

Kelley Chiropractic Center, LLC

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Pre and Post Questionnaire and Pre and Post Blood Study of n-fuzed Estro-Fem and Its Effects on Symptoms of Low Progesterone and Low Blood Levels of Progesterone

Introduction

Normally, estrogen is balanced with other hormones such as progesterone in women and testosterone in men. This balance must be maintained for proper metabolic functions. When hormones become unbalanced, dis-orders and dis-eases occur.

Aging, anabolic steroids, birth control pills, hormone replacement therapy (HRT), and hormones in meats and dairy products combine to create an estrogen overload. In addition, everyone is exposed to a myriad of estrogenic chemicals every day. These chemicals, called xenoestrogens (pronounced zenoestrogens), are capable of mimicking estrogen.

It is almost impossible to avoid xenoestrogens. They are found in the air, in food and in water. They are often in the exhaust fumes from cars and trucks. And, they are in detergents, paints, nail polishes, lotions, soaps and plastics. The highest sources for these estrogen mimics are fungicides, herbicides, pesticides, petroleum based products, plastics, and industrial pollutants.

As women age they begin to produce less progesterone, their estrogen-balancing hormone. They also convert more of their naturally occurring androgens (male hormones – yes, women have male hormones and men have female hormones) to estrogen.

Besides balancing estrogen, progesterone helps in numerous other ways. It keeps blood clotting at normal levels; helps produce stronger bones; protects against some cancers; helps the body use fats better; elevates moods; boosts sex drive; helps keep blood sugar normal; and assists thyroid hormone function.

Menopause is a normal change in a woman's life when her menses (frequently referred to as "periods") have ceased for twelve months. Common phrases to describe this time include "Change of Life" and "The Change." Menopause typically occurs between the ages of forty-five and fifty-five. The average age for the onset of menopause in the United States is fifty-two. Symptoms may last two to five years and, in some individuals, much longer.

Symptoms associated with menopause can, and often do, begin much earlier. This is referred to as pre-menopause and may begin as soon as age forty. Peri-menopause usually occurs between the ages of forty-five to forty-nine when estrogen hormone levels are fluctuating wildly.

Some of the most common symptoms of menopause are the same as those of excess estrogen such as fatigue, dry skin, dry eyes, hot flashes, water retention, bloating, memory loss, mood swings, night sweats, sleep disorders and vaginal dryness.

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Hypothesis

n-fuzed Estro-Fem, an all-natural combination of hot-water-extracted Korean herbs *Angelica gigas*, *Cynanchum wilfordii* and *Phlomis umbrosa*, potentiated with a proprietary process to "n-fuze" their electromagnetic properties into the crystalline structure of water, will lessen symptoms of estrogen excess and low progesterone and will decrease blood levels of estrogen, increase blood levels of progesterone and increase the ratio of progesterone to estradiol in the blood.

NOTE: These herbs were chosen because they have been shown, in clinical trials, to be effective and safe for use in pre-menopausal, peri-menopausal and menopausal women without increasing body weight or blood levels of estradiol.

NOTE: The "n-fuzion" process has a potentiating effect on the medicinal properties of the herbal botanicals.

Equipment

1. Five Instruction Sheets for completing the Pre and Post Questionnaire and the Pre and Post Blood Studies (Copy Available upon Request).
2. Ten Female Pre and Post Questionnaires (Copy Available upon Request).
3. Ten bottles of water n-fuzed Estro-Fem containing herbal extracts of *Angelica gigas*, *Cynanchum wilfordii* and *Phlomis umbrosa*.
4. Ten home blood spot test kits from ZRT Labs, Beaverton, Oregon.
5. Five female volunteers within ages susceptible to menopause symptoms.

Procedure

1. All participants completed the Pre Questionnaire (Identical to the Post Questionnaire). The questions were compiled within the following categories: Fatigue, General, Hair, Hormonal, Mental/Emotional, Muscles/Bones/Joints, Pain, Skin, Sleep, Temperature, Urination, Weight Gain and Other. Each question within each category required circling a number from zero to ten. Zero was selected if there was never a problem with this particular sign or symptom. Ten was selected if the sign or symptom was constant and at its worst. The numbers two to nine were selected for each sign or symptom to indicate increasingly significant, problematic gradients between one and nine.
2. Two of the participants collected and submitted a blood sample to ZRT Labs for testing blood levels of Estradiol, Progesterone and the ratio of Progesterone to Estradiol.
3. Each participant was instructed to consume one teaspoon of n-fuzed Estro-Fem mid-morning, one teaspoon mid-afternoon and one teaspoon before bed each day.

NOTE: Because of difficulties in compliance, this was modified, when necessary, to one

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tablespoon prior to bed or upon arising or mid-morning or mid-afternoon.

Procedure (Cont'd)

4. After completely finishing two bottles of n-fuzed Estro-Fem, each participant completed the Post Questionnaire (Identical to the Pre Questionnaire).

5. Also, upon completion of two bottles of n-fuzed Estro-Fem, two participants collected and submitted a blood sample to ZRT Labs for evaluation of Estradiol, Progesterone and the ratio of Progesterone to Estradiol.

Findings

Of the five participants, three completed just Pre and Post Questionnaires. Two completed Pre and Post Questionnaires as well as Pre and Post Blood Studies. All Pre and Post Questionnaire responses were recorded and tabulated in spread sheets (Copies with Explanations of Abbreviations Available upon Request).

On each individual's spread sheet, the numerical responses to the questions in each category were totaled. A percentage was calculated between the responses provided to each question in each category and a maximum of ten for each question in each category. For example, participant R. G.'s total responses in the General category were forty-three. The total possible for the seven questions in this category is seventy. The calculation of her General category percent was forty-three divided by seventy times one hundred or 61%.

In comparing the Pre to Post Questionnaires, if the total of the responses to the Post questions were numerically less than the total of the responses to the Pre questions, these lesser Post percentages were interpreted as positive, signifying improvement, with a decrease in severity and intensity, for each category where they occur. If the Post percentages were more than the Pre percentages, a negative percent change resulted and was interpreted as a worsening of signs and symptoms for each category where they occur. All positive and negative changes were totaled for each participant to provide their results for Total Category Changes.

The Pre to Post % Change was calculated by subtracting the Post % Change from the Pre % Change, dividing the result by the Pre % Change and multiplying by 100. The Blood Study results are self-explanatory.

Of the five participants, all showed positive improvements between their Pre and Post Questionnaires Total Category Changes, Pre to Post Total Changes and Pre to Post Percent Changes. Results for the two who completed the Pre and Post Blood Studies demonstrated decreases in Estradiol, increases in Progesterone and increases in the Progesterone to Estradiol ratios.

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Findings (Cont'd)

Summary of Results of the Pre & Post Questionnaires and Pre & Post Blood Studies (Copies of Spread Sheets Available upon Request)

Pre and Post Questionnaires Estradiol, Progesterone & Pg/E2 Blood Studies

Subject	Total Category Change	Pre to Post % Change Changes	Estradiol < 10 – 49	Progesterone < 0.1 – 0.8	Pg/E2 Ratio 100 – 500
A. B.	163 %	47 %			
B. S.	156 %	32 %			
M. H.	215 %	44 %			
N. L.	117 %	29 %	35 -> 24 = 31%	0.2 -> 0.3 = 1.5X	5.7 -> 12 = 2.1X
R. G.	683 %	75 %	40 -> 16 = 60%	0.1 -> 1.6 = 16X	3 -> 100 = 40X
Mean:	267 %	45 %	46%	+ 9X	+ 21X

Conclusion

Between the Pre and Post Questionnaires, the average Total Category improvement for the six participants is + 267 %. The average Pre to Post Percent Change is + 45 %. The average decrease in blood levels of Estradiol is 46%. The average increase in blood levels of Progesterone is 9 X or 900%. The average increase of the Progesterone to Estradiol ratio in the blood is 21 X or 2100%.

The results of this study confirm the Hypothesis: n-fuzed Estro-Fem, an all-natural combination of hot-water-extracted Korean herbs *Angelica gigas*, *Cynanchum wilfordii* and *Phlomis umbrosa*, potentiated with a proprietary process to "n-fuze" their electromagnetic properties into the crystalline structure of water, will lessen symptoms of estrogen excess and low progesterone and will lower blood levels of estradiol, increase blood levels of progesterone and increase the ratio of progesterone to estradiol in the blood.

Given the clinically proven safety and efficacy of the herbs in this formula and the proprietary n-fuzion process to potentiate their effects, n-fuzed Estro-Fem provides a safe and effective natural alternative for relieving premenopausal, peri-menopausal and menopausal signs and symptoms and improving blood levels and balance of estrogen and progesterone.

Note: All participants in this study requested notification when this product would be available for purchase.