

SAT-Therapy® in menopausal syndrome

NERVI S.A.¹, BINDA M.²

¹ Surgeon, Specialist Obstetrics and Gynecology, Independent Researcher, Milan, Italy

² Pharmacologist, Immunologist, Independent Researcher, Lugano, Switzerland

Introduction

From the last research on the alfa and beta estrogen breast receptors specificity, have been see a possible interaction using soy isoflavons derivates. Conversely the isoflavons derivates of trifolio pratensis have a small reaction only to the beta helpless receptors for the breast. All this new information limits the possibility of phyto-derivates prescription and create the need to use other pharmaceutical products, specially made for the menopausal symptoms, respecting the woman body physiology.

So, for the control of the menopausal syndrome, to propose and to use other standard therapeutical choice, controllable, reproducible and therapeutical functionally, as well stable in the future, result "modern".

Background

Considering that is not longer allowed to talk "generally" about menopause, the symptoms, sometime highly disabling for women, can be grouped in two separate types: Menopause Limbic Syndrome and Menopause Hypothalamus Syndrome (will see the differences); those assume specific connotations and need therapeutical customizations to stabilize the cohort of symptoms.

Considering this, we can understand the failure of some unique replacement therapeutical proposals for both Syndromes. This is the starting point of our innovative research and therapeutical application.

Materials and methods

SAT-Therapy® is know for a long time ago, even in science, as support as neo-adjuvant, adjuvant and coadjuvant in various fields such as immunology, endocrinology and oncology, in situation as side effects from radio and/or chemotherapy it has any replacement function, neither active ingredients that can destabilize tissue and organ function physiological balance!

Certified free of side effects. Hormone-free. Derivative-free tissue.

It is based on "fine" selection of antibody fractions (FAB) affinity for specific tissue (confirmed by immunofluorescence studies by the end of last century) who do not have any direct interference in the internal system function, but rather aimed at mobile business rules induced by "activity" of selective protein specific cell membrane (g protein). This level of molecular engineering was produced based on scientific studies repeatable and stable over time. The certification of the quality of the active ingredients produced is granted by the Pasteur Institute of Paris with anti-viral and anti-prion controls.

150 women aged from 48 to 60 years have been recruited.

Recruitment examinations were evaluated the general clinical parameters with routine sero-sanguineous check.

The subjective symptoms reported at recruitment were selected with yes or no questionnaires:

- 43 pt (28.67%) had already made TOS for 5 years, then stopped it. Without any other opportunity they come back to the starting symptoms;
- 70 pt (46.67%) had already tried a number of

herbal or homeopathic variety but with small or no stable results;

- 37 pt (24.67%) were approaching menopausal syndrome for the first time and did not want to take HRT.

Were assessed for symptoms and menopausal clinic and recruited in two separate protocols.

Have been settled the following protocols:

MLS=> Monday EMONC-TR® / Tuesday DIEN-PH® alternating with SYM-TO® / Wednesday COR-TX® / Thursday NEU-VAS®

mode: 3 following weeks, followed by 1 week off, for 6 cycles corresponding at 6 months

MHS => Monday EMONC-TR® / Tuesday NEUGLAN-F® / Wednesday FO-E® alternating with DV-PF® / Thursday NEU-VAS®

mode: 3 following weeks, followed by 1 week off, for 6 cycles corresponding at 6 months.

The active ingredients used correspond to the following functional characteristics of relevance:

EMONC-TR® => functional stimulation of multi excretory organs for a body global drain works on: intestine, liver, kidney, pancreas, reticulo-endothelial system, gall bladder, lungs, skin, lymph nodes.

Directions: during metabolic diseases / with complex therapies/ that weighed down with side effects / restoration of organic response / to module or restore the functionality and metabolism of the above mentioned parts

DIEN-PH® => functional regulation of psycho-neuro-endocrine TOP neurovegetative system, "key point" of the cascade, contains diencephalon
SYM-TO® => addressed with remodeling TOP psycho-neuro from the "key point" of the cascade ...

NEUGLAN-F® => functional adjusting of the women and men psycho neuro-endocrine axis, includes: ovarian-pituitary-diencephalon-front; thyroid and surrenal glands

COR-TX® => regulation of cortical brain trophic, metabolism and nerve conductance in support of glia neurogenic

NEU-VAS® => regulation of neuro-vascular trophic. Protein fractions derived from nerve-ves-sel-skin-tess.connectives

FO-E® => to support the liver work, in detoxification and overall support the organ provides

DV-PF® => regulation of the hepato-biliary and digestive functional integrate axis, supporting duodenum - gall bladder - pancreas - liver.

Results (Tabs 1 and 2)

After 6 months of treatment, patients were asked to review clinical routine examinations and to report about symptoms at recruitment with yes or no answers.

The clinical data reported do not indicate any change on health status or hormonal after treatment.

The gynecological clinical status was stable with any effects (inflammation of haemorrhoids, fissures, or urogenital dystrophy).

both groups, after a 12 months check, confirm the therapeutic benefits of treatment, but all patients asks medical treatment under medical control to not lose to the overall benefit obtained, even if stable in time!

This is a subjective parameter that was not initially suspected, but is reported by all patients at each control as "fundamental change during treatment".

This is a "general resentment energy", a background

TABLE 1.

Menopause Limbic Syndrome => MLS 56 pt	before - SAT 37,33% of symptoms related to limb function	After 12 month SAT 23.21% treatment resistant symptoms
Anxiety / Insomnia	56 pt - 100% D / therapies recent = past -> weaning	1 pt - 1,79%
Mood Swings	50 pt - 89,29%	0 pt - 0%
Headache / Migraine	6 pt - 10,70% D / being treated for headaches => weaning	0 pt - 0%
Depressive State	39 pt - 69,64% D / psychological therapy also => weaning	1 pt - 1,79%
Reduced Libido	56 pt - 100%	11 pt - 19,64%
Loss of Concentration / Memory	39 pt - 69,64%	0 pt - 0%
Alzheimer Type Dementia	6 pt - 10,71% D / psychological	0 pt - 0%

TABLE 2.

Menopause Hypothalamus Syndrome = > MHS 99 pt	before - SAT 66% symptoms related to hypothalamic function	after 12 month SAT 16,16% of treatment resistant symptoms
Increases aggression	30 pt - 30,3%	0 pt - 0%
Hyperexcitability	80 pt - 80,81%	0 pt - 0%
Hot flashes /sweats	99 pt - 100%	7 pt - 7,07%
Hypertension	70 pt - 70,71% D / systemic hypertension evaluated by Doppler of 24 hours	9 pt - 9,09% a great reward in classical pharmacological stability
Increased vascular tone	40 pt - 40,4% D / doppler carotid-AAll	0 pt - 0%
Weight gain weight	99 pt - 100%	0 pt - 0% stability or decrease in body weight
Digestive disorders	45 pt - 45,45% D / EGD = reflux esophagitis / gastritis Ab anti HP +	0 pt - 0% 12 months after endoscopy negative

tone of psycho-physical well-being which has nothing to do with the psychological side, but rather with a kind of improvement of psycho-physical and metabolic endurance that causes the therapeutic proposal continue with only 2 cycles of 3 months between October and December and between April and June. data are being developed for long-term period.

Conclusions

The SAT-Therapy®, considering our clinical and psychophysical data, is therefore placed as a valid proposal and choice in the general treatment of menopausal syndrome under the compliance of patients.