



## Getting Started on the Wiley Protocol ®

You have received two mylar packages.

The green mylar package has nine syringes of Estradiol with green (ever-green=estradiol) plungers. The Estradiol is in a cream base and the syringes hold a total of 3cc's (or 30 "lines" each of 0.1ml).

The purple mylar package has nine syringes of Progesterone with purple (purple=progesterone) plungers. The Progesterone is in a cream base and the syringes hold a total of 3cc's (or 30 "lines" each of 0.1ml).

These two mylar packages contain The Wiley Protocol® Prescription. On each bag, you will see the Dosing Schedule which has been prescribed by your physician for each hormone's daily amount.

## Which Calendar to Use?

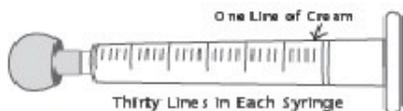
There are two calendars that apply to your experience with The Protocol: Lunar Calendar and Personal Calendar. Pick yours.

- If you have stopped having your periods, or do not have a uterus, begin on " Day One" shown on the Lunar Calendar included in your hormone packets. Most months are not 28 days, therefore if you are using the Lunar Calendar, you will stop your progesterone on "Day 28" but continue your estradiol at your baseline dose (" Days 1-5" ) through the blank days until you bleed, which then becomes " Day One". If you don't bleed and you have now done your baseline dose for 5 days you need to start to increase the estrogen the next day, which becomes day 6.
- If you have a uterus, you will start your periods again. Should this occur prior to " Day One" of the Lunar Calendar, you are now on your own Personal Calendar with your own individual cycle and there is no need to concern yourself with the Lunar Schedule.

If you have an early or late period, you may lose the lunar rhythm because the day you bleed is always the first day of the next cycle. Always stop the progesterone when you start to bleed, even if it's early.

## Effective Application of the Creams

Place the plunger on the palm of your hand and place your first and second fingers on the barrel. Push the plunger carefully with the thumb of the same hand. It's possible that the plunger can be sticky and unpredictable. You can give the plunger a quarter twist in either direction or pull the plunger away from the tip and then push the cream back up to the opening at the tip (this also helps with air pockets).



Measure out four lines for your first application of Estradiol.

Make a dot of cream on your hand or arm for each line of hormone that you measure out to practice controlling the plunger in the syringe. (Note: Each tiny line on the syringe is 0.1ml. The longer lines are 0.5ml's.)



Deposit the cream in the bend of your arm and use your hand or wrist to work the cream into the bend and the fat at the back of your arm towards your shoulder and any fatty arm skin that is not sun damaged. The larger the application area, the better your absorption will be.

Rub the cream into your skin well, until it disappears. **DON'T MIX** the Estradiol and Progesterone, or layer over with other creams of any kind. On " Day Fourteen" begin to apply your progesterone to the opposite arm in the same way. Use Estradiol on one arm and Progesterone on the other. At the start of the next cycle you will switch arms and put the Estradiol on the arm where the Progesterone was and vice versa, each month thereafter.

### IMPORTANT:

Do not bathe for forty minutes after applying the hormones.

Do not exercise for two hours after applying your hormones; doing so might cause you to sweat the hormones back out of your fat base.

You can also apply the hormones to the back of your knees and inner thighs, but stay consistent. You want to build up a deposit of hormones in the fat base. Either use your arms or your legs.

Cover arms/thighs with clothing after application if you are in direct skin-to-skin contact children, animals, or others until it is absorbed (4 hours).

## The First Three Months

There is an adjustment period as your system adapts to the prescription. Some of the side effects could be, but are not limited to, a slight headache, dizziness, weight changes (water), hypoglycemia, change in sleep patterns, and breast tenderness.

IF YOU HAVE A HISTORY OF HEART PROBLEMS, PLEASE DISCUSS THIS WITH YOUR DOCTOR.

By month three, a full compliment of receptors should be up and running and then it might be time to start adjusting the dose for your individual needs. Blood testing is in order at this juncture to give your doctor the information to correlate any remaining symptoms with the amounts of hormone your are receiving. Women who are already cycling, when they start The Protocol, might need to adjust earlier.

## Blood Testing Procedure

By month three and every six months thereafter, you are urged to get your blood tested. Blood testing is done always on day 12 and 21. There are cream application issues with regard to blood testing, and we have two options for making sure the tests are accurate and comparable from test to test.

Option 1: First Thing in the Morning Method

Get up and go straight to the lab before you put on any hormones.

Option 2: Three to Four Hours After Hormone Application Method

Put hormones on in the morning, but don't apply the cream on an area where the needle will enter your skin.

Fresh hormones on the skin can affect the results of the test.

## Bleeding Out of Rhythm

Consult your doctor and the website ([thewileyprotocol.com](http://thewileyprotocol.com)) for educational information about bleeding out of rhythm. It is evident that bleeding before Day 21 can be either a sign of too much or too little Estrogen (in the previous two weeks). On the basic Wiley Protocol, too much Estrogen is unlikely (in women who bleed on or after Day 21) and using 2-4 more lines of Progesterone twice a day for one day only, may stop the bleeding. If the bleeding continues, stop all Progesterone and let your period happen. Call the next day, "Day One". This, earlier than normal bleeding, indicates the need for 2 more lines of Estradiol twice a day for your entire cycle, beginning on this new Day One (This will make more Progesterone receptors thus allowing the retention of your "lining" past Day 21)

## Medications That Are Contraindicated on The Wiley Protocol®

All medications, prescription or otherwise, available to the public work across hormone receptors to be effective. Therefore, all medications, supplements, and herbs can have an effect on hormone receptors. Evening primrose oil, Vitex Agnus Castus (Chastetree/berry), Black Cohosh, Estrovan, lignans, red clover and flax have hormonal effects and could interfere with The Protocol. Check constituents of all "combination" products from healthfood stores, naturopathic and chiropractic practitioners.

Medications that are contraindicated on the Wiley Protocol® include: Arimidex, Anastrozole, Letrozole, DIM (indole-3-carbinol), Aromasin, Exemestane, Fosamax, Raloxifen and Tamoxifen. With time, you may find that you need less of certain conventional medications such as antidepressants, especially SSRI's and Lipitor. Do not alter your prescription intake without consulting your physician.

The following products have been shown to present no problems with the Wiley Protocol®: Magnesium, B-vitamins, Omega 3's and 6's, Lithium, Antipsychotic drugs, Anti-epilepsy drugs, and common sleep medications like Ambien, Tylenol PM, Melatonin, Resteril, Xanax, and Zantac.

If you have never been pregnant, the sudden introduction of normal serum estrogen and progesterone levels for a 20yr old woman may cause nausea, dizziness, anxiety, somnambulist, frequent urination and breast tenderness, which will subside within three cycles.

For women 60+ who have never taken any HRT/BHRT you may receive a slow start three cycle schedule prescribed by your physician, to allow your receptors an extra 90 days to adjust.

IN CHOOSING THE WILEY PROTOCOL® YOU HAVE CHOSEN AN INDIVIDUALLY STANDARDIZED, COMPOUNDED, NATURAL HRT REGIMEN PRESCRIBED BY YOUR DOCTOR AND MADE WITH FDA APPROVED PHARMACEUTICAL GRADE INGREDIENTS.

DISCUSS ALL QUESTIONS AND DECISIONS ABOUT YOUR HEALTH WITH YOUR DOCTOR.

DO NOT MAKE CHANGES TO YOUR WILEY PROTOCOL WITHOUT DISCUSSING WITH YOUR PHYSICIAN FIRST.

Estrogens +/- progestins not indicated for cardiovascular dz or dementia prevention; incr. risk of stroke and DVT (from WHI estrogen-alone substudy) and MI, stroke, PE/DVT, and invasive breast CA (from WHI estrogen/progestin substudy) in postmenopausal women; incr. risk of probable dementia in postmenopausal women >65 yo on a WHI regimen x4-5y; WHI regimens = conj. estrogens 0.625 mg/day w/ or w/o medroxyprogesterone 2.5 mg/day, other doses or estrogen/progestin combos not studied, but assume similar risk; use lowest effective estrogen dose, shortest duration based on individual tx goals and risks

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