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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.

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Abstract:
To determine if homeopathy and specific homeopathic formulas could help women's hormonal symptoms related to menopause, post menopause, post-partum depression and PMS and reactivate the HPA axis communication thus producing normal return of chronobiology and hormone levels and if so, to what degree would it be effective. Further, we were interested to determine the required time frame for the patient symptoms to abate.

Homeopathy is a 200 year old proven and FDA approved method for curing disease. Individual ingredients in the formulas were listed as OTC in the Homeopathic Pharmacopia of the United States. 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, over 2,000 saliva test results were initially studied. Subsequently, the years up to 2016 produced approximately 20,000 third party saliva tests and results. Saliva Tests were submitted by patients of licensed health providers directly to an independent CLIA licensed laboratory. In the first three years of testing, different licensed laboratories were used to determine if results would significantly differ. Finally, I chose the lab that would create the most expanded accurate panel. FDA registered Homeopathic Formulae (homeopathic hormone rejuvenation) and diet was recommended in every case.

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 (natural or synthetic 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. 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.

Even though the lab instructions included stopping all HRT and BHRT for 10 days before specimen collection, saliva test results still clearly revealed severely elevated and abnormal levels of specific hormones related to the patients hormone medication usage. Moreover, patients that ceased HRT & BHRT usage for 3 months to 6 months also indicated abnormal hormonal levels and in many cases elevated hormones. Abnormal levels clearly depend on the length of HRT or BHRT treatment. The longevity of HRT, and BHRT treatment can result in long term chronobiology dysfunction and HPA communication, affected cortisol and hormone levels. The types of hormone replacement that caused elevated abnormal levels are HRT, BHRT, phyto-hormone creams or capsules (purchased retail) DHEA, and pregnenalone (precursor). In many cases thyroid treatment with med's caused abnormal cortisol levels. The most prominent issues that consistently occurred are HPA Axis dysfunction, circadian rhythm dysfunction, insomnia, mood swings, hair loss, weight gain, emotional symptoms, thyroid dysfunction, adrenal exhaustion, blood sugar abnormalities, abnormal hormone levels and ratios along with liver toxicity

The following hormones were analyzed in the Five Element Saliva Test: 5 cortisol levels at specific times related to organ and meridian function, P1 progesterone, OH17 progesterone, free testosterone, three estrogens (estradiol, estriol, estrone), FSH (Follicle Stimulating Hormone), and LH (Lutenizing Hormone) in addition to DHEA levels. Subsequently, other salivary tests were added to the panel to get a more complete blueprint of the patients overall health, such as fasting insulin, SigA, Candida, and Gliaden. Moreover, the cortisol level testing times are carefully matched to the Traditional Chinese Medicine's Five Element Body Clock, which is the foundation of Acupuncture. Therefore, each of the five cortisol testing time is related to a time of the day or night –which is indicative of the human body's circadian rhythm. Since the human body produces different hormones at different times in a 24 hour period of time, testing cortisol levels according to precise times of organs and glands that are involved in hormone production, have clearly proven to be an indicator of the overall health and stress level of corresponding organ, gland, emotion and acupuncture meridians.

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

RESULTS:

An important discovery is that the first and subsequent saliva tests clearly indicate accurate hormone levels before, during and after discontinuing any medication usage including HRT and BHRT. Furthermore, using a case history of all medications, it is clear that medications of any kind will affect cortisol levels and consequently other hormone levels for 3 months to one year after they

are discontinued, depending on the medication. We also recommend considering gentle detoxification for patients who have been on medications for over 3 months.

Furthermore, results indicate after using the formulae for three to six months 95% of patients had relief in the severity or the elimination of some or all of hormone related symptoms, and this corresponded to the repeated saliva test results, including a normalization of cortisol levels. For example, one of the most serious issues that a patient can experience is any elevated cortisol level. When a patient had up to four elevated cortisol levels, we observed in the second salivary test using exactly the same panel, administered in three to six months after the initial test, revealed that 95% of all patients elevated cortisol levels were back within the reference ranges.

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 along with a recommended diet.

CONCLUSIONS:
This research places hormone "replacement" of any kind at an unquestionable and potentially dangerous disadvantage.

For over a decade, 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.

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, immune function, maintains blood sugar concentrations by promoting hepatic gluconeogenesis (GNG), and indirectly affects heart rate, blood vessel tone and contraction and the heart pumping force by controlling synthesis of epinephrine in the adrenal medulla. Furthermore, normal cortisol secretion is critical in the physiologic response to central nervous system activation, emotions, immune response, and stress.

More results include the verification that hormone replacement of any kind can be considered dangerous because it creates a toxic build-up of hormones, even if monitored, creating a compromised circadian rhythm and thus a compromised immune system.

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. When the circadian rhythm is compromised many symptoms can surface that can be misdiagnosed. Using a Five Element Saliva Test is the most accurate test for hormones.

References

1.
Orth DN, Kovaks WJ, DeBold CR: The adrenal cortex. William's Textbook of Endocrinology, 8th ed. Wilson JD, Foster DW, Eds. WB Saunders Co, Philadelphia, 1992, p 489
2.
Meikle AW, Daynes RA, Araneo BA: Adrenal androgen secretion and biologic effects. Endocrinol Metab Clin North Am 20:381, 1991 [1831756]
3.
Quinn SJ, Williams GH: Regulation of aldosterone secretion. Ann Rev Physiol 50:409, 1988
4.
Orth DN: Corticotropin-releasing hormone in humans. Endocr Rev 13:164, 1992

5.
Watabe T, Tanaka K, Kumagae M, et al: Role of endogenous arginine vasopressin in potentiating corticotropin-releasing hormone-stimulated corticotropin secretion in man. J Clin Endocrinol Metab 66:1132, 1988 [2836468]
6.
Salata RA, Jarrett DB, Verbalis JG, et al: Vasopressin stimulation of adrenocorticotropin hormone (ACTH) in humans. J Clin Invest 81:766, 1988 [2830315]
7.
Iranmanesh A, Lizarralde G, Short D, et al: Intensive venous sampling paradigms disclose high frequency adrenocorticotropin release episodes in normal men. J Clin Endocrinol Metab 71:1276, 1990
8.
Dallman MF, Akana SF, Levin N, et al: Corticosteroids and the control of function in the hypothalamo-pituitary-adrenal (HPA) axis. Ann NY Acad Sci 746:22, 1994 [7825879]
9.
Findling JW, Engeland WC, Raff H: The use of immunoradiometric assay for the measurement of ACTH in human plasma. Trends in Endocrinol Metab 1:283, 1990
10.
Kaye TB, Crapo L: The Cushing syndrome: an update on diagnostic tests. Ann Intern Med 112:434, 1990
11.
Kannan CR: Diseases of the adrenal cortex. DM 34:613, 1988
12.
Seeler LR: Cushing's syndrome. Cleve Clin J Med 55:329, 1988
13.
Biller BMK, Alexander JM, Zervas NT, et al: Clonal origins of adrenocorticotropin-secreting pituitary tissue in Cushing's disease. J Clin Endocrinol Metab 75:1303, 1992
14.
Odell WD: Ectopic ACTH secretion: a misnomer. Endocrinol Metab Clin North Am 20:371, 1991
15.
Ulick S, Wang JZ, Blumenfeld JD, et al: Cortisol inactivation overload: a mechanism of mineralocorticoid hypertension in the ectopic adrenocorticotropin syndrome. J Clin Endocrinol Metab 74:963, 1992 [1569172]

16.
Williams GH: Guardian of the gate: receptors, enzymes, and mineralocorticoid function (editorial). J Clin Endocrinol Metab 74:961, 1992
17.
Belsky JL, Cuello B, Swanson LW, et al: Cushing's syndrome due to ectopic production of corticotropin-releasing factor. J Clin Endocrinol Metab 60:496, 1985 [2982899]
18.
King DR, Lack EE: Adrenal cortical carcinoma: a clinical and pathologic study of 49 cases. Cancer 44:239, 1979 [455249]
19.
Malchoff CD, MacGillivray D, Malchoff DM: Adrenocorticotropic hormone-independent adrenal hyperplasia. Endocrinologist 6:79, 1996
20.
Hermus AR, Pieters GF, Smals AG, et al: Transition from pituitary-dependent to adrenal-dependent Cushing's syndrome. N Engl J Med 318:966, 1988
21.
Young WF Jr, Carney JA, Musa BU, et al: Familial Cushing's syndrome due to primary pigmented nodular adrenocortical disease: reinvestigation 50 years later. N Engl J Med 321:1659, 1989
22.
Reznik Y, Allali-Zerah V, Chayvialle JA, et al: Food-dependent Cushing's syndrome mediated by aberrant adrenal sensitivity to gastric inhibitory polypeptide. N Engl J Med 327:981, 1992
23.
Lacroix A, Bolte E, Tremblay J, et al: Gastric inhibitory polypeptide-dependent cortisol hypersecretion-a new cause of Cushing's syndrome. N Engl J Med 327:974, 1992
24.
Bertagna X: New causes of Cushing's syndrome (editorial). N Engl J Med 327:1024, 1992
25.
Kreisberg R: Half a loaf. N Engl J Med 330:1295, 1994
26.
Findling JW: Clinical application of a new immunoradiometric assay for ACTH. Endocrinologist 2:360, 1992
27.
Snow K: Biochemical evaluation of adrenal dysfunction: the laboratory perspective. Mayo Clin Proc 67:1055, 1992
28.
Flack MR, Oldfield EH, Cutler GB Jr, et al: Urine free cortisol in the high-dose dexamethasone suppression test for the differential diagnosis of the Cushing syndrome. Ann Intern Med 116:211, 1992 29.
30.
Zarate A, Kovaks K, Flores M, et al: ACTH and CRF-producing bron chial carcinoid associated with Cushing's syndrome. Clin Endocrinol 24:523, 1986
31.
Grossman AB, Howlett TA, Perry L, et al: CRF in the differential diagnosis of Cushing's syndrome: a comparison with the dexamethasone suppression test. Clin Endocrinol 29:167, 1988
32.

Nieman LK, Cutler GB Jr, Oldfield EH, et al: The ovine corticotropin-releasing hormone (CRH) stimulation test is superior to the human CRH stimulation test for the diagnosis of Cushing's disease. J Clin Endocrinol Metab 69:165, 1989
33.
Schulte HM, Allolio B, Gunther TK, et al: Bilateral and simultaneous sinus petrosus inferior catheterization in patients with Cushing's syndrome: plasma-immunoreactive-ACTH-concentrations before and after administration of CRF. Horm Metab Res (suppl) 16:66, 1987
34.
Loriaux DL, Nieman L: Corticotropin-releasing hormone testing in pituitary disease. Endocrinol Metab Clin North Am 20:363, 1991
35.
Malchoff CD, Orth DN, Abboud C, et al: Ectopic ACTH syndrome caused by a bronchial carcinoid tumor responsive to dexamethasone, metyrapone, and corticotropin-releasing factor. Am J Med 84:760, 1988
36.
Gold PW, Loriaux DL, Roy A, et al: Responses to corticotropin-releasing hormone in the hypercortisolism of depression and Cushing's disease. N Engl J Med 314:1329, 1986
39.
Groote Veldman R, Meinders AE: On the mechanism of alcohol-induced pseudo-Cushing's syndrome. Endocr Rev 17:262, 1996
40
Prevalence of 3-hydroxysteroid dehydrogenase–deficient nonclassic adrenal hyperplasia in hyperandrogenic women with adrenal androgen excess
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Carlos Moran, MD, MS, H. Downing Potter, BS, Rosario Reyna, BS, d, Larry R. Boots, PhD, Ricardo Azziz, MD, MPH.
41
1: J Nutr 2001 May;131(5):1621S-5S Human saliva as a diagnostic specimen. Hofman LF. Saliva Testing and Reference Laboratory, Inc., Seattle, WA 98104. PMID: 11340128 [PubMed - in process]
42
1: Endocr Res 2000 Nov;26(4):489-504 Fetal hypothalamic-pituitary adrenal (HPA) development and activation as a determinant of the timing of birth, and of postnatal disease. Challis J, Sloboda D, Matthews S, Holloway A, Alfaidy N, Howe D, Fraser M, Newnham J. Department of Physiology, University of Toronto, Ontario, Canada. PMID: 11196419 [PubMed - indexed for MEDLINE]
43
Van Goozen SH, Weigant VM, Endert E, Helmond FA, Van de Poll NE. Psychoendocrinological assessment of the menstrual cycle: the relationship between hor-mones, sexuality, and mood. Arch Sex Behav 1997;26(4):359-382.
44
Lee KA, Shaver JF, Giblin EC, Woods NF. Sleep patterns related to menstrual cycle phase and premenstrual affective symptoms. Sleep 1990; 13(5):403-409.
45
Dye L, Blundell JE. Menstrual cycle and appetite control: implications for weight regu-lation. Hum Reprod 1997;12(6):1142-1151.
46

Redei E, Freeman EW. Daily plasma estradiol and progesterone levels over the menstrual cycle and their relation to premenstrual symp-toms. Psychoneuroendocrinol 1995; 20(30):259-267.
47
Berthonneu J, Tanguy G, Janssens Y, Guichard A, Boyer P, Zorn JR, Cedard L. Salivary oestra-diol in spontaneous and stimulated menstrual cycles. Hum Rep 1989;4:625-28.
47
De Boever J, Kohen F, Bouve J, Leyseele D,Vandekerckhove D. Direct chemilumines-cence immunoassay of estradiol in saliva. Clin Chem 1990;36:2036-41.
48
Wong Y, Mao K, Panesar NS, Loong EP, Chang AM, Mi ZJ. Salivary estradiol and prog-esterone during the normal ovulatory menstru-al cycle in Chinese women. Eur J Obst Gynecol and Rep Biol 1990;34:129-35.
49
Vining R, McGinley R, and Symons R. Hormones in saliva: mode of entry and conse-quent implications for clinical interpretation. Clin Chem 1983;29:1752-56.
50
Bhagavan NV. Medical Biochemistry. Boston: Jones and Bartlett Publishers; 1992, 805-807.
51
Vuorento T, Lahti A, Hovatta O, and Huhtaniemi I. Daily measurements of salivary progesterone reveal a high rate of anovulation in healthy students. Scan J Clin Lab Invest 1989;49:395-401.
52
Danutra V, Turkes A, Read G, Wilson D, Griffiths V, Jones R, Griffiths K. Progesterone concentrations in samples of saliva from ado-lescent girls living in Britain and Thailand, two countries where women are at widely differing risk of breast cancer. J Endocrin 1988; 121:375-81.
53
Finn M, Gosling J, Tallon D, Joyce L, Meehan F, Fottrell P. Follicular growth and corpus luteum function in women with unexplained infertility, monitored by ultrasonography and measurement of daily progesterone. Gynecol Endocrin 1989;3:297-308.
54
Vuorento T, Hovatta O, Kurunmaki H, Ratsula K, Huhtaneimi I. Measurements of salivary progesterone throughout the menstrual cycle in women suffering from unexplained infertility reveal high frequency of luteal phase defects. Fertil Steril 1990;54:211-16.
55
Vuorento T, and Huhtaniemi I. Daily measure-ments of salivary progesterone during men-strual cycle in adolescent girls. Fertil Steril 1992;58:685-90.
56
Wren B. Reproductive endocrinology. In: Hacker N and Moore J., editors. Essentials of obstetrics and gynecology. Philadelphia: W. B. Sanders Co., 1992.
57
Ronkainen H, et al. Physical exercise-induced changes and season-associated differences in the pituitary-ovarian function of runners and joggers. J Clin Endocrin Metab 1985;60:416.
58
Lipson S and Ellison P. Normative study of age variation in salivary progesterone profiles. J Biosoc Sci 1992;24:233-44.
59

Hamilton C, Wetzels L, Evers J, Hoogland H, Muijtjens A, de Haan J. Follicle growth curves and hormonal patterns in patients with luteinized unruptured follicle syndrome. Fertil Steril 1985;43:541-48.
60
van Zonneveld P, te Velde E, Koppeschaar H. Low luteal phase serum progesterone levels in regularly cycling women are predictive of sub-tle ovulating disorders. Gynecol Endocrin 1994;8:169-74.
61
Ayers J, Birenbuam DL, Menon KM. Luteal phase dysfunction in endometriosis: elevated progesterone levels in peripheral and ovarian veins during the follicular phase. Fertil Steril 1987;47:935-39.
62
Wingfield M, O'Herlihy C, Finn M, Tallon D, Fottrell P. Follicular and luteal phase salivary progesterone profiles in women with endometriosis and infertility. Gynecol Endocrin 1994;8:21-25.
63
Pirke KM, Schweiger U, Laessle R, Dickhaut B, Schweiger M, Waechtler M. Dieting influences the menstrual cycle: vegetarian versus nonvege-tarian diet. Fertil Steril 1986;46:1083.
64
Karmen B. Hormone replacement therapy: yes or no? Novato, CA: Nutrition Counter, Inc., 1993.
65
Wilson D, Turkes A, Jones R, Danutra V, Read G, Griffiths K. A comparison of menstrual cycle profiles of salivary progesterone in British and Thai adolescent girls. Eur J Cancer 1992; 28A:1162-
66
De Cree C, Lewin R, Ostyn M. The monitoring of the menstrual status of female athletes by salivary steroid determination and ultrasonog-raphy. Eur J App Physiol 1990;60:472-77.
67
Keizer H. Exercise- and training-induced men-strual cycle irregularities (AMI). Int J Sports Med 1986;8(suppl 3):137-74.
68
Keizer H, Poortman J, Bunnick G. Influence of physical exercise on sex steroid metabolism. J Appl Physiol 1980;48:765-69.
69
Wentz A. Cigarette smoking and fertility. Fertil Steril 1986;46:365.