January 2009

Medical Abstract Title:
Comparative Study Of Hormone Replacement, Including Transdermal And Oral Bio-Identical Natural Hormones And Homeopathic Hormone Stimulation And Rejuvenation Using Salivary Testing As A Diagnostic Tool.

Author:
Theresa Dale, CCN, NP.
Founder and Dean
California College of Natural Medicine
Homeopath, Researcher, Inventor, Medical Consultant, Clinical Nutritionist,
Traditional Naturopathic Doctor & Practitioner (CA)

Abstract:
To determine if homeopathy and specific homeopathic formulas could help women’s hormonal symptoms, reactivate the HPA axis communication thus producing normal hormone levels and if so, to what degree would it be effective.

Homeopathy is a 200 year old proven and FDA approved method for curing disease. Individual ingredients in the formulas are listed as OTC in the Homeopathic Pharmacopia of the United States meaning that they are proven effective. The Homeopathic Pharmacopoeia of the United States (HPUS) is the official compendium for Homeopathic Drugs in the U.S.

Female patients were in the following phases of their life: cycling with PMS, premenopausal and postmenopausal, including women with partial or complete hysterectomies. 60% or more of the patients were using or had used some type of HRT in the last 3 year; DHEA or pregnenalone, herbal therapy, cortisone or other types of medication, birth control pills, or IUD’s which secrete birth control hormones. Approximately 40% of patients were not using or were not aware of exposure to or used HRT in their lifetime.

METHODS: Using a 24-hour circadian salivary testing with specific testing times, thousands of saliva tests were submitted by patients/clients of health providers directly to independent CLIA licensed laboratories.

The factors used in the analysis of hormonal ratios on each individual test result included age, medical history of surgical procedures such as partial and/or complete hysterectomies, genetic information, diet, exercise (lifestyle), medication usage, including any type of hormone replacement usage (HRT and BHRT).

To reveal an accurate baseline test to those women using HRT and desiring to stop usage, salivary testing was administered after discontinuing HRT for 10 days before the specimens were collected. Testing was administered both in the follicular and the luteal cycle to determine efficacy of the homeopathic hormone rejuvenation formulas. For the first 5,000 tests, specimen collection occurred on the second day of the menstrual cycle or, in the case of very infrequent menstruation or menopause, testing was administered the second day of the month. The balance of the testing
was performed according to the 19th day of cycle for menstruating women and the second day of the month for menopausal women.

The following hormones were analyzed: 5 cortisol levels at specific times related to organ and meridian function, progesterone, free testosterone, three estrogens (estradiol, estriol, estrone), and DHEA levels.

Homeopathic hormone transdermal formulas (FDA registered) was administered according to initial test results for a period of three to six months according to health providers recommendations with repeated salivary testing to monitor results. A dietary regime was also suggested.

RESULTS: From 2000 to 2009, approximately 20,000 salivary tests were analyzed. The Women’s Health Initiative’s study proved that HRT can cause serious health conditions such as cancer. The saliva testing analysis confirmed the abnormal hormonal levels and illness caused by HRT usage.

After using homeopathic (non-toxic) hormone rejuvenation for approximately three to six months or sooner, symptoms improved according to new case history, one repeated salivary test and communication with health provider and patient. Thereafter, repeated saliva testing results revealed even further progress in balancing hormone ratios and balancing cortisol levels.

Repeated testing indicated that 95% of patients had relief in the severity or the elimination of hormone related symptoms. Moreover, 90% of patients, whose initial salivary test results indicated a low DHEA level, resulted in an increase in DHEA within three months when formulae containing homeopathic remedies were administered during specific days of the monthly cycle.

CONCLUSIONS: Hormone replacement of any kind is dangerous and creates a toxic build-up of hormones, even if monitored. After stopping HRT for 10 days before specimen collection, saliva tests still revealed elevated and abnormal levels of HRT.

Adrenal cortisol stress can be the sole cause of hot flashes and other symptoms. Cortisol in humans is the principal glucocorticoid and it influences appetite and well-being, maintains blood sugar concentrations by promoting hepatic gluconeogenesis, and indirectly affects heart rate and pumping force by controlling synthesis of epinephrine in the adrenal medulla. Furthermore, Normal cortisol secretion is critical in the physiologic response to stress and illness.

Elevated hormone levels from hormone replacement (HRT or BHRT) can cause adrenal cortisol stress, liver toxicity, and abnormal hormonal ratios.

Through this study, Homeopathic formulas containing multiple remedies has shown the ability to reactivate and rejuvenate cellular communication to the HPA axis assisting in normal biological hormone production.

The hypothalamic-pituitary-adrenal axis (HPA or HTPA axis), also known as the limbic-hypothalamic-pituitary-adrenal axis (LHPA axis), is a complex set of direct influences and feedback interactions among the hypothalamus (a hollow, funnel-shaped part of the brain), the pituitary gland (a pea-shaped structure located below the hypothalamus), and the adrenal (or suprarenal) glands (small, conical organs on top of the kidneys). The interactions among these organs constitute the
HPA axis, a major part of the neuroendocrine system that controls reactions to stress and regulates many body processes, including digestion, the immune system, mood and emotions, sexuality, and energy storage and expenditure.

This research places hormone “replacement” of any kind at a unquestionable disadvantage.

References

13. 


40. Prevalence of 3-hydroxysteroid dehydrogenase–deficient nonclassic adrenal hyperplasia in hyperandrogenic women with adrenal androgen excess
American Journal of Obstetrics and Gynecology
September 1999 • Volume 181 • Number 3
Carlos Moran, MD, MS, H. Downing Potter, BS, Rosario Reyna, BS, d, Larry R. Boots, PhD, Ricardo Azziz, MD, MPH.


