

ALTERNATIVE OR ADDITIONS TO THE "ALTERNATIVE"? PROPOSAL FOR TREATMENT OF MENOPAUSAL SYNDROME WITH SERUM DERIVED AT SPECIFIC-TISSUE SAT-THERAPY®

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INTRODUCTION

In the recent knowledge of c-erb Rec Estrogen alpha and beta specific reactive also to the isoflavones from soy and only the beta are responsive to isoflavone trifolium pratensis is created a controversy in the field of therapeutic proposal on the basis of phyto-derivates abnormal reactivity receptor.

Therefore, the proposed use of other treatment options standardized, controllable, reproducible and functional but also therapeutically stable over time for control of menopausal syndrome is more and more "modern".

BACKGROUND

Starting from the observation that it is no longer allowed to talk about "Menopause in the broad sense" but also highly disabling symptoms for women who gather in two distinct types: a Menopause Limbic Syndrome and Menopause Hypothalamus Syndrome (see the differences) they assume connotations and require very specific customizations to stabilize the therapeutic cohort of symptoms has occurred.

We can, in the light of this, understanding the failure of the proposed replacement therapy or not, in view of a unified planning of events. this is the basis of our research and innovative therapeutic application.

MATERIALS AND METHODS

The SAT® Therapy has long been known, even in science, to be useful as therapy support neo-adjuvant, adjuvant and adjuvant in various fields such as immunology, endocrinology and oncology in such situations. side effects from radio and / or chemotherapy. It has no functional or active ingredients capable replacement destabilize the physiological balance of functional tissue or organ!

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, to quality assurance of the active force so produced is monitoring the auspices of the Institute of Paris Pasteur controls with anti-viral and anti-prion single of its kind.

Have been recruited 150 women aged 48 to 60 years

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

The subjective symptoms reported at recruitment were selected with questionnaires to answer yes or no (yes / no)

- 43 pt (28.67%) had already made flags for 5 years then stopped in the absence of alternative symptoms had returned to the starting

- 70 pt (46.67%) had already engaged a number of herbal or homeopathic variety but with little or no stable over time

- 37 pt (24.67%) was the first approach menopausal syndrome recently and did not want to take HRT

Were assessed for clinical symptoms and menopausal and recruited in two separate protocols

Have set the following protocols:

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

in mode: corresponds to three-weeks consecutive treatment followed at 1 week off for 6 cycles corresponding 6 months

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

in mode: corresponds to 3weeks consecutive treatment followed at 1 week off for 6 cycles corresponding to 6 months

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

EMONC-TR® => functional stimulation of the excretory organs to drain more comprehensive body

works on: Intestine, Liver, Kidney, Pancreas, reticulo-endothelial system, gall bladder, lungs, skin, lymph nodes

Directions: in the course of metabolic diseases / therapies in the accompaniment of complex / that weighed down with side effects / restoration of responsiveness organic / Restores the functionality per module or 'bodies above and Metabolism

DIEN-PH® => regulation of autonomic nervous system function TOP psycho-neuro-endocrine "key point" of the cascade, contains Diencephalon

SYM-TO® => addressed with remodeling TOP psycho-neuro in the "key point" of the waterfall ...

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

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

NEU-VAS® => regulation of neuro-vascular trophic protein fractions derived from nerve-vessel-skin-tess.connectives

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

DV-PF® => regulation of the functional integral: hepato-biliary and digestive support Duodenum - Gall Bladder - Pancreas – Liver

Menopause Limbic Syndrome =>MLS 56 pt	before – SAT 37,33 % of symptoms related to limb function	After 12 month SAT 23.21% of treatment resistant symptoms	Menopause Hypothalamus Syndrome => MHS 99 pt	before –SAT 66% symptoms related to hypothalamic function	after 12 month SAT 16,16% of treatment resistant symptoms
Anxiety / Insomnia	56 pt - 100 % D / therapies recent = past-> weaning	1 pt – 1,79 %	Increased aggression	30 pt - 30,3 %	0 pt – 0 %
Mood Swings	50 pt - 89,29 %	0 pt – 0 %	Hyperexcitability	80 pt - 80,81 %	0 pt – 0 %
Headache / Migraine	6 pt - 10,70 % D / being treated for headaches => weaning	0 pt – 0 %	Hot flashes / sweats	99 pt - 100 %	7 pt – 7,07 %
Depressive State	39 pt - 69,64 % D / psychological therapy also => weaning	1 pt – 1,79 %	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
Reduced Libido	56 pt - 100 %	11 pt – 19,64 %	Increased vascular tone	40 pt - 40,4 % D / doppler carotid-AAII	0 pt – 0%
Loss of Concentration / Memory	39 pt - 69,64 %	0 pt – 0 %	Weight gain weight	99 pt - 100 %	0 pt – 0 % stability or decrease in body weight
Alzheimer Type Dementia	6 pt - 10,71 % D / psychological	0 pt – 0 %	Digestive disorders	45 pt - 45,45 % D/ EGD = reflux esophagitis / gastritis Ab anti HP +	0 pt – 0 % 12 months after endoscopy negative!

RESULTS

After 6 months of treatment, patients were asked to review clinical routine examinations and to report back on the symptoms reported at recruitment with yes or no answer (yes / no) . The clinical data reported do not indicate any change on health status or hormonal treatment after

The clinical status was stable with no gynecological also local effects (inflammation of haemorrhoids, fissures or urogenital dystrophy).

In both groups at 12 months rechecking to confirm the therapeutic benefits of treatment carried out but all patients need to be able to make calls under medical treatment for fear of losing to the overall benefit obtained, though stable in time!

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

This is a "general resentment energy", a background tone of psycho-physical well-being which has nothing to do with the psychological but rather with a kind of improvement an endurance psycho-physical and metabolic causes the therapeutic proposal continue with only two cycles of three months between October and December and between April and June data are being developed long-term data.

CONCLUSIONS => The SAT-Therapy® is therefore placed in the light of our clinical and psychophysical data as a valid proposal and choice in the general treatment of menopausal syndromes. Even under the compliance of patients.