RHUBESTRYN





CLINICAL APPLICATIONS

- Designed to Support Women During Hormonal Transitions
- Supports Healthy Hormone Balance
- · Maintains Normal Inflammatory Balance
- · Supports Positive Mood



WOMEN'S HEALTH

Rhubestryn is a specialized formula designed to address the diverse facets of menopause. At its core, it features rhapontic rhubarb root extract (ERR), a clinically researched ingredient renowned for its therapeutic benefits. This potent botanical extract provides comprehensive relief, addressing the varied and interconnected symptoms women may encounter during menopause. Its primary mechanism of action, acting as a selective estrogen receptor modulator, ensures thorough and safe support throughout this transformative phase.

Overview

Menopause is a natural and transformative phase in a woman's life, typically occurring in the late 40s or early 50s. Hormonal shifts, marked by a decline in estrogen and progesterone, lead to various common symptoms such as hot flashes, night sweats, mood swings, physical and mental fatigue, sexual frustration, and sleep disturbances. The onset of these symptoms commonly begins several years before menopause and persists for up to 5 years after, significantly affecting daily life and overall wellbeing.1 While hormone therapy (HT) is effective for vasomotor symptoms, concerns about increased risks limit its use.² Rhubestryn is a tailored, hormone-free solution for women during this transitional time. By harnessing the proven benefits of ERR, this product specifically addresses hormone balance, maintains a normal inflammatory balance, and provides antioxidant support to help women navigate the challenges of menopause with greater ease and wellbeing.

Rhapontic Rhubarb Root Extract (ERR)

ERR is a phytoestrogen extract derived from the roots of rhapontic rhubarb (*Rheum rhaponticum* L.), also known as Siberian rhubarb and is recognized in scientific literature as

a solution for menopausal complaints. It has been used for cooking and medicine for centuries in parts of Asia and Europe. In traditional medicine, its roots were believed to help with various health issues like digestion, heart health, and female reproductive health.³ Scientists have found that it contains compounds called stilbenoids, some of which act like estrogen, a hormone important for women's health. Specifically, ERR functions as a selective estrogen receptor modulator (SERM).4 This means that it selectively targets estrogen receptor β (ER β) in the body, without affecting estrogen receptor α (ERα). This specificity is documented in in-vitro studies and is crucial because it allows ERR to deliver its benefits in addressing menopausal symptoms without influencing other estrogen receptors in the body.^{5,6} By targeting ERβ specifically, ERR can provide relief from common menopausal symptoms such as hot flashes and mild mood disturbances while potentially avoiding unwanted side effects associated with the activation of ERa. This targeted action helps ensure efficacy while minimizing the risk of adverse effects. Its mechanism of action also involves modulation of neurotransmitters, 7,8 stabilization of luteinizing hormone (LH) levels,9 and potential antioxidant activity, 10,11 contributing to its efficacy in alleviating 11 of the most prevalent menopausal symptoms as measured by changes in the Menopause Rating Scale II (MRS II), including hot flashes and mood disturbances. 9,13,14

Clinical trials support ERR's safety and efficacy, with no adverse events reported over observational periods of up to two years and significant relief observed in menopausal symptoms.¹² In a 12-week randomized, double-blind, placebo-controlled study involving 109 perimenopausal women, ERR significantly improved various menopausal complaints such as hot flashes



and inner restlessness as measured by the MRS II, compared to placebo. Similarly, a 108-week observational study involving 80 subjects showed sustained alleviation of menopausal symptoms with ERR treatment. An open observational study with 252 peri- and postmenopausal women over six months demonstrated significant and sustained improvement in menopausal symptoms with ERR. Another 12-week study with 112 perimenopausal women showed significant reductions in hot flashes and overall menopausal symptoms with ERR compared to placebo. Unlike many other natural remedies, ERR has been studied extensively at the same dose, making it easier for doctors to recommend. Several studies suggest that the use of this ingredient is well-tolerated.

Directions

1 capsule per day or as recommended by your health care professional.

Does Not Contain

Gluten, corn, yeast, artificial colors or flavors.

Cautions

Do not consume this product if you are pregnant or nursing. Consult your physician for further information.

Supplement Facts

Serving Size 1 Capsule Servings Per Container 30

> Amount Per % Daily Serving Value

Rhapontic Rhubarb (Rheum rhaponticum L.) 4 mg Root Extract (Providing 2.2 mg Rhaponticin and 1 mg Desoxy-rhaponticin)

* Daily Value not established.

Other Ingredients: Microcrystalline Cellulose, Hypromellose (Natural Vegetable Capsule), Magnesium Stearate and Silicon Dioxide.

ID# 165030 30 Capsules

References

- Peacock K, Carlson K, Ketveris SM. Menopause. [Updated 2023 dec 21]. In:StatPearls (Internet). Treasure Island (FL): StatPearls Publishing; 2024 Jan. Available from http:// www.ncbi.nlm.nih.gov/books/NBK507826/
- 2. Umland EM. Treatment strategies for reducing the burden of menopause-associated vasomotor symptoms. *J Mang Care Pharm.* 2008;14(3):S14-S19
- 3. Kolodziejczyk-Czepas, J., Liudvyska, O. *Rheum rhababarum*: a review of phytochemisty, biological activities and therapeutic potential. *Rhytochem Rev* 20, 589-607 (2021).
- 4. Püssa T, Raudsepp P, Kuzina K, Raal A. Polyphenolic composition of roots and perioles of Rheum rhaponticum L. *Phytochem Anal.* 2009;20(2):98-103.
- Vollmer G, Papke A, Zierau O. Treatment of menopausal symptoms by an extract from the roots of rhapontic rhubarb: the role of estrogen receptors. *Chin Med*. 2010;5:7.
- Riley DS, Vollmer G, Kaskin-Bettag M. Mechanisms of action of the Rheum rhaponticum (Siberian rhubarb) special extract ERr 731°. Presented at the 8th Meeting of the North American Menopause Society, October 3-6, 2007, Dallas, TX abstract no. 8.
- Kaszkin-Bettag M, Ventskovsky BM, Kravchenko A, et al. The special extract ERr 731 of the roots of Rheum rhaponticum decreases anxiety and improves health state and general well-being in perimenopausal women. *Menopause*. 2007;14(2):270-283.
- 8. Kaszkin-Bettag M. Letters to the editor. *Menopause*. 2007;14(2):331-338.
- 9. Hasper I, Ventskovskiy BM, Rettenberger R, et al. Longterm efficacy and safety of the special extract ERr 731 of Rheum rhaponticum in perimenopausal women with menopausal symptoms. *Menopause*. 2009;16(1):117-131.
- 10. Ngoc TM, Minh PT, Hung TM, et al. Lipoxygenase inhibitory constituents from rhubarb. *Arch Pharm Res*. 2008;31(5):598-605.
- 11. Zhang R, Kang KA, Piao MJ, et al. Rhapontigenin from Rheum undulatum protects against oxidative-stress-induced cell damage through antioxidant activity. J *Toxicol Environ Health A*. 2007;70(13):1155-1166.



- 12. Chang JL, Montalto MB, Heger PW, Thiemann E, Rettenberger R, Wacker J. Rheum rhaponticum Extract (ERr 731): Postmarketing Data on Safety Surveillance and Consumer Complaints. *Integr Med* (Encinitas). 2016;15(3):34-39.
- 13. Heger M, Ventskovskiy BM, Borzenko I, Kneis KC, Rettenberger R, Kaskzkin-Bettag M, Heger PW. Efficacy and safety of a special extract of Rheum rhaponticum (ERr 731) in perimenopausal women with climacteric complaints: a 12-week randomized, double-blind, placebo-controlled trial. *Menopause*. 2006;13(5):744-759.
- 14. Kaszkin-Bettag M, Beck S, Richardson A, Heger PW, Beer AM. Efficacy of the special extract ERr 731 from rhapontic rhubarb for menopausal complaints: a 6-month open observational study. *Altern Ther Health Med.* 2008;14(6):32-38.
- 15. Kaszkin-Bettag M, Ventskovsky BM, Solskyy S, et al. Confirmation of the efficacy of ERr 731 in perimenopausal women with menopausal symptoms. *Altern Ther Health Med.* 2009;15(1):24-34.