.

So much has been lost to society, the work force, and the marital bond. All of this lost just to keep menopausal women sick with severe hormone deficiencies to generate profits. Imagine a different world. Imagine a world in which a doctor welcomes a menopausal woman into his office for treatment of her 4 simultaneous severe hormone deficiencies. Imagine that doctor has effective and safe bioidentical ovarian hormone products available to him to use to optimize his menopausal patient's well-being. Imagine that doctor had solid, ethical, menopause research that showed him how to use

hormones that resulted in healthy pre-menopausal levels. The last 80 years of menopausal research has squandered an important opportunity to help women and their doctors make critical healthcare decisions. It is a tragedy for women and their doctors around the world to have to navigate their own multiple hormone replacement regimens.

#### **Step 4: Start low, but not too low, and include all 4 ovarian hormones**

All 4 of the ovarian hormones should always be above the menopausal range. There are minimum levels for sexual function and bone health for estradiol (50-100 pg/ml average) but no published research on minimum levels for testosterone, progesterone or Dhea.

Here is a sample low dose regimen. Can older menopausal women with chronic acquired profound hypogonadism for decades benefit? Likely, yes, just like these same menopausal women would benefit from thyroid and cortisol replacement into old age

Sample regimen:

Estradiol patch 0.1 mg, testosterone cream 1-2 mg nightly, progesterone cream 10-20 mg nightly, Dhea 5 mg pill daily. You can cycle the progesterone, 10 mg nightly for two weeks and 20 mg nightly for two weeks.

**Menopause is a natural and unhealthy occurrence of life.**

**What is your next step?**

(Give this page to your doctor when asking for treatment)

**Step 1: Learn the medical name of menopause**

Treating menopause means treating a real illness of multiple severe hormone deficiencies. Menopause creates a condition called, **Acquired Profound Hypogonadism**.

**Step 2: Learn what causes acquired profound hypogonadism (menopause)**

Acquired profound hypogonadism is caused by the failure of the ovaries or having the ovaries removed which results in 4 severe simultaneous hormone deficiencies. Over time the ovaries simply run out of eggs and without eggs the ovaries can't produce hormones. *There is no switch in the body that says it's time to stop producing ovarian hormones.*

**Step 3: Menopausal research using all 4 ovarian hormones has never been done.**

Unfortunately, there are no treatment instructions for your doctor because in the history of menopausal research there has never been a clinical trial, small or large, that used all 4 ovarian

bioidentical human HRT. This is a win-win for the doctor – menopausal patient relationship.

If every woman were offered the opportunity to use healthy bioidentical human HRT many things would change. Three important things would be that osteoporosis would become rare, breast cancer would be significantly reduced, and robust sexual function would continue into old age. The ovarian hormones work together to build and keep bones strong. They also work together to keep breasts healthy and sexual function satisfactory. An important ovarian hormone is testosterone which has been proven to prevent breast cancer. Why isn't it being used for that purpose? The FDA has only approved testosterone for men and not for women, not even menopausal women. Please read, *"Men are given the opportunity to reduce their risk of breast cancer but not women* to find out more about this on page 28.

With proper treatment menopause induced illnesses like breast cancer, dry eye, dry skin, menopause induced depression, high blood pressure, high cholesterol, asthma, slow bowel (really bad smelly gas, bloating, constipation), sleep problems, and poor quality of life would not occur.

There are millions of menopausal women of all ages in the United States and around the world that are being used for profit. Our daughters will one day be menopausal as their ovaries run out of eggs to produce their ovarian hormones. There is no switch inside a menopausal woman's body that says it no longer needs its ovarian hormones. There are only ovaries that have run out of eggs. One day our menopausal daughters will be used to generate profits from preventable illnesses just like us.

Will you join me in changing our present and our daughter's futures? Will you join me in funding ethical, responsible, and lawful menopause research and restore integrity to the field of

turned down for the last 20 years. The only option for women is to request a prescription from their doctor for bioidentical testosterone that can be prepared by a compounding pharmacist who can mix testosterone powder into a cream, lozenge or drops. Most doctors are not familiar with the dosing of bioidentical testosterone for women and will likely not write the prescription for that reason.

Don't let the difficulty of obtaining a prescription stop you. Breast cancer is preventable. Using the tumor suppressing hormone testosterone is an important way for all people to prevent it.

menopause research? There are several areas of funding available and you can put your dollars on what is important to you.

There are two ways you can help. You can donate online or at the end of this brochure and choose which menopause research you want funded or you can host a fundraiser that I would happily attend via skype to update you on the progress Diamond Research Foundation is making to change the reality of current and future menopausal women.

Our future is in our hands,

Thanks,

Beth Rosenshein

Founder

Diamond Research Foundation

**Evidence based medicine should be a safety net  
for your doctor.**

**Instead, menopause research has woven evidence  
based medicine with the fibers of  
misrepresentation**

Doctors rely heavily on evidence based medicine to make the best decisions for their patients. Like menopausal women, doctors have been betrayed by menopause research. Instead of being given the tools to help their patients, menopause research has given information that ensures their patients are always worse off and ensuring they will incur costly menopausal induced illnesses.

Menopause research tells doctors to go against their training for severe hormone deficiencies and deny menopausal women bioidentical hormone replacement, which is the hormonal treatment that would restore their health. Menopause research instructs doctors to prescribe a daily pill filled with dozens of horse hormones which is a treatment

When it comes to preventing breast cancer men have options that women don't. When a man's level of testosterone drops to below normal he can go to his doctor and request a prescription. He will likely receive a modern, comfortable, and very effective bioidentical testosterone product that will increase his testosterone to youthful levels. (He should also receive a prescription for progesterone to keep his prostate happy, but that is a topic for another pamphlet). Receiving that prescription ensures that he will be able to maintain a youthful testosterone level, which will protect him from breast cancer.

Women should have the same opportunity as men to reduce their risk of breast cancer, but they don't. Their options are much more limited because the Food and Drug Administration has steadfastly refused to approve even one bioidentical testosterone product for women. Every single modern, comfortable, effective testosterone product made for women has been

**Men are given the opportunity to reduce their risk of breast cancer but not women**

For every 100 women who receive a diagnosis of breast cancer, only 1 man will. **Men have a lower rate of breast cancer compared to women because they have a lifetime supply of testosterone, which is a tumor suppressing hormone.** Testosterone in men is primarily produced by their testicles (gonads), adrenal glands, and fat cells. Women are also protected from breast cancer by testosterone produced by their ovaries (gonads), adrenal glands, and fat cells. Unfortunately, women lose a major supplier of testosterone when their ovaries run out of eggs and no longer produce testosterone. Having such low testosterone leaves a woman vulnerable to an increased risk of breast cancer. That is one of the reasons why a young woman's risk of breast cancer goes from 1 in 1600 before menopause to 1 in 9 after menopause.

that will not restore sexual function or quality of life. If a menopausal woman refuses the hormone pills, doctors are instructed to avoid bioidentical hormones as "untested" and to suggest antidepressants or other hormones like Evista that also don't restore a menopausal woman's sexual function, mood, or quality of life. In lieu of bioidentical hormones doctors are instructed to offer soy or black cohosh, which has been shown to cause liver damage in some women, and vitamins. If a menopausal woman refuses or is not helped by these alternative suggestions doctors are instructed to offer estradiol in doses too low to restore sexual function and sometime progesterone if a woman still has her uterus. Generally, there is no mention of testosterone or Dhea, which means a menopausal woman would continue to have severely low levels of both, which will continue to cause her ill health. If a woman isn't offered progesterone then she will also have severely low

levels which will also cause her ill health. Having a uterus should not dictate whether she should be offered progesterone because this ovarian hormone is important to her brain, blood vessels, and nervous system.

### **What's wrong with this picture?**

Doctors are trained to help people and menopause research is not giving them the tools they need.

Doctors use hormone levels to guide them on dosage for bioidentical hormones, which are the best and most often used for successful hormone replacement. Doctors can find healthy ranges for thyroid, cortisol, and growth hormone replacement, but absolutely nothing for ovarian hormone replacement. **There are no healthy ranges published anywhere for the use of all of the 4 ovarian hormones together because since the 1940's, since horse hormones were approved for use by the FDA, menopause researchers have not conducted even one clinical trial that restored**

responsible menopause research that will make a difference to you and future menopausal women. There are millions of menopausal women and your donation doesn't have to be big because together we can get enough money to do ethical menopause research. Our future is in our hands.

hormone creams. My mother told her doctor she wanted to continue on her regimen and her doctor reluctantly continued to prescribe ovarian hormone creams to my mother.

I believe my mother and I did well on the same dose because we got what we needed. I believe menopausal women need their ovarian hormones for their whole lives and clinical trials would prove it. Currently, doctors are instructed to refuse hormone regimens to menopausal women past the age of 60 and all women who have had breast cancer. Doctors are being told to go against their training and cause severe hormone deficiencies in menopausal women. These severe hormone deficiencies immediately begin to cause menopausal induced illnesses.

You can change what's wrong with menopause research. You can be a pioneer in the field of medical research. You can change your future for the better. You can help pay for ethical and

**all 4 ovarian hormones at the same time to low pre-menopausal hormone levels.** Menopause research doesn't measure ovarian hormones because 99% of research since the 1940's has been with the use of horse hormones, which don't increase ovarian hormones out of the menopausal range. So why measure ovarian hormone levels when they look like they are just as low as before taking the horse hormones? On the rare occasion that menopause research does measure horse hormones it usually only 1 or 2 of the 60 horse hormones used in their clinical trials.

**The Women's Health Initiative – unethical, irresponsible, unlawful clinical trial**

The Women's Health Initiative was an expensive clinical trial that cost over \$600,000,000 (600 million dollars) and did not perform one hormone test on any of the thousands of recruited menopausal women. **The Women's Health**

**Initiative was supposed to be an HRT trial and it didn't measure one hormone level on even one woman.** Like other menopause research clinical trials, the Women's Health Initiative made the health of menopausal women worse and yet horse hormones continue to be used today even though they have been proven over and over again to hurt menopausal women. A doctor needs ethical and responsible menopause research to give him the tools to help his patients. The menopause research community isn't giving doctors the tools they need to do their job.

**How can a doctor help a menopausal woman restore her health if he isn't given the most basic of tools?**

The menopause research community isn't evolving in a healthy direction. For instance, the most recent drug approved by the FDA is a drug that contains horse hormones (Premarin™) and a SERM (rhythms with firm) which is a Selective Estrogen

osteoporosis! She had so much improvement that the radiologist came out and asked what she was taking because she couldn't get this result from taking a bisphosphate. My mom told the radiologist she was taking bioidentical ovarian hormone creams and he said more menopausal women should take them.

After her bone scan my mom was very happy that she didn't have to worry about osteoporosis anymore. Her doctor was also happy for her. However, her doctor still thought hormones would harm her so he talked my mother out of using her hormone creams and she stopped.

About 4 days after she stopped I got a call from my mother. She said she felt horrible off of her hormone creams and her doctor was wrong to take her off. My mom said she felt sick off of her hormone creams and was healthier on them so why should she stop? I agreed with her. I supported her decision to continue on her

bones even if that meant getting sick from hormones. **I told my mom that horse hormones can't reverse osteoporosis and she would need bioidentical human HRT because they could reverse her severe osteoporosis to normal bone density.**

I took my mother to the doctor and he wrote her prescriptions for the exact bioidentical hormone regimen I was taking even though I am 24 years younger than my mother. Within days my mother was a changed person. She felt great, was sleeping better, was in a much better mood, was walking more, and was really enjoying being on "the juice" as she called it. I'm not quite sure why she called her hormone creams "the juice" even though there was no juice involved as my mother was only on estradiol, testosterone, and progesterone creams and a DHEA pill.

After 6 months of being on "the juice" my mom went for a bone scan and she no longer had

Receptor Modulator. A SERM can do a sliver of what estradiol can do plus side effects not seen with estradiol. **This drug combination is guaranteed to hurt menopausal women.**

The world of menopause research is going in the wrong direction. Doctors need guidance for prescribing bioidentical hormones in dosages that are meaningful and healthy. Doctors need more bioidentical products approved by the FDA so they have the flexibility to prescribe what is healthy and comfortable for their menopausal patients. Doctors need bioidentical testosterone approved by the FDA for men as well as women. Currently, the FDA has only approved bioidentical testosterone for men. Approval of bioidentical testosterone is very important to women because bioidentical testosterone has been proven to prevent breast cancer.

You can make a difference. You can put the tools in the hands of your doctor by helping to fund ethical,

responsible and lawful menopause research that will only use bioidentical hormones, will measure hormone levels, will replace all of the ovarian hormones, and will find the healthiest combinations. Any and all donations count, and no donation is too small. Menopausal women have an opportunity to change their lives for the better and all women's lives moving forward.

**Menopausal women deserve more than an apology.**

**They deserve the opportunities denied to them by unethical menopause researchers**

When my mother was 69 years old she was diagnosed with severe osteoporosis. My mother knew that I had restored my health by restoring my ovarian hormone levels to normal. My mother, like millions of women and their doctors around the world, believed that bioidentical human HRT was bad for a menopausal woman. I explained to my mom that the menopause research didn't really prove bioidentical HRT was bad for menopausal women. It proved horse hormones (Premarin™) are bad for menopausal women. My mother didn't care. My mother asked me to get her the hormones that would reverse her osteoporosis because she has seen what could happen when a woman has severe osteoporosis and my mother said it was more important for her to have healthy