

ISOFLAVANOIDS AS ESTROGENIC AGENTS

Isoflavonoids are plant pigments which are used as estrogenic agents; in this case they are referred to as phytoestrogens. Phytoestrogens are similar to the new generation of hormone replacement drugs. Phytoestrogens have essentially the same molecular structure as a synthetic estrogen without the steroid core. The lack of this core makes the breakdown products of the phytoestrogen less toxic as compared to synthetic hormones, and also bypasses many of the side effects associated with hormone therapy because of the softer action of the molecule. In chemistry, molecular structure determines agonistic or antagonistic behavior. In the case of phytoestrogens, this affects the binding of estrogen receptors. The ideal way to regulate hormones is to cause the endogenous estrogen to bind with proteins and become active and tissue-specific rather than to inject a hormone cocktail into the bloodstream. With phytoestrogens, the increase in blood levels is effective only when the elements (in this case, estrogen) are active. Estrogen becomes active through binding and this in part accounts for the differences between some plant estrogens: some just float in the bloodstream while others

bind and become active. Research and clinical trials clearly show that selective estrogen receptor modulators (SERMs) are more efficacious at treating estrogen deficiency than is free-floating estrogen. SERMs are estrogen modulators which work to activate (agonist) or repress (antagonist) estrogen receptors. Once the estrogen (agonist or antagonist) binds to its receptor, dimerization occurs and creates a receptor-ligand complex which is capable of binding to adaptor proteins. This reaction represses or activates estrogen receptors and can have an effect on different tissues.

Antihomotoxic remedies can enhance the nature of phytoestrogens; tissue specificity becomes more pronounced when antihomotoxic protocols are introduced. The following are a few protocols using Heel antihomotoxic remedies with a natural estrogen such as Phyto Soya®, manufactured by Arkopharma Pharmaceutical Laboratories.

Combining antihomotoxic preparations with phytoestrogens will improve tissue targeting, enhance hormonal profile, and facilitate hormone manipulation.

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Heel preparations in gynecology

For conditions associated with uterine and ovarian function, **ALVIUMEEL** may be used. For example, for irregular menses, chronic vaginal dryness, or hyperplasia. During the 1st week: 2-3 vials Alviumeel s.c., i.v., or orally. During the 2nd week 1-2 vials s.c., i.v., or orally. In the 3rd week: 1 vial s.c., i.v., or orally.

To modulate hormone activity of ovaries and hypothalamus in association with phytoestrogens, **HORMEEL/ORMEEL** may be used. It can shorten chemical reactions involved in estrogen binding, leaving fewer toxic by-products. Use phytoestrogens along with 1 vial of Hormeel/Ormeel 3 times per week for 3 weeks s.c., i.v., or orally.

For rheumatic/arthritis type pain during and before menses, for cold flushes and sweats, and for circulatory problems, **CIMICIFUGA-HOMACCORD** may be used. As an adjuvant therapy with phytoestrogens, 1 vial per day for one week then 1 vial 3 times per week for 3 weeks.

For back pain from liver congestion, pain in sacrum, or to regulate hormones during estrogen replacement, **COLOCYNTIS-HOMACCORD** may be used. 1 vial twice a week with a maintenance dose of phytoestrogens.

For secondary symptoms of PMS and menopause such as arthritic complaints, cramps and swelling, hot flushes, bloating, and irritation of urogenital tissue, **TRAUMEEL** may be used. Use 1 vial daily i.v., s.c., or orally for one week. Maintain with 1 vial 3 times per week for one month. This protocol is especially useful with estrogen replacement therapy, particularly with SERMs like Phyto Soya®.



These protocols were presented during Jo Serrentino's conference series entitled Phytoestrogens and Menopause.