

Estrovera™

Featuring ERr 731®

Menopausal hot flash relief

During menopausal transition, many women experience a variety of symptoms, including hot flashes. Hot flashes may interrupt sleep patterns and produce fatigue, anxiety, and mental and physical exhaustion. Nearly 80% of women in Western countries suffer from hot flashes, with 30% reporting hot flashes severe and frequent enough to affect quality of life.¹

Conventional treatment for menopausal symptoms sometimes involves hormone therapy (HT). However, many women are either hesitant to consider HT or are not candidates due to a number of health concerns associated with long-term use of HT.^{1,2}

The Journal of the American Medical Association (JAMA) recently published findings that reveal plant-based therapies to be associated with the reduction of the frequency of hot flashes—offering many individuals a non-hormonal option for the management of uncomfortable symptoms associated with the menopausal transition. The *JAMA* study included the assessment of the extract of a Siberian rhubarb (*Rheum rhaponticum* L.) root, known in scientific literature as ERr 731®—the key ingredient in Estrovera.

In addition, *Integrative Medicine: A Clinician's Journal (IMC)* published results from a comprehensive post-marketing and customer complaints survey, which confirm the safety—with minimal adverse events reported—of ERr 731® as a non-hormonal alternative therapy for the relief of common symptoms of menopause.

ERr 731® has been recommended by healthcare professionals in Europe since 1993 for menopausal symptoms. Estrovera, featuring ERr 731®, provides safe, non-hormonal menopausal hot flash relief that performs as well as low-dose HT.³

Why ERr 731®?

- Clinically shown to reduce the number of daily menopausal hot flashes for women during menopausal transition³
- Clinically demonstrated to relieve a wide range of other menopausal symptoms⁴
- Excellent safety profile supported by 2 years of clinical testing in perimenopausal women⁴
- Clinically effective dose in just 1 Estrovera tablet daily



Form: 30 Tablets, 90 Tablets

Recommended Use: Contains clinically-studied ERr 731® to help relieve hot flashes associated with menopause.

Recommended Dose: Adults take one tablet with food and a glass of water once daily at the same time of day or as directed by your healthcare practitioner.

Medicinal Ingredients:	Each tablet contains:
Rhapontic Rhubarb	4 mg
(<i>Rheum rhaponticum</i> , root) ERr 731®	

Non-Medicinal Ingredients: Cellulose, stearic acid (veg.), croscarmellose sodium, silicon dioxide, and enteric coating (ethyl cellulose, ammonium hydroxide, hydroxypropylmethylcellulose, hydroxypropylcellulose, medium chain triglycerides, sodium alginate, oleic acid, and stearic acid [veg]).

Caution: Do not use if pregnant or breastfeeding. If taking other medications, consult your healthcare practitioner before use.

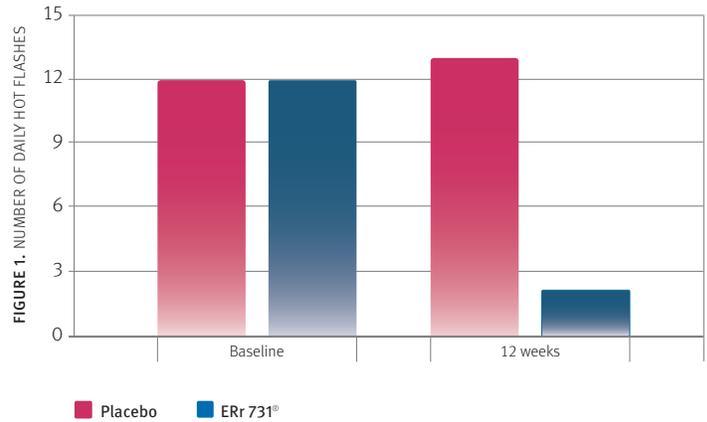
This product is gluten free and vegetarian.

Scientific Rationale

JAMA recently published a systematic review and meta-analysis that investigated the association between plant-based therapies and improvements in menopausal symptoms. In this article, ERr 731[®] was found to be associated with the reduction of hot flashes.⁴

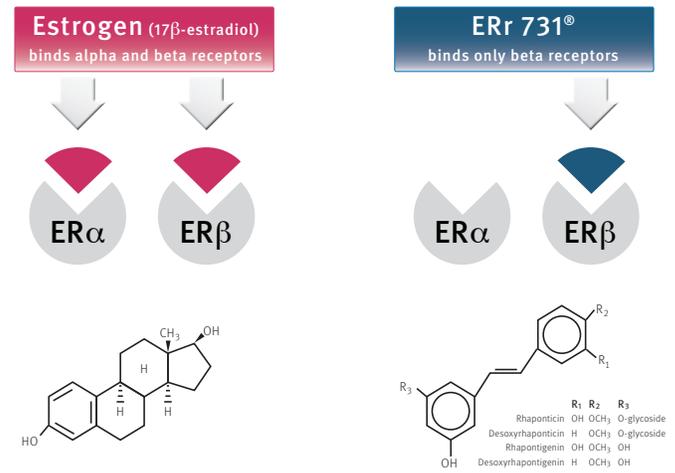
In 2 multicenter, placebo-controlled, randomised trials in perimenopausal women, ERr 731[®] significantly reduced menopausal symptoms as determined by the Menopause Rating Scale (MRS) total score. Also factored into the study results are daily recorded hot flash frequency (**Figure 1**) as well as other quality-of-life assessments.⁵⁻⁷ Long-term efficacy and safety of ERr 731[®] has been reported in a 2-year observational clinical study (**Figure 2**) and a 6-month open-label clinical evaluation. Furthermore, data from a comprehensive post-marketing surveillance and consumer complaints indicated that ERr 731[®] was safe for most consumers, as the incidence of adverse events was very low.⁸

The clinical benefits of ERr 731[®] appear to be related to selective binding of Estrogen Receptor (ER) β and lack of affinity to ER α (**Figure 3**).¹⁰⁻¹⁴

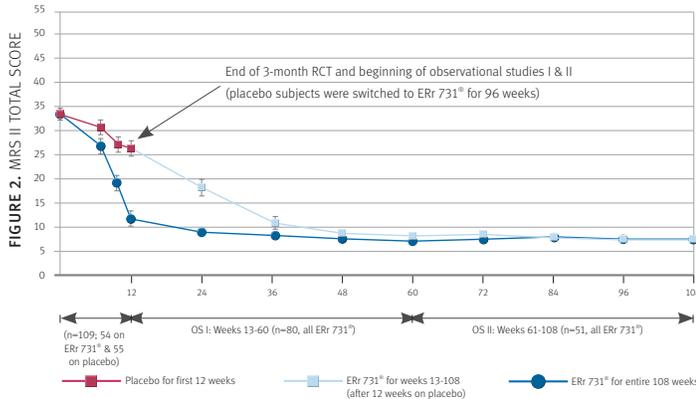


(Figure 1)

The clinical benefits of ERr 731[®] appear to be related to selective binding of Estrogen Receptor (ER) β and lack of affinity to ER α (**Figure 3**).¹⁰⁻¹⁴



(Figure 3)



(Figure 2)

References

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