



SYNERGETIC

The Missing Link in Women's Hormonal Health: Detoxification & Drainage

Moving beyond a symptom-focused approach towards a framework for exploring factors that may contribute to common hormonal presentations in clinical practice.

Synergetic Botanicals | synergeticbotanicals.co.uk

Meet Your Presenters



Sonia O'Donnell

Sonia is a homeopath and naturopath with over twenty years of experience. Her work blends naturopathic diagnostics with herbal medicine, a combined approach that has supported thousands of people with ME, CFS, chronic Lyme and complex childhood needs. Through her experience, she has built a clinic model enabling her to see hundreds of patients without burning out, and developed a successful product range of herbal formulas called Synergetic Botanicals and teaches widely on using naturopathic medicines for everyday health.



Izzy Seadon

Izzy is a nutritional therapist, herbalist, naturopath, and kinesiologist specialising in women's health and complex hormonal presentations. Her work focuses on identifying and addressing deeper drivers of hormonal imbalance, integrating nutrition, herbs and other naturopathic principles and therapeutics. Izzy is known for her layered, systems-based approach that prioritises treating the individual, helping practitioners and clients through a root cause framework grounded in science and aligned with traditional healing principles.

What We'll Cover Today



The Clinical Reality

Why hormonal symptoms are rarely just a hormone problem



Common Upstream Drivers

The root causes consistently behind hormonal presentations



Detoxification & Drainage

The difference, why it matters, and what goes wrong



Getting to the Root Cause

A practical framework for clinical prioritisation



Naturopathic Tools & Botanicals

Where herbs and drainage support fit in



Case Studies

Applying the framework in real clinical scenarios



The Clinical Reality

In practice, we encounter a familiar constellation of complaints including:

Menstrual Symptoms

PMS, PMDD, heavy and/or painful periods, cycle irregularity, spotting

Peri/Menopausal Patterns

Hot flashes, night sweats, mood instability, vaginal dryness, brain fog, fatigue, sleep disturbance

Systemic Presentations

Fatigue or burnout, weight changes, blood sugar instability, low libido, low stress tolerance, sleep disruption, fertility issues, thyroid issues

Peripheral Presentations

Acne, hair loss, skin rashes, headaches or migraines, histamine-type symptoms (itching, flushing), breast tenderness, inflammation



Evidence Considerations

This presentation combines established evidence from areas including:

- HPA axis function and stress physiology
- Menopause and reproductive endocrinology
- Gut microbiome–hormone interactions
- Nutritional influences on hormonal health

It also explores emerging areas of research, including:

- Environmental toxicology
- Endocrine-disrupting chemicals
- Toxic burden
- Histamine and immune-hormone interactions

Hormonal symptoms are multifactorial, and not all contributors discussed have equal levels of evidence. This framework is intended to support clinical reasoning and hypothesis generation rather than establish causation.

The Problem with Hormone-Centric Thinking

The Conventional Pattern

- Focus narrows to key hormones such as oestrogen, progesterone, testosterone, thyroid, insulin and cortisol.
- Protocols are layered to "correct" hormone levels based on testing.
- Temporary improvement may be achieved and symptoms can be suppressed, but longer-term results are not always seen.
- Protocols grow increasingly complex over time - end up playing 'whack-a-mole' with symptoms
- Herbs/supplements used to modulate hormones, liver and gut pathways e.g. Vitex [1] or DIM [2, 5] .

The Deeper Issue

When we focus exclusively on hormones as the target, we risk treating the end point rather than the driver.

We are taught that symptoms are a sign that the body is under stress but forget that hormone imbalance is part of that too.

Dysfunctional hormone imbalance may not be the origin of the problem, rather a reflection of it.

There are lots of strategies to address symptoms but...

...if one symptom resolves, and another one occurs, the underlying driver may not yet have been identified.

Clinical framework based on practitioner experience.

[1] Shaw et al. Cochrane Database Syst Rev. 2018, [2] Newman & Smeaton. Menopause. 2025 [5] Godínez-Martínez et al. Nutr Cancer. 2023

What We Could Be Seeing

These presentations are better understood as **patterns of system imbalance** rather than isolated hormonal defects. Each symptom can provide information about which physiological systems are under strain.

Drivers:

- Impaired detoxification [3]
- Gut dysbiosis [4]
- Histamine excess / mast cell activation [7]
- HPA axis dysregulation [8, 80]
- Thyroid dysfunction [9]
- Hypo/hyperglycemia [10]
- Mitochondrial dysfunction [11]

Potential Upstream Contributors:

Load

Heavy metals [13] • Chemicals [6] • Pathogen burden [12, 14] Dietary triggers [15] • Possible environmental exposures (e.g. pollutants, occupational exposures) [16]

Processing & Drainage

Impaired bile flow [17,18] • Gut-liver dysfunction [3,4, 32] • Toxic load on shared detoxification pathways [19,20]

Regulation

Chronic stress / HPA axis dysregulation [21,23,46,80]• Inflammation [25] • ANS dysregulation [26]

Depletion

Nutrient depletion [27] • Sleep deprivation and circadian disruption [28,29]

Evidence strength varies between contributors. Some are supported by human clinical studies, while others are informed by mechanistic, toxicological or observational research.

[3]Tsuchiya et al. *Cancer Lett.* 2005 **seminal**, [4]Baker et al. *Maturitas.* 2017,[6]Yilmaz et al. *Rev Endocr Metab Disord.* 2020, [7]Schnedl et al. *Intest Res.* 2019, [8]Kalantaridou et al. *J Reprod Immunol.* 2004 **seminal** [9]Silva et al. *Biol Reprod.* 2018 [10]Karakas. *J Clin Med.* 2023 [11]Cecchino et al. *Reprod Biomed Online.* 2018 [12]Hasballa et al. *Int J Mol Sci.* 2023 [13]Or Koca. *Turk J Med Sci.* 2025 [14]Farsimadan & Motamedifar. *Br J Biomed Sci.* 2021 [15]Ahmad & Benor. *Cureus.* 2025 [16]DeNicola et al. *Int J Gynaecol Obstet.* 2025 [17]Hu et al. *Gut Microbes.* 2023 [18]Kwa et al. *J Natl Cancer Inst.* 2016 [19]Hodges & Minich. *J Nutr Metab.* 2015 [20]Ali et al. *Front Pharmacol.* 2025 [21]Klusmann et al. *Front Neuroendocrinol.* 2022 [22]Berga & Loucks. *Ann N Y Acad Sci.* 2006 **seminal** [23]Mastorakos et al. *Pediatr Endocrinol Rev.* 2006 **seminal** [24]Smith & Vale. *Dialogues Clin Neurosci.* 2006 **seminal** [25]Bansal et al. *Cureus.* 2025 [26]Yu et al. *Front Endocrinol.* 2024[27]Shukla & Shrivastava. *Cureus.* 2024 [28]Hu et al. *SSM Popul Health.* 2023 [29]Beroukhim et al. *Reprod Biol Endocrinol.* 2022 [46]Berga & Loucks. *Minerva Ginecol.* 2005 **seminal**, [80] Joseph & Whirledge. *Int J Mol Sci.* 2017



Reframing Hormones

Hormonal output is regulated by and responsive to multiple physiological systems. Altered hormone levels may in some cases reflect adaptive responses to upstream stressors including toxic load, impaired elimination, nervous system dysregulation and nutrient depletion rather than representing a primary hormonal defect.



Toxicity

Heavy metals and chemicals may act as endocrine disruptors, interfering with hormone receptor binding, steroidogenesis and hepatic detoxification pathways. [6, 13, 30,31]



Drainage & Detoxification

Impaired hepatic and gut elimination pathways may reduce efficient clearance of both exogenous compounds and endogenous hormone metabolites, promoting recirculation. [17, 18, 19]



Regulation

Chronic toxic load and impaired elimination sustain systemic inflammation, which in turn disrupts HPA axis function and steroidogenesis. Cortisol dysregulation secondary to HPA axis dysfunction can further impair blood sugar regulation and stress resilience. [24, 26, 33, 34]



Deficiency

Deficiencies in zinc, magnesium, selenium and B vitamins impair steroidogenesis and detoxification enzyme function, as these nutrients serve as essential biochemical cofactors [35, 36]. Physical inactivity and sleep insufficiency amplify hormonal dysregulation through their effects on insulin resistance, inflammation and circadian disruption of the HPG axis. [28, 29]

[6]Yilmaz et al. *Rev Endocr Metab Disord*. 2020, [13]Or Koca. *Turk J Med Sci*. 2025, [17]Hu et al. *Gut Microbes*. 2023, [18]Kwa et al. *J Natl Cancer Inst*. 2016, [19]Hodges & Minich. *J Nutr Metab*. 2015, [24]Smith & Vale. *Dialogues Clin Neurosci*. 2006, [26]Yu et al. *Front Endocrinol*. 2024, [28]Hu et al. *SSM Popul Health*. 2023 [29]Beroukhim et al. *Reprod Biol Endocrinol*. 2022 [33]Barber et al. *Clin Med (Lond)*. 2015 [34]Janssen. *Int J Mol Sci*. 2022, [35]Natarajan et al. *Front Endocrinol*. 2026 [36]Kerr & Booth. *Trends Endocrinol Metab*. 2022

Finding the Dominant Driver

Two clients may present with exactly the same diagnosis:

- PMS or PMDD
- hormonal acne
- weight gain
- period pain or endometriosis
- PCOS / PMOS
- cycle irregularities
- menopause symptoms

but the dominant driver for each client you see may be completely different.

The Clinical Task Is To Identify:

WHAT IS REALLY DRIVING THIS CLIENT'S HORMONE PRESENTATION?

WHICH SYSTEM APPEARS TO BE UNDER THE GREATEST STRAIN?

WHAT MAY BE SUSTAINING THE SYMPTOMS?

WHAT SHOULD BE PRIORITISED FIRST?

Which driver is most dominant?

- Regulation
- Processing (drainage & detox)
- Load (toxins & pathogens)
- Depletion (deficiency)

Why This Matters

Hormonal symptoms are often not the only factor requiring consideration.

Without identifying the dominant driver, practitioners might:

- chase symptoms
- increase reactivity
- overwhelm the client
- miss the systems under greatest strain
- struggle to create lasting improvement

 A diagnosis tells us what is happening. The wider symptom pattern helps us understand why.

The driver categories represent a clinical framework used by Synergetic to organise complex cases.

Same Symptom, Different Drivers

A single presenting symptom may arise from multiple distinct mechanisms. Failing to differentiate may lead to generic treatment and increase the likelihood of symptom recurrence. The table below illustrates this clinical reality.

Symptom	Potential Upstream Drivers
Hot Flushes	Regulation (adrenals, hypothalamus 21) · Toxicity (histamine 39,40)
PMS	Drainage (liver, gut 17,18) · Load (inflammation 25, chemicals 43)
Acne	Toxicity (androgens 38, toxins 42) · Drainage (gut 41) · Regulation (blood sugar 37,38)
Fatigue	Regulation (HPA axis 24) · Deficiency (nutrients 45) · Drainage (chemicals 44)
Irregular Cycles	Drainage (gut–hormone axis 17, 41) · Regulation (HPA axis 46) · Deficiency (nutrients 47)

Examples only. Associations do not imply causation.

[17] Hu et al. *Gut Microbes*. 2023, [18] Kwa et al. *J Natl Cancer Inst*. 2016, [21] Klusmann et al. *Front Neuroendocrinol*. 2022, [24] Smith & Vale. *Dialogues Clin Neurosci*. 2006, [25] Bansal et al. *Cureus*. 2025, [37] Gruszczńska et al. *Biomedicines*. 2023 [38]Telkkälä et al. *Health Sci Rep*. 2025, [39] Maintz & Novak. *Am J Clin Nutr*. 2007 [40]Comas-Basté et al. *Biomolecules*. 2020, [41]Wu et al. *Front Microbiol*. 2024 [42]Rao et al. *Cells*. 2021, [43]Park et al. *Int J Womens Health*. 2022 [44]Zhang et al. *Toxics*. 2025, [45]Tardy et al. *Nutrients*. 2020, [46]Berga & Loucks. *Minerva Ginecol*. 2005 , [47]Kapper et al. *Nutrients*. 2024

Detoxification vs Drainage

 DETOXIFICATION

The biochemical transformation of toxins.

Primarily involves:

- Liver [51]
- Gut microbiome [50]
- Kidneys [52]
- Antioxidant systems [49]
- Methylation pathways

 DRAINAGE

The physical movement and elimination of waste.

Primarily involves:

- Bile flow (*pale stools, issues with fatty foods*)
- Bowel function (*constipation, bloating*)
- Lymphatics (*puffiness, oedema*)
- Kidneys (*fluid retention*)

 Detoxification generates metabolites and waste products. Elimination pathways help remove them from the body. When those pathways are compromised, symptoms may persist, hormone clearance may be less efficient, and some clients may tolerate interventions less well.

For the purposes of this presentation, "drainage" refers to physiological elimination pathways including bowel function, bile flow, renal excretion, lymphatic circulation and skin elimination.

[49]Fratta Pasini & Cominacini. *Antioxidants*. 2023, [50]Plottel & Blaser. *Cell Host Microbe*. 2011, [51]Strand. *Integr Med (Encinitas)*. 2022, [52]Phang-Lyn & Llerena. *StatPearls*. 2023



Clinical Factors That May Influence Tolerance to Detoxification Approaches

Understanding where protocols break down is as important as knowing how to build them.

Preparation Errors

Detox Before Drainage

Headaches, fatigue, skin flares, worsening symptoms, increased sensitivity after starting treatment. Toxins can be mobilised faster than they are able to be eliminated.

Missing a Binder

Symptoms intensify despite drainage support. Clients often report feeling "toxic", foggy or unwell when burden is mobilised but not adequately bound and removed.

Elimination Gaps

Ignoring Bowel Function

Constipation, bloating and symptom plateaus. Hormones and toxins may be reabsorbed rather than eliminated [64].

Missing Nervous System Regulation

Poor tolerance to protocols, digestive dysfunction, reduced bile flow and slower elimination [54]. Stress physiology can keep the system in survival mode.

Clinical Missteps

Treating the Wrong Driver

Hormone protocols sometimes provide only temporary improvement if other upstream drivers remain unaddressed.

Too Much, Too Soon

Sensitive clients may flare, become overwhelmed and lose confidence in treatment. More intervention is not always better intervention.

 When detoxification fails, consider whether the issue is poor drainage, inadequate binding, nervous system dysregulation, impaired elimination, or failure to identify the dominant driver.

Protocol observations reflect naturopathic clinical experience. The physiological principles underlying elimination pathway function are referenced above. These observations have not been evaluated in controlled trials.

[54]Leigh et al. *J Physiol*. 2023, [64]Benagiano et al. *J Steroid Biochem Mol Biol*. 2026

Period Pain & Candida

Presentation & Findings

- 34 year old woman wanting to stay off OCP
- Severe dysmenorrhoea with limited response to anti-inflammatory support
- Hormone-focused interventions produced only limited improvement.
- Chronic bloating and digestive irregularity
- Itchy, thrush like symptoms — often cyclically timed with the luteal phase
- Candida markers on stool and vaginal microbiome test

Approach & Outcome

Focused on supporting digestion - targeted antifungal support alongside gut repair

Reduction of dietary inflammatory triggers and pelvic decongestant strategies.

Bowel flora restoration and mucosal integrity support

Outcome: Marked reduction in menstrual pain; improved digestion and resolution of recurrent thrush

Case study. Individual outcomes cannot be generalised



Sample Protocol: Period Pain & Candida

An example phased approach — beginning with symptom relief and digestive support, before introducing antifungal intervention once the gut is ready.

PHASE 1

Early Relief + Digestive Support

Weeks 1–3

- Hello Hormones capsules — 1 capsule, twice daily
- Hello Digestion capsules — 1 capsule, twice daily (with meals)

PHASE 2

Gut Repair then Antifungal

Weeks 3–6

- Hello Hormones capsules — 1 capsule, twice daily
- Hello Digestion capsules — 1 capsule, twice daily (with meals)
- SB Nerve & Gut powder — 1 tsp twice daily
- SB Myco tincture — 10–15 drops twice daily (introduce after gut repair has started)

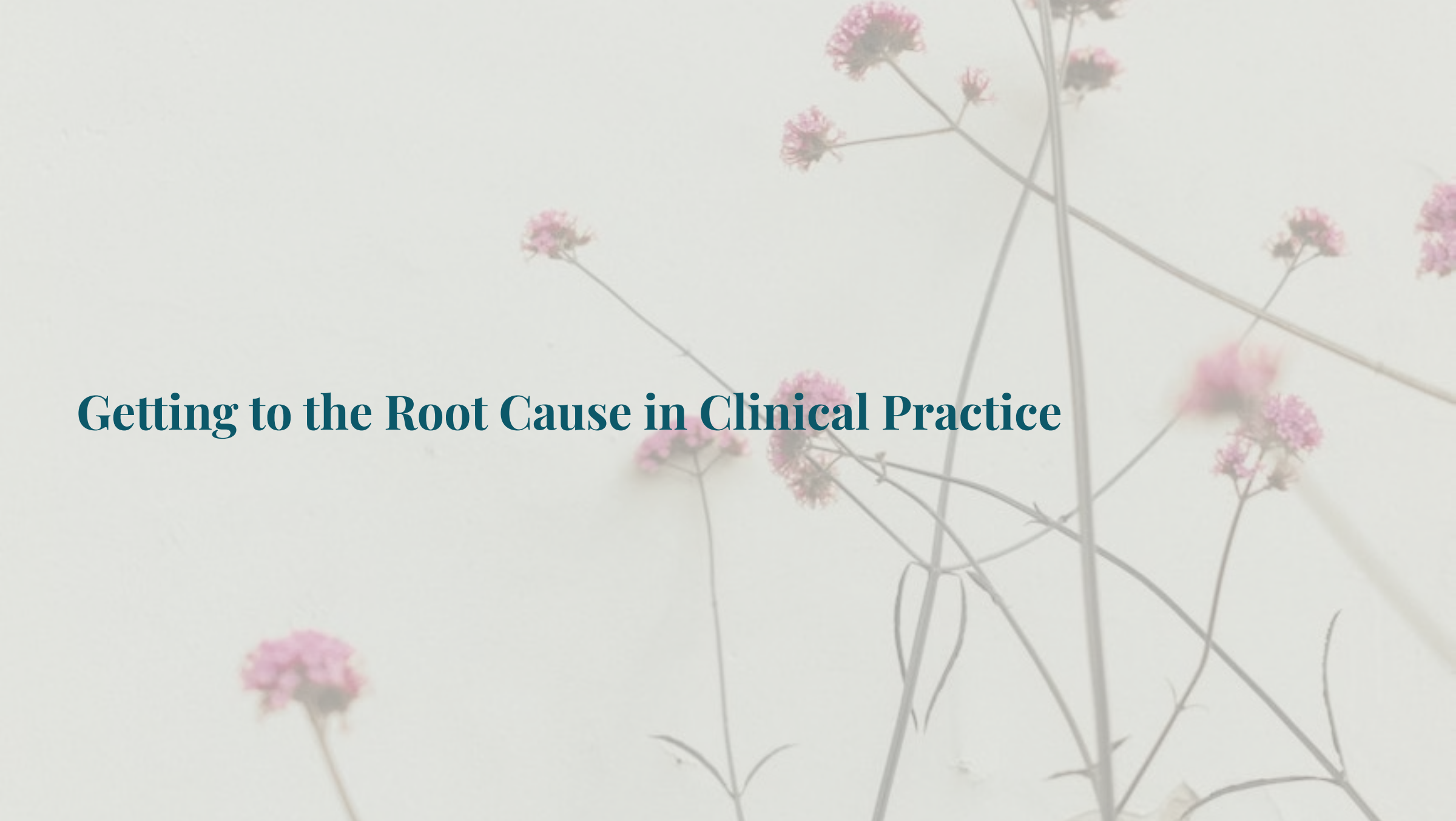
PHASE 3

Consolidate + Maintain

Weeks 6+

- Continue Hello Hormones capsules — 1 capsule, twice daily
- Continue Hello Digestion capsules — 1 capsule, twice daily (with meals)

Example protocol for practitioner discussion. Individualisation required.

The background of the slide features a soft-focus photograph of several thin, dark stems with small, vibrant pink flowers. The stems are scattered across the frame, creating a delicate and organic pattern. The overall tone is light and airy, with the pink of the flowers providing a gentle contrast to the pale background.

Getting to the Root Cause in Clinical Practice

How Do We Prioritise?

In complex multi-driver presentations, attempting to address everything simultaneously can sometimes reduce efficacy and increase patient burden. **Prioritisation is a clinical skill.**



What is the dominant driver?

Which bucket — **Drainage, Processing, Toxicity or Depletion** — is most active? Where is the system most overwhelmed?



What is blocking elimination?

Are drainage pathways open and functional? Is aggressive intervention likely to mobilise burden faster than it can be cleared? Some clients do not need stronger detoxification, they need better drainage. [17,64]



What needs stabilising first?

Is the nervous system regulated enough to support deeper work? Instability here can undermine downstream interventions. [54]

The Guiding Principle

A simpler, well-sequenced protocol will often outperform a comprehensive but poorly ordered one. Avoid the temptation to treat every driver at once.

When response is poor, the answer is usually not *more* — it is *clearer*.

📌 **Clinical pearl:** Clarity comes from prioritisation, not complexity.

The clinical framework used by Synergetic to organise complex cases and the physiological principles of elimination pathway function referenced above.

[17] Hu et al. *Gut Microbes*. 2023 · [54] Leigh et al. *J Physiol*. 2023 · [64] Benagiano et al. *J Steroid Biochem Mol Biol*. 2026

Clinical Decision Pathway

Simplify every case by asking the right questions in the right order.



Phase 1: Stabilise First

Sleep, anxiety, fatigue → support adrenals before targeting hormones. The foundation often needs to be in place before anything else will hold. [21, 22]



Phase 2: Open Drainage

Open and optimise elimination pathways. If gut function is impaired, progress can be limited. [17, 64]

Ensure the body has the capacity to process what is mobilised in Phase 3.



Phase 3- Reduce Toxic Load

Where clinically indicated, investigate and address potential environmental, microbial or toxicological contributors.



Phase 4: Target the Dominant Driver

Match the intervention to the pattern. Address hormonal imbalance with the terrain prepared. Interventions at this stage can be more effective and help to minimise symptom flaring or relapse.



If Symptoms Worsen ➤ Step Back

System overwhelmed → return to stabilise or support phase. Worsening is information, not failure.



Use Symptom Support Early

Hello Hormones / Hello Menopause can be used to support the management of symptoms while deeper work is underway.



Keep It Simple

2–3 products, well sequenced, is enough.

Complexity is rarely the answer.

Further Practitioner Resources

The Synergetic Method is designed to help practitioners move beyond symptom-led approaches and explore ways of incorporating naturopathic and herbal approaches into practice alongside your main modality.

We are currently building a growing practitioner education platform including:

- free live webinars for practitioners
- webinar recordings available through the [Synergetic.med](https://synergetic.med) practitioner platform
- practitioner-focused treatment protocols and clinical resources
- education around integrating herbs and naturopathy into practice
- webinars exploring practical naturopathic and homeopathic approaches

Supporting practitioners to explore the underlying factors influencing health and building confidence in using an integrative clinical tool kit.



Menopausal Symptoms & Lead Burden

Presentation & Findings

- 54 year old woman on HRT and SSRIs
- Persistent hot flushes unresponsive to standard protocols
- Significant fatigue and brain fog
- Poor tolerance to liver support/detox protocols — symptom flaring on initiation
- Elevated lead burden on heavy metal assessment

Approach & Outcome

Avoided aggressive chelation due to low tolerance and risk of mobilisation prior to stabilisation.

Focus on nutrients including zinc and magnesium to support enzyme function and overall resilience.

Herbs and binders used strategically to support systems

Outcome: Significant reduction in hot flush frequency and severity; improved energy and cognitive clarity.

Case study. Individual outcomes cannot be generalised.



Sample Protocol: Menopause & Lead Burden

An example phased approach to menopausal support — sequenced to stabilise first, then support detoxification and elimination pathways, before consolidating long-term.

PHASE 1

Early Relief + Stabilisation

Weeks 1–3

- Hello Menopause capsules — 1 capsule, twice daily
- Hello Energy capsules or SB Adrenal tincture — Capsules: 1 capsule, twice daily / Tincture: 10–15 drops in water, once or twice daily
- SB Fulvic tincture — 10 drops twice daily (gentle introduction)

PHASE 2

Gentle Detox + Liver Support

Weeks 3–6

- Hello Menopause capsules — 1 capsule, twice daily
- SB Digest tincture — 10–15 drops before meals
- SB Fulvic tincture — increase to 15–20 drops twice daily if tolerated

PHASE 3

Consolidate + Maintain

Weeks 6+

- Continue Hello Menopause capsules — 1 capsule, twice daily
- Continue SB Fulvic at maintenance dose — 10 drops twice daily

Example protocol for practitioner discussion. Individualisation required.

Synergetic Botanicals: A Systems-Based Approach

Synergetic Botanicals formulations are designed to work with the body's regulatory systems — using herbs that support the terrain rather than targeting isolated symptoms.

Built on Clinical Principles



Multi-System Support

Formulas are designed to support regulation, processing and load, addressing the terrain rather than isolated pathways.



Modulation, Not Override

Working with physiology rather than forcing change — supporting the body's own regulatory capacity.



Simplified Protocols

Reducing the need for multiple single-ingredient supplements — each formula is designed to do more with less.



Phase-Based Application

Aligned with the Stabilise → Support → Target sequence — formulas are designed to be introduced at the right stage of the protocol.



SYNERGETIC
Botanicals

Phase 1: Stabilise – Supporting Adrenal Regulation

Adrenal dysfunction is often an important upstream factor in hormonal presentations. Cortisol dysregulation may influence progesterone balance, cycle regularity and perimenopausal symptoms. [8, 21, 24]



HPA/HPG Axis Interplay

Chronic HPA axis activation may divert steroidogenic capacity away from progesterone synthesis, potentially contributing to oestrogen dominance patterns. [24]



Cycle regularity

HPA axis dysregulation can disrupt the hypothalamic signalling that governs LH and FSH pulsatility, contributing to irregular or anovulatory cycles. [22,23]



Perimenopausal symptoms

Adrenal dysfunction can amplify the hormonal volatility of perimenopause, worsening hot flushes, sleep disruption, and mood instability. [74, 75, 76]

Support Option

- **SB Adrenal** — contains herbs traditionally used for stress resilience and nervous system regulation [77, 78]

[8]Kalantaridou et al. *J Reprod Immunol*. 2004, [21] Klusmann et al. *Front Neuroendocrinol*. 2022, [22] Berga & Loucks. *Ann N Y Acad Sci*. 2006,[23] Mastorakos et al. *Pediatr Endocrinol Rev*. 2006, [24] Smith & Vale. *Dialogues Clin Neurosci*. 2006, [74]Lang et al. *World J Psychiatry*. 2025, [75] Whirlledge & Cidlowski. *Endocrinology*. 2013, [76] Reed et al. *Clin Endocrinol (Oxf)*. 2016, [77] Mathews et al. *Nutrients*. 2024, [78] Campos et al. *BioChem*. 2025



Phase 2: Supporting Drainage & Digestion

The gut plays a central role in hormone balance influencing oestrogen metabolism, histamine clearance, and microbiome integrity.



Oestrogen metabolism

The gut microbiome directly influences oestrogen recirculation and clearance. [64]



Histamine Regulation

Gut integrity and microbial balance affects histamine load, a key driver in hormonal sensitivity. [39,40]



Microbiome balance

Dysbiosis disrupts the terrain alters immune signalling, inflammation and hormonal regulation. [4]

Support Options

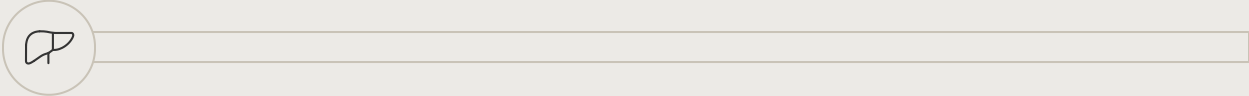
- **SB Bitters** — contains herbs traditionally used to support bile production and flow, improving hepatic and digestive clearance [71,72]
- **Hello Digestion capsules** — contains herbs traditionally used to support digestive function and microbiome balance [73]

[4] Baker et al. *Maturitas*. 2017, [39] Maintz & Novak. *Am J Clin Nutr*. 2007, [40] Comas-Basté et al. *Biomolecules*. 2020, [64] Benagiano et al. *J Steroid Biochem Mol Biol*. 2026, [71] Schütz et al. *J Ethnopharmacol*. 2006, [72] Badgujar et al. *Biomed Res Int*. 2014, [73] Kleigrew et al. *Int J Mol Sci*. 2022



Phase 3: Supporting Detoxification

To reduce symptom load, we must ensure the body can effectively process and clear what is mobilised during treatment.



Improve bile flow

Impaired bile flow may represent an overlooked factor in hormone clearance fat-soluble toxins and conjugated hormones rely on adequate bile flow for excretion. [48]



Ensure effective elimination

Bowel regularity is non-negotiable. Constipation directly increases reabsorption of cleared hormones and toxins. [64]



Support liver detoxification

The liver is the primary site of hormone metabolism. Impaired metabolism and elimination may contribute to recirculation of oestrogen and other metabolites. [3]

Support Options

- **SB Digest** — contains herbs traditionally used to support the digestive and liver function [65, 66, 67, 68]
- **SB Lymph** — contains herbs traditioanlly used to support the lymph, kidney and immune [69, 70]

[3]Tsuchiya et al. *Cancer Lett.* 2005, [48]Zhu & Conney. *Carcinogenesis.* 1998, [65]Herrera Vielma et al. *Pharmaceuticals.* 2025 [66]Pfingstgraf et al. *Antioxidants.* 2021, [67]Gillesen & Schmidt. *Adv Ther.* 2020, [68]Calderon Martinez et al. *Cureus.* 2023, [69]Montalvo-González et al. *Pharmaceuticals.* 2022, [70]Shahane et al. *Pharmaceuticals.* 2023



Phase 4: Target Symptoms While Treating Root Causes

Addressing upstream drivers takes time. Providing targeted symptom support alongside root cause treatment can help maintain momentum.



Hello Hormones

Supports hormonal balance and cycle-related symptoms [6, 61, 62, 63] during the treatment process, helping to provide symptom support while deeper drivers are being addressed.



Hello Menopause

Targeted support for perimenopausal and menopausal symptoms [58, 59, 60] helping to manage the transition while the terrain is being stabilised.

These formulas can be used alongside root cause protocols they do not replace driver-focused treatment but support the patient through the process.

- ❑ Symptom support can improve compliance and outcomes. Reducing symptom burden has been associated with improved treatment adherence in chronic condition management. [57]

[6] Yilmaz et al. *Rev Endocr Metab Disord*. 2020, [58] Bommer et al. *Adv Ther*. 2011, [59] Kanadys et al. *Nutrients*. 2021, [60] Steels et al. *Phytother Res*. 2017, [61] Schellenberg. *BMJ*. 2001, [62] Lee et al. *Nutrients*. 2020, [63] Phipps et al. *J Clin Endocrinol Metab*. 1993



Supporting Naturopathic Tools

Simple tools that support **regulation, drainage and detoxification**.



Support Pelvic Circulation

Pain, heaviness, and clotting often indicate congestion. Gentle movement, warmth, and local circulation support could help.



Castor Oil Packs

A traditional naturopathic tool used between cycles to support pelvic and hepatic circulation. Can be used 3-4 times weekly. *Direct clinical evidence is currently limited.*



Herbal Teas

Daily, gentle support for regulation nervous system calming, digestive support, and mild detox support through simple daily ritual. Guided by individual clinical presentation.



Daily Rhythm Matters

Sleep, light exposure, and regular meals can influence hormonal signalling. Circadian consistency is often an overlooked foundation of hormonal health. [79]



Encourage Lymphatic Flow

Regular movement and adequate hydration support lymphatic circulation. Dry skin brushing and rebounding are traditional naturopathic practices used to encourage flow. *Direct clinical evidence is currently limited.*



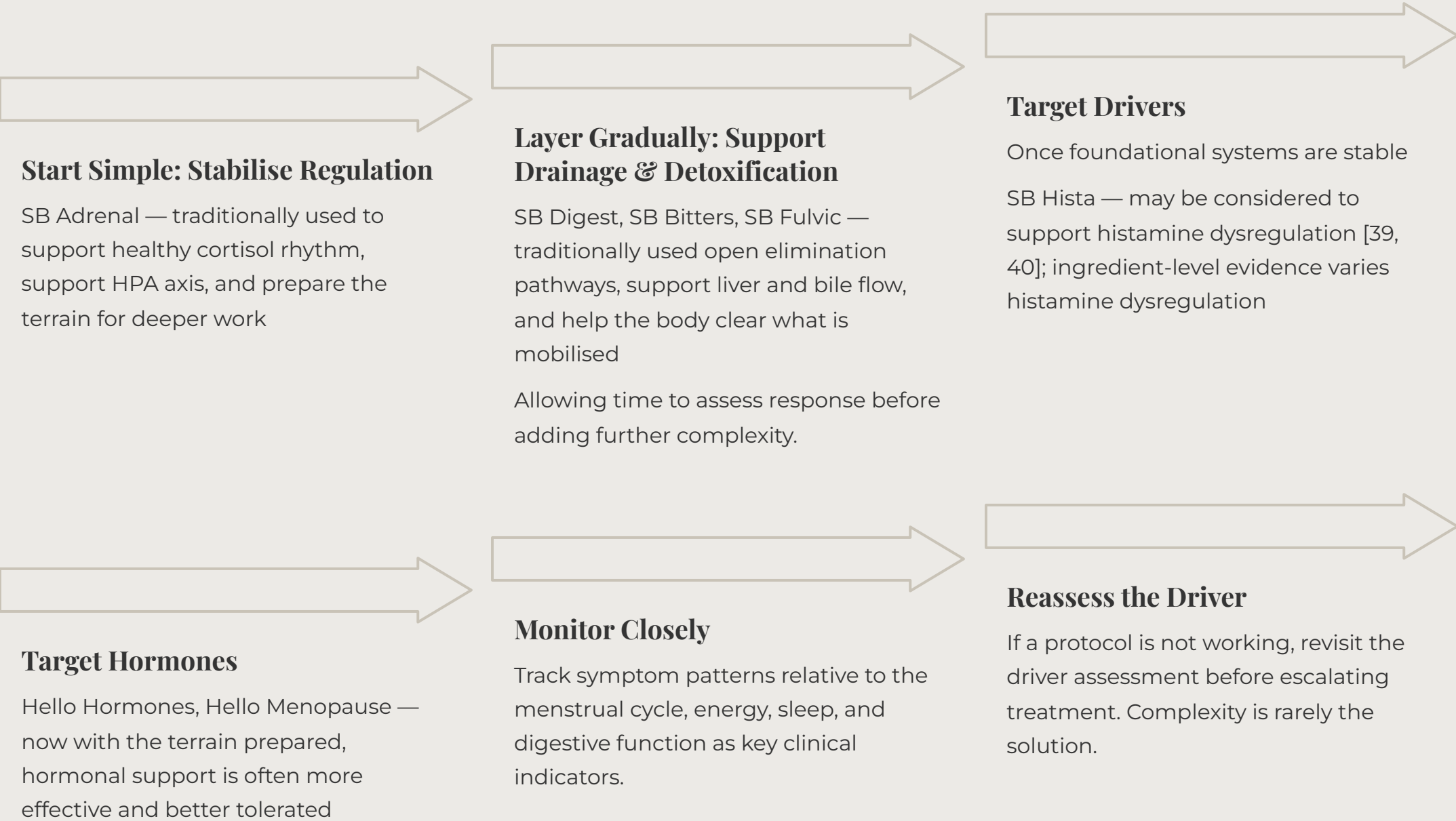
Breath & Regulation

Slow-paced breathwork has been shown to increase vagal tone and reduce sympathetic activity, supporting digestive and regulatory function. [55, 56]

Breathwork and circadian rhythm support are referenced above. Castor oil packs, dry skin brushing and rebounding are traditional naturopathic practices included for clinical context; these have not been evaluated in controlled trials.

Summary:

This sequence provides a reliable clinical structure. Each phase builds on the last — skipping steps can reduce efficacy and increases the risk of symptom flaring.



❑ The sequence matters as much as the selection. A well-ordered simple protocol often outperforms a comprehensive but poorly sequenced one.

The phased sequence represents a clinical framework developed from naturopathic principles and practitioner experience. Individual responses will vary and protocols should be adapted accordingly.

Irregular Cycles, Sleep & Stress

Presentation & Findings

- Irregular cycles with inconsistent ovulation
- Poor sleep quality — difficulty falling and staying asleep
- Anxiety and heightened stress reactivity
- Cyclical Headaches
- Other histamine-type symptoms (skin redness/flushing)

Approach & Outcome

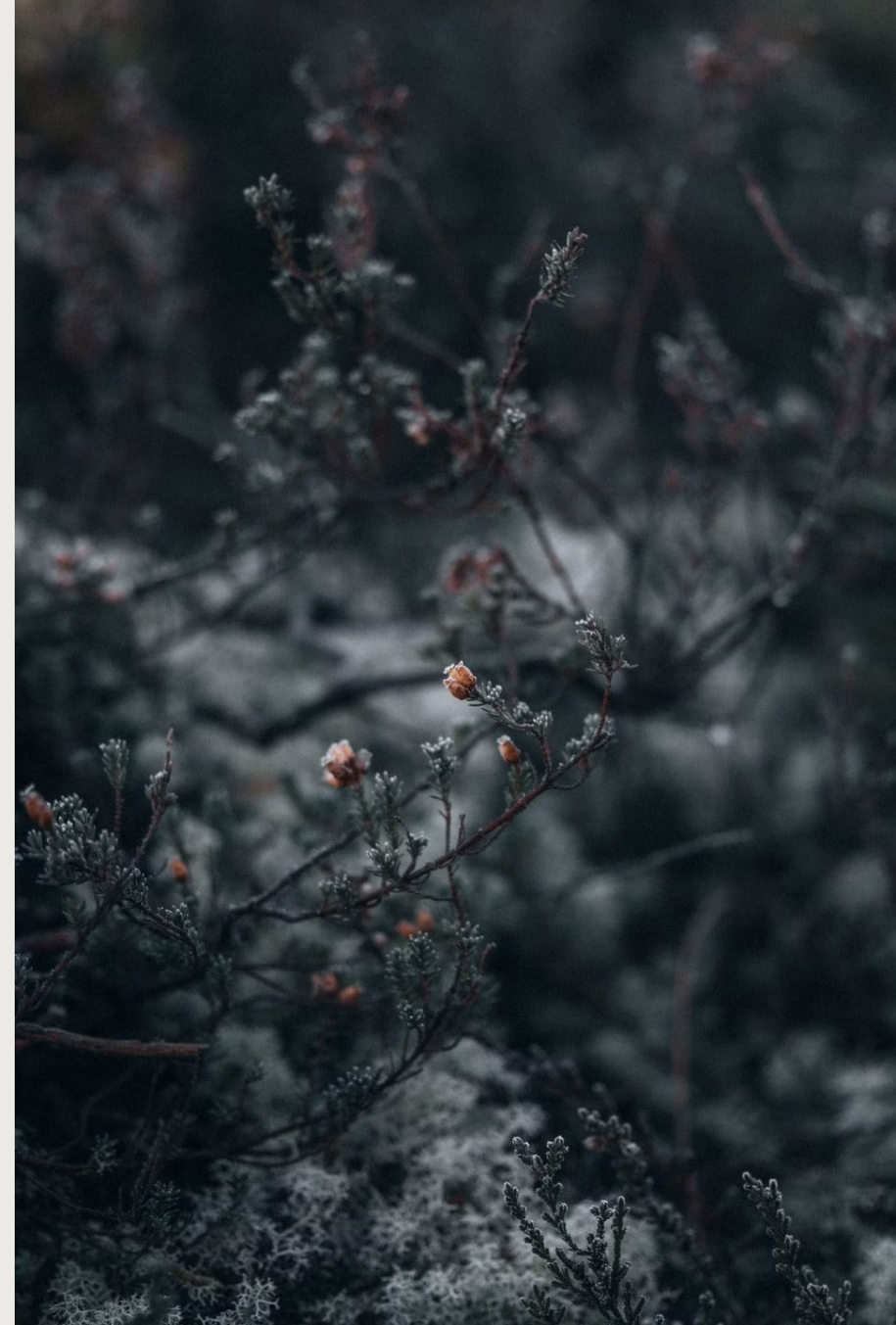
Prioritised adrenal stabilisation to support cortisol rhythm and reduce nervous system activation

Supported sleep through nervous system support

Histamine modulation to help reduce inflammation and cyclical symptom amplification

Outcome: Sleep restored with reduced anxiety and headaches. Cycle became more regular after 4 months.

Case study. Individual outcomes cannot be generalised



Sample Protocol: Irregular Cycles, Stress, Sleep & Histamine Reactivity

An example phased approach — beginning with nervous system and adrenal stabilisation, before layering in histamine support once the foundation is in place.

PHASE 1

Stabilise Nervous System + Adrenals

Weeks 1–3

- Hello Hormones capsules — 1 capsule, twice daily
- Hello Sleep capsules — 1 capsule in the evening
- Hello Energy capsules or SB Adrenal tincture — Capsules: 1 capsule, twice daily / Tincture: 10–15 drops in water, once or twice daily

PHASE 2

Continue + Add Histamine Support

Weeks 3–6

- Hello Hormones capsules — 1 capsule, twice daily
- Hello Sleep capsules — 1 capsule in the evening
- Hello Energy capsules or SB Adrenal tincture — as above
- SB Hista tincture — 10–15 drops twice daily

PHASE 3

Consolidate

Weeks 6+

- Hello Hormones capsules — 1 capsule, twice daily
- Continue SB Hista tincture for a further period as needed

Example protocol for practitioner discussion. Individualisation required.

Core Principles to Carry Forward

Hormones are downstream

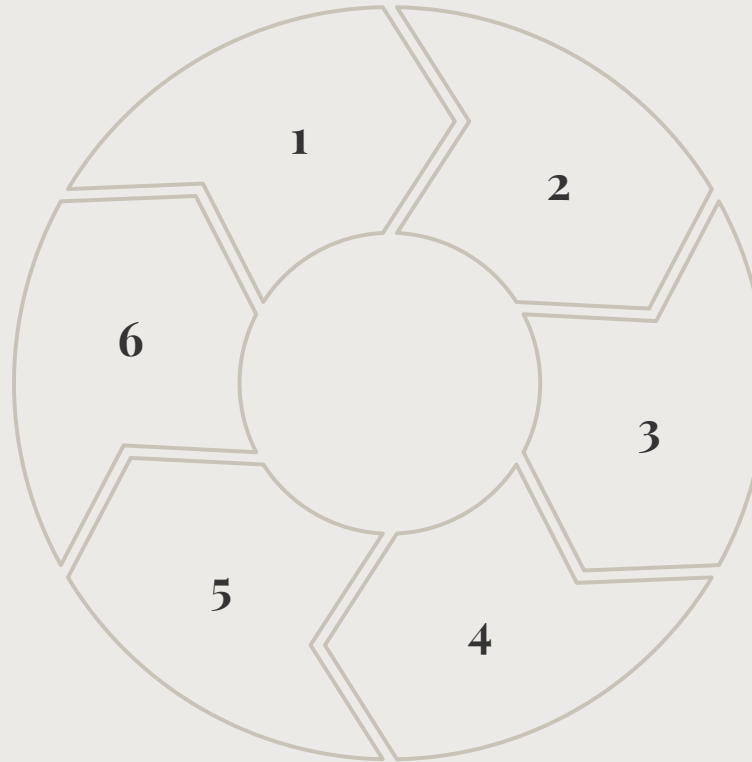
They often reflect the state of the system
— not the root cause

Stabilise the terrain

Hormonal interventions are most
effective when the system is prepared

Drainage Before Detoxification

Open elimination pathways before
mobilisation



Symptoms are signals

They point to underlying dysfunction, not
isolated problems

Identify the driver

Treat the cause, not just the pattern.

Keep protocols simple

Well-sequenced protocols outperform
complex ones.

Continue Your Learning

Women's Hormones: A Root Cause Approach

Free 3-Part Practitioner Training Series

<https://synergetic.med/course/hormonebalance>

Module 1 — Why Hormonal Clients Get Stuck

Discover why many hormone protocols fail to deliver lasting results and learn how to identify the deeper patterns sustaining symptoms such as PMS, period pain, acne, weight gain and menopause symptoms.

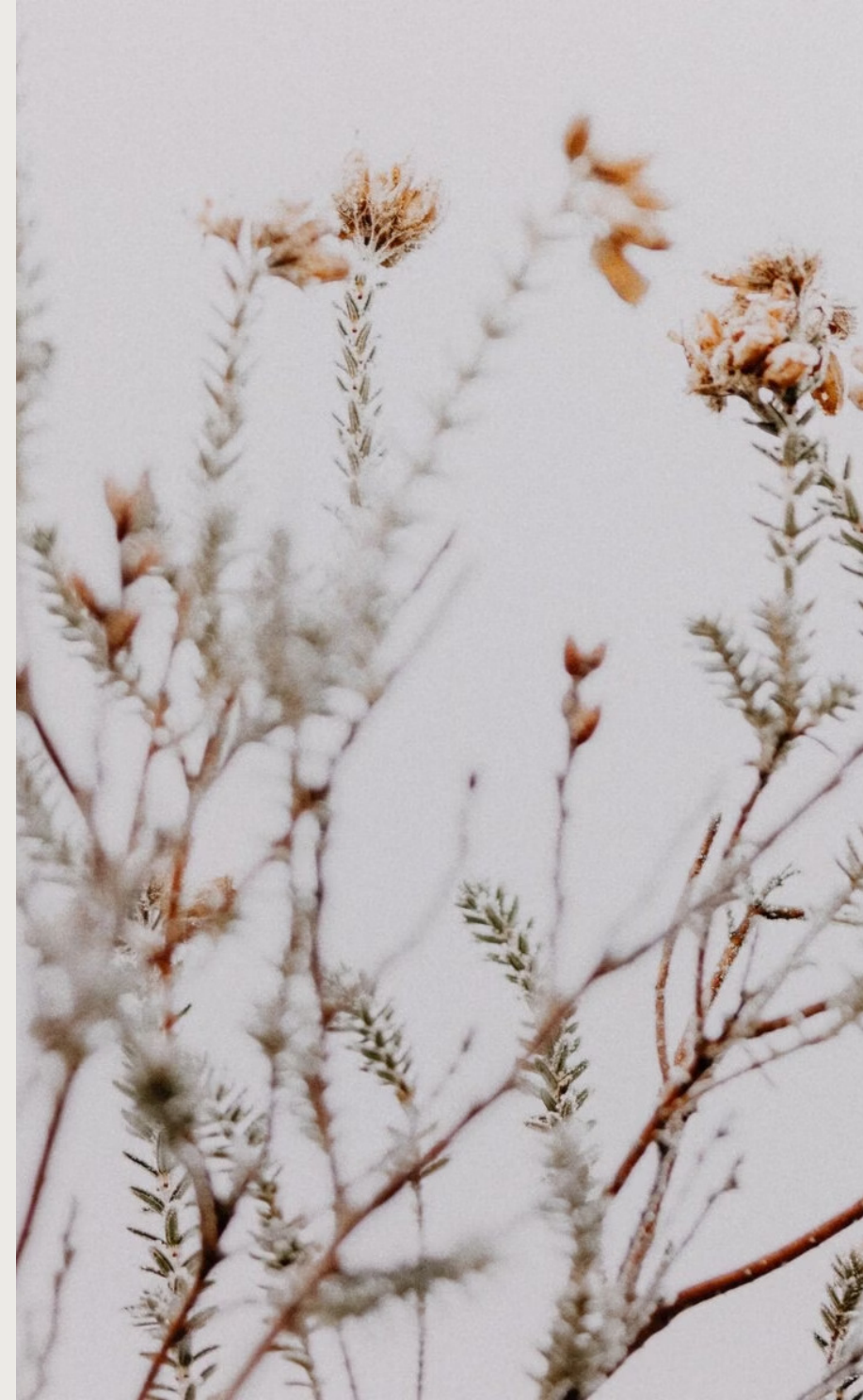
Module 2 — Pattern Recognition for Complex Hormonal Cases

Learn how to assess timelines, symptom clusters and clinical clues to identify what should be prioritised first in challenging hormonal presentations.

Module 3 — A Layered Herbal & Naturopathic Approach

Explore a practical framework for building simpler, more targeted protocols using herbal medicine, naturopathic techniques and root-cause clinical thinking.

Sign up for free: <https://synergetic.med/course/hormonebalance>



Thank You & Questions

Next Steps:

- Join our free in-depth hormones course
<https://synergetic.med/course/hormonebalance>
- Find Our Practitioner-Only Formulas at synergeticbotanicals.co.uk or Your Health Basket and coming soon to Amrita Nutrition
- Meet us in-person on 19th September for ANP Practitioner Perspectives Day

✓ **Coming Soon:** Advanced Practitioner Qualification in Homotoxicology & Integrative Detoxification

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