Homotoxicology and female health

By the Medical Editor

Endometriosis

Although endometriosis is a benign disease, it can also be severely debilitating: firstly due to the fact that it can result in chronic pain, but secondly also due to the high incidence of infertility seen in these patients, resulting from scarring.

From an etiological point of view it is also puzzling, as it is both an immune an hormonal disease.

It is characterized by endometrial tissue found outside of the uterine cavity, mostly in the abdomen, which is also estrogen sensitive and will exhibit withdrawal bleeds just like the uterine endometrial tissue. The resulting 'chemical peritonitis' then leads to scarring and adhesions. Recent work suggests that patients with endometriosis also have a host of concomitant immune abnormalities, which in Homotoxicology could be described as Th2 rigidity. An increase in allergy, asthma and eczema, a higher tendency towards certain cancers and lastly also a higher incidence of certain autoimmune diseases is also seen in these patients. The etiology of the disease is unclear. The anatomical theory postulates that there is a retrograde menstrual flow through the fallopian tubes, and therefore endometrial tissue settles in the abdominal cavity or other areas. Some people believe that all females have this phenomenon, but due to the abnormal cellular immunity, patients with endometriosis are unable to clear these deposits.

In any case, it is important to treat both the hormonal and immune components, and also prevent scarring in these patients.

Treatment protocol:

Medication	Action	Dosage
Hormeel	Hormonal balance	10 drops three times a day or 1 ampoule daily
Metro-Adnex-Heel	Specific for the pelvic tissues	1 ampoule daily for the last half of the cycle (e.g. starting day 14 until day 28)
Echinacea compositum forte	Immune modulation	1 ampoule three times a week
Tonsilla compositum or Funiculus umbilicalis suis-Injeel	Immune modulation and prevention of scarring	1 ampoule three times a week
Glyoxal compositum	Catalyst for degenerative phases	1 ampoule three times a week
Enzymes (such as Wobenzym N)	Scarring and inflammation	3 tablets three times daily
Acute Treatment		
Spascupreel	For pain and dysmenorrhea	1 tablet every 15 minutes for 8 doses, then three times daily or 1 ampoule four times daily

Uterine Fibroids

Fibroids (Uterine leiomyomas) are benign tumors arising from an overgrowth of smooth muscle and connective tissue of the uterus. They occur mostly in women over 30 years old. Fibroids have both estrogen and progestin receptors, and elevated estrogen levels can increase the size of fibroids. They normally shrink after menopause. Conventional treatment includes surgery (myomectomy or hysterectomy), or more recently fibroid arterial embolization. Drugs are less effective for the treatment, and are mostly aimed at inducing artificial menopause (GnRH blockers).

Symptoms include abnormal bleeding (menorrhagia), to the point where there is iron deficiency, pressure on adjacent organs and pain. Fibromas can be classified in the deposition phase of the six-phase table, and as such the level of dysregulation has reached the matrix. When we treat these, it is important that we detoxify the matrix as well as use catalysts. The treatment in this case is aimed mostly at the matrix and the hormonal balance.

Treatment Protocol:

Medication	Action	Dosage
Hormeel	Hormonal balance	10 drops three times a day
Galium-Heel or Galium-Heel comp.	Drainage of the connective tissue	10 drops three times a day or 1 ampoule per day
Strumeel	Action in the deposition phase	1 tablet three times a day
Ovarium compositum or Funiculus umbilicalis suis-Injeel + Hypothalamus suis-Injeel	Connective tissue and hormonal balance	1 ampoule three times a week
Coenzyme compositum + Ubichinon compositum or Ubicoenzyme	Catalysts and cellular detoxification	1 tablet of each three times a day or 1 ampoule daily or 10 drops three times a day

Polycystic Ovarian Syndrome

This is a common disorder that affects 5-10% of women of reproductive age. It is marked by chronic anovulation, symptoms of hyperandrogenism such as hirsutism and acne, and a large percentage of patients also have insulin resistance, type II diabetes, hypertension, cardiovascular disease and endometrial carcinoma.

Gynecologists and endocrinologists thus both treat these patients in conventional practice. Gynecologists mostly prescribing androgen blockers, whereas endocrinologists prescribe insulin sensitizers, such as metformin. The disease is characterized by high hypothalamic surges of luteneizing hormones which are also increased in frequency. Patients have an abnormal androgen metabolism in the ovary and in the adrenal, and a high DHEAS is a hallmark of the disease. Insulin is anabolic and has a special action on the theca of the ovary, which thickens, thus preventing rupture of the ovarian follicle, which matures under the influence of the increased LH to give the ovary the distinctive polycystic appearance on ultrasound. Insulin resistance also leads to lower levels of Sex Hormone Binding Globulin, which in turn increases the circulating testosterone, resulting in more androgenization. Insulin also directly influences the hypothalamus and increases the LH amplitude and pulses.

Treatment is thus aimed at reducing the symptoms of androgenization, but at the same time to normalize the LH surges and the tissues of the ovaries. In patients with hyperinsulinemia, this must be addressed as well due to the high morbidity of the metabolic syndrome. The treatment of metabolic syndrome was published in the Journal of Biomedical Therapy Fall 2004.

Treatment Protocol:

Medication	Action	Dosage
Gynäcoheel or Nymeel	Funciotropic for the ovary	10 drops three times a day
Ovarium compositum or Funiculus umbilicalis suis-Injeel + Hypothalamus suis-Injeel	For the ovarian connective tissue as well as the hypothalamus	1 ampoule three times a week
Cimicifuga-Homaccord or Equifem-Mood	For the LH surges	10 drops three times a day or 1 capsule twice a day
Coenzyme compositum + Ubichinon compositum or Ubicoenzyme	Catalysts and cellular detoxification	1 tablet of each three times a day or 1 ampoule of each per day or 10 drops three times per day