



# Transdermal Dosage Guidelines

**INTRODUCTION:** These guidelines are established based upon over 40 years of combined clinical experience in balancing male and female sex hormones. Dosages, intervals and applications listed below have been determined to be excellent starting points once a need for supplementation has been established through laboratory validation. Please note that these are starting dosages, which need to be monitored through laboratory and clinical follow up. Salivary testing should be done for baseline hormone levels prior to initiating supplementation with repeat laboratory testing and clinical follow up at 2-3 month intervals until hormone levels are balanced, then yearly thereafter.

	<b>Pre-menopausal women: interested in conception</b>	<b>Pre-menopausal women: not interested in conception</b>	<b>Post-menopausal women</b>	<b>Men</b>
<b>Biest (E3:E2; 4:1)</b>	1 mg days 1–12	1 mg days 1–25	1 mg daily	—————
<b>Progesterone</b>	20–30 mg* days 15–28	20–30 mg* days 7–28	20–30 mg* daily	5–15 mg daily
<b>Testosterone</b>	.25–1.5 mg daily	.25–1.5 mg daily	.25–1.5 mg daily	5–20 mg daily
<b>DHEA**</b>	2–10 mg daily	2–10 mg daily	2–10 mg daily	5–25 mg daily

\*Dosage amount is for women ≤ 150 lbs; for women ≥ 150 lbs dose is doubled (40–60 mg)

\*\*Oral dosing is a consideration

