

The Effect Of genistein in Various Doses At the Content of Cyclooxygenase 2 (Cox-2) In zalir peritoneal of Endometriosis Mice Model

Pengaruh Genistein Berbagai Dosis
Terhadap Kadar Siklooksigenase 2 (Cox-2) Pada Zalir Peritoneal mencit Model endometriosis

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Abstract:

Objective: To Prove the effect of genistein in various doses at the content of cyclooxygenase 2 (COX-2) in peritoneal tract of endometriosis mice model.

Method: This study used a true experimental design *in vivo* at female mice (*Mus musculus*) with experimental design Post-Test Only With Control Group Design. Involve eight groups: negative control group (healthy mice without giving genistein), positive control group (mice model of endometriosis without giving genistein) and the treatment group is the group that was given a variety of different doses of genistein: 50mg/day, 100mg/day, 200mg/day, 300mg/day, 400mg/day and 500mg/day. This research was conducted at the Laboratory of Physiology of the Faculty of Medicine, University of Brawijaya and Reproductive Physiology Laboratory Embryologi Faculty of Veterinary Medicine, Airlangga University Surabaya sample of a study using mice (*Mus musculus*) endometriosis female models as much as 32 head, with 2-3 months of age and body weight 20-30 grams. Zalir peritoneum is then taken and put in a tube to be processed in order to measure levels of cyclooxygenase 2 (COX-2) Measurements of COX-2 using Colorimetric Cyclooxygenase Kit (Assay Design).

Result: that there is a significant difference in the mean levels of cyclooxygenase-2 (COX-2) between the positive control group ($1.23 \pm 0.14^a \mu\text{M}$) with the administration of genistein treatment group 50 mg ($1.01 \pm 0.10^b \mu\text{M}$), with 100 mg of genistein ($0.89 \pm 0.09^b \mu\text{M}$), with 200 mg of genistein ($0.68 \pm 0.14^c \mu\text{M}$), with 300 mg of genistein ($0.58 \pm 0.08^{cd} \mu\text{M}$), with 400 mg of genistein ($0.40 \pm 0.11^d \mu\text{M}$), and also with 500 mg of genistein ($0.44 \pm 0.11^d \mu\text{M}$).

Conclusion: Giving genistein can reduce levels of cyclooxygenase-2 (COX-2) in zalir peritoneal mice model endometriosis.

Keywords: Cyclooxygenase-2 (COX-2), genistein, endometriosis

Abstrak:

Tujuan : Membuktikan pengaruh pemberian genistein berbagai dosis terhadap kadar Siklooksigenase-2 (COX-2) pada zalir peritoneal mencit model endometriosis.

Metode : Penelitian ini menggunakan desain eksperimen murni (true eksperimental) secara *in vivo* pada mencit (*Mus musculus*) betina dengan rancangan penelitian Post-Test Only With Control Group Design. Melibatkan 8 kelompok yaitu kelompok kontrol negatif (mencit sehat tanpa diberikan genistein), kelompok kontrol positif (model mencit endometriosis tanpa diberikan genistein) dan kelompok perlakuan yaitu kelompok yang diberikan genistein berbagai dosis yang berbeda: 50 mg/hari, 100mg/hari, 200mg/hari, 300mg/hari, 400mg/hari dan 500 mg/hari. Penelitian ini dilaksanakan di Laboratorium Fisiologi Fakultas Kedokteran Universitas Brawijaya Malang dan Laboratorium Fisiologi Reproduksi Embryologi Fakultas Kedokteran Hewan Universitas Airlangga Surabaya. Sampel penelitian menggunakan mencit (*Mus musculus*) betina model endometriosis sebanyak 32 ekor, dengan usia 2-3 bulan dan berat badan 20-30 gram. Zalir peritoneum kemudian diambil dan dimasukkan ke dalam tabung untuk diproses guna pengukuran kadar siklooksigenase-2. Pengukuran kadar COX-2 menggunakan Colorimetric Cyclooxygenase-2 Kit (Assay Design)

Hasil: bahwa ada perbedaan yang bermakna rerata kadar siklooksigenase-2 (COX-2) antar kelompok kontrol positif ($1.23 \pm 0.14^a \mu\text{M}$) dengan kelompok perlakuan pemberian genistein 50 mg ($1.01 \pm 0.10^b \mu\text{M}$), dengan genistein 100 mg ($0.89 \pm 0.09^b \mu\text{M}$), dengan genistein 200 mg ($0.68 \pm 0.14^c \mu\text{M}$), dengan genistein 300 mg ($0.58 \pm 0.08^{cd} \mu\text{M}$), dengan genistein 400 mg ($0.40 \pm 0.11^d \mu\text{M}$), dan juga dengan genistein 500 mg ($0.44 \pm 0.11^d \mu\text{M}$).

Kesimpulan: Pemberian genistein dapat menurunkan kadar siklooksigenase-2 (COX-2) pada alir peritoneal menic model endometriosis.

Kata kunci: Cyclooxygenase 2 (COX-2), genistein, endometriosis

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I. Introduction

Endometriosis become one of the major problems of re-production today because of the incidence of this disease is quite high. Endometriosis affects 6-10% of women at reproductive age from all ethnic and social groups. Found in 10 women of reproductive age (15-49 years), or about 176 million women worldwide are infected with endometriosis.^{1,2,9} The incidence of endometriosis among all pelvic surgery ranged about 5-15%, and that interest was found in the unmarried women and young age. Universally endometriosis will cause complaints of dysmenorrhea, dyspareunia, dysuria, chronic abdominal pain, pelvic pain and pain on defecation.^{3,4,5}

Progression of endometriosis implants is influenced by the estrogen hormone (estrogen dependent). The presence and growth of endometriosis cells begins at the time of retrograde menstruation, endometrial cells shed along with menstrual blood and metabolites will reverse direction (reflux) passes through the fallopian tube then into the peritoneal cavity causes endometrial cells and tissue attached to the peritoneal surface.^{7,8} The endometriosis tissue secrete estrogen which is estrogenic involving local P450 aromatase resulting in decreased 17 β -hydroxysteroid dehydrogenase (17 β -HSD) type-2. The enzyme aromatase transform a weak estrogen (estrone) into a strong estrogen (estradiol). As well as the normal endometrium, implantation of endometriosis tissue also has the steroid receptors ER- α and ER- β to the estrogen produced in the body that binds to its receptor.¹⁸

In the development of peritoneal endometriosis, immune cells appear in the peritoneal cavity as a result of inflammation. Among immune cells, macrophages are the predominant cell type in the peritoneal cavity, macrophages are involved in phagocytosis mainly cleaning debris retrograde endometrial cells. Supposedly peritoneal macrophages capable to remove debris retrograde endometrial cells. But in the case of endometriosis, macrophages fail to perform the function of phagocytosis in retrograde endometrial tissue and thus allow the implantation and proliferation of endometriosis lesions.^{5,7}

Advances in investigating the molecular mechanisms of pathological processes endometriosis, which prostaglandin E2 (PGE2) plays an important role in pro-survival and immune effects. This is because the concentration of PGE2 was found in the peritoneal fluid of women with endometriosis much greater than in the peritoneal fluid of women with no endometriosis. Increased production of prostaglandin E2 100-fold higher in endometriosis due to increased activity of the expression of the enzyme cyclooxygenase-2 (COX-2) induced by IL-1 β , TNF- α , MIF and pro-inflammatory agents. The enzyme cyclooxygenase-2 is the first enzyme involved in converting arachidonic acid (AA) into prostaglandins. The growth of endometriosis involves the role of PGE2. PGE2 is a versatile eicosanoid that has many physiological and pathological functions of a disease. PGE2 involved to play an important role in the development of endometriosis. PGE2 plays a role in regulating the pathophysiological processes including immune suppression, anti-apoptosis, angiogenesis and cell proliferation during the development of endometriosis.^{7,7}

Estrogen induces the production of pro-inflammatory cytokin (TNF- α , IL- β , TGF- β and COX2), which subsequently activates the transcription factor NF- κ B. Estradiol binds to ER- α and ER- β , forming bonds of estrogen and estrogen-receptor complex then binds to a specific piece of DNA called a promoter ERE genes in the nucleus.^{16,18} To activate the transcription process, bonding of estrogen and estrogen-receptor complex to bind to the ERE co-regulatory proteins that co-activator proteins.^{7,12} Transcription factor that has been active can bind to DNA and induce the transcriptional activity of endometriosis resulting in the synthesis of mRNA and proteins change the DNA into RNA and synthesis of target genes resulting in a major increase in inflammatory cytokines (IL-6, IL-8) angiogenesis factor (HIF-1 α , VEGF-A), matrix metalloproteinase (MMP-2 and MMP-9), anti-apoptotic genes (Bcl-2) and a decrease in pro-apoptotic protein (Bax), increased apoptosis proteins (Caspase 3) and cell adhesion molecules.^{14,19} All the factors have a role in the process of invasion and differentiation, cell adhesion and tissue remodeling throughout ectopic endometrial stromal cells of endometriosis to survive (cell survival) and an increase in cell proliferation endometriosis. Genistein worked as SERMs, are anti-estrogenic in high estrogen levels. Genistein binding affinity to ER- α is 4%, and for the ER- β was 87%, compared with estradiol.^{15,18} The difference in the binding affinity of genistein in ER- α and ER- β due to differences in the amino acid sequence of domain E/F in the ER- α differs from region ER- β that genistein intend to have high affinity to ER- β , but although genistein has an affinity which is almost equal to the 17- β estradiol, induced structural transformation of ER- β is not enough to facilitate the binding of co-activator in the process of gene transcription. Estrogen receptor in regulating transcription of genes also interact with factor NF κ B. Genistein is an inhibitor of the activation of NF κ B (nuclear factor- κ B) and STAT1 (signal transducer and activator of transcription 1) resulting in inhibition of the transcription process in protein synthesis

II. Method

This experiment used a true experimental design in the laboratory in vivo in female mice (*Mus musculus*) with study design With Post-Test Only Control Group Design. It involves eight groups: negative control (healthy mice without giving genistein), positive control group (model mice given endometriosis without genistein) and the treatment group is the group that was given a variety of different doses of genistein: 50mg/day, 100mg/day, 200mg/day, 300mg/day, 400mg/day and 500mg/day.

This research was conducted at the Laboratory of Physiology of the Faculty of Medicine, University of Brawijaya and Reproductive Physiology Laboratory Embryology Faculty of Veterinary Medicine, Airlangga University Surabaya. The implementation was conducted over three months from August to October 2014, with details for 1 week done adaptation, 2 weeks for treatment, then used for the manufacture of examination preparation. E-liss then reading the results of research data (statistical test).

Samples of a study using female mice (*Mus musculus*) model of endometriosis as much as 32 head, with 2-3 months of age and weigh 20-30 grams. *Mus musculus* obtained from the Laboratory of Reproductive Physiology Embryology Airlangga University Faculty of Veterinary Medicine (FKH Airlangga University), Surabaya. *Mus musculus* selected as the study sample because it is easily maintained and is relatively healthy animals and is suitable for use in various types of research experiments and immunology responses can be observed.

Treatment doses to experimental animals (*Mus musculus*) will be converted by the body surface area to the human body of 70 kg to mice 20 grams, with a conversion rate 0.0026. Mice model of endometriosis based on the method performed on preliminary research conducted by Sutrisno et al., 2014. The animal that used for experimental were female mice (*Mus musculus*) approximately 3 months old, weighing 20-30 grams were selected based on inclusion and exclusion criteria. After adaptation in the same cage and get the same food and drink for 1 week, do selection if there are mice that qualify as breaking up the test not. Then do the injection of cyclosporin A in mice in the positive control group and the treatment group. The drug which available in Indonesia is Sandimmun Novartis production. One ampoule contains 50mg/ml x 5ml. The dose is 10mg/kg/day. In this case the weight of mice range 20-30mg, the dose is also adjusted. After conversion calculation at mice and getting a dose 1,8 mg/mice. So the dose form ice after reconstitution with water for injection is 0.2ccs and immediately diluted. Endometrial biopsy material taken from the uterine operation of benign tumor uterine and stored in PBS. Do washing 2 times with a centrifuge at 2500rpm. The supernatant was discarded, and then added to PBS with penicillin 200 IU/ml and streptomycin 200ug/ml. Each mouse will get 0.1ml and then injected blind to peritoneal cavity of mice slowly. Injections at intraperitoneal endometrial tissue in the positive control group and the treatment group. Performed intramuscular injection of estrogen on days 1 and 5. The preparation of ethinylestradiol at a dose of 30µg/kg. With the conversion to dose the mice will get 5,4µg. The equivalent of 1 µg equal with 10 iu. 1 vial containing 30cc containing 20000 iu, the equivalent of 0.1cc equal with 66iu. By adjusting the dose equivalent conversion mice of 5,4µg equal with 54iu, the mice will each get around 0.095cc or 0.1cc. After injecting the mice will be evaluated whether the entry criteria for dropping the test not. Furthermore, after adaptation, mice were divided into 8 groups, one group as the negative control group, one group as the positive control group, and 6 groups as the treatment group. Genistein that has been dissolved in sesame oil will be given orally by the sonde. The duration of genistein in the treatment group refers to a study conducted by Yavuz et al. (2007) on the Granting of Genistein on Regression Implants Endometriosis in Rat Model. Genistein was given for 14 days and given once daily.

Taking material inspection is done after 14 days of treatment with the following steps: Mice were terminated before hand by inhalation in anesthetized by entering the mice into a covered container (glass jar), which contains cotton that has been spilled with ether. Then cover tightly and wait a few minutes until the mice really did not move again. Furthermore, mice were issued and placed on the baseboard with the belly facing up. After plugging tackson the feet of mice, the abdominal wall was opened by using tweezers and scissors carefully, with a mid-line incision was continued to the left and right side on the top and bottom and the diaphragm is opened. After that, zalir peritoneum is then taken and put in a tube to be processed in order to measure levels of hydrogen peroxide in the Laboratory of Physiology, Faculty of Medicine, University of Brawijaya, Malang.

III. Results

In this study the results of data analysis on the normality test performed using the Shapiro-Wilk test. The criteria for the decision, that is, when the Sigor the p-value is greater than the significance level $\alpha=0.05$ then normally distributed data and vice versa when the Sigor the p-value is smaller than the significance level $\alpha=0.05$ then the data were not normally distributed. In the Shapiro-Wilk test analysis was obtained and described in detail shown in the table below.

Table 1. Results of normality test of data

Groups of observations	p-value	distribution
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negative controlled	0.453	normal
Positive controlled	0.335	normal
genistein 50 mg/kg weight/day	0.860	normal
genistein 100 mg/kg weight/day	0.448	normal
genistein 200 mg/kg weight/day	0.519	normal
genistein 300 mg/kg weight/day	0.808	normal
genistein 400 mg/kg weight/day	0.603	normal
genistein 500 mg/kg weight/day	0.594	normal

Table 1 based on the Shapiro-Wilk test result showed that the data content of cyclooxygenase-2 (COX-2) (μM) for each group of observations have demonstrated p-value of which are larger than the significance level $\alpha=0.05$. So all the data has met the prerequisites of parametric test, the data proved to be normally distributed.

In the comparison of test results with the negative control group on the data positive control variable levels of cyclooxygenase-2 (COX-2) using independent sample t-test (independent sample t test) are shown briefly described and as shown in Table 2.

Table 2. Results of the comparison control group

Variable	Mean Negative control \pm stan.dev	Mean positive control \pm stan.dev	p-value
Levels of H_2O_2 (μM)	0.58 \pm 0.09	1.23 \pm 0.14	0.000 < α

Table 2 based on the results of independent sample t-test (independent sample t test) showed that there were significant differences ($p=0.000 < \alpha$) mean levels of cyclooxygenase-2 (COX-2) between the negative control group (healthy mice without giving genistein) (0.58 $\mu\text{M} \pm 0.09$) with the positive control group (mice given model of endometriosis without given genistein) (1.23 $\mu\text{M} \pm 0.14$). Based on the main value levels of cyclooxygenase-2 (COX-2) appears in the negative control group is smaller in value when compared with the average of the levels of cyclooxygenase-2 (COX-2) in the positive control group. This means that the mice model of endometriosis will show the levels of cyclooxygenase-2 (COX-2) is high when compared to healthy mice.

Based on the results of one-way ANOVA test on the data content of cyclooxygenase-2 (COX-2) obtained significant difference in the mean levels of cyclooxygenase-2 (COX-2) seven groups of sample observations, as shown by the p-value = 0.000 < α . Furthermore, the multiple comparison test with the Least Significant Difference test / LSD (Least Significant Difference / LSD) is obtained and displayed are presented in Table 3.

Table 3. Effect of various doses of genistein against COX-2 in peritoneal zair (μM)

Groups of observations	mean \pm stan.dev	p-value
positive control	1.23 \pm 0.14 ^a	0.000 < α
genistein 50 mg/kg weight/day	1.01 \pm 0.10 ^b	
genistein 100 mg/kg weight/day	0.89 \pm 0.09 ^b	
genistein 200 mg/kg weight/day	0.68 \pm 0.14 ^c	
genistein 300 mg/kg weight/day	0.58 \pm 0.08 ^{cd}	
genistein 400 mg/kg weight/day	0.40 \pm 0.11 ^d	
genistein 500 mg/kg weight/day	0.44 \pm 0.11 ^d	

Table 3 based on the results of the multiple comparison test with LSD test showed that there were significant differences mean levels of hydrogen peroxide (H_2O_2) between the positive control group (1.23 \pm 0.14^a μM) with the administration of genistein treatment group 50mg (1.01 \pm 0.10^b μM), with 100mg of genistein (0.89 \pm 0.09^b μM), with 200mg of genistein (0.68 \pm 0.14^c μM), with 300mg of genistein (0.58 \pm 0.08^{cd} μM), with 400mg of genistein (0.40 \pm 0.11^d μM), and also with genistein 500mg (0.44 \pm 0.11^d μM). Based on the mean value there is a decrease in the group treated with increased doses of genistein. This means that the treatment of genistein administration of 50mg, 100mg, 200mg, 300mg, 400mg, and 500mg in the murine model of endometriosis will affect the levels of cyclooxygenase-2 (COX-2), which is able to reduce the levels of cyclooxygenase-2 (COX-2) when compared to the mouse model of endometriosis without giving genistein. The differences between the mean levels of cyclooxygenase-2 (COX-2) in the eighth group of the sample are presented in full appearance on the image histogram below.

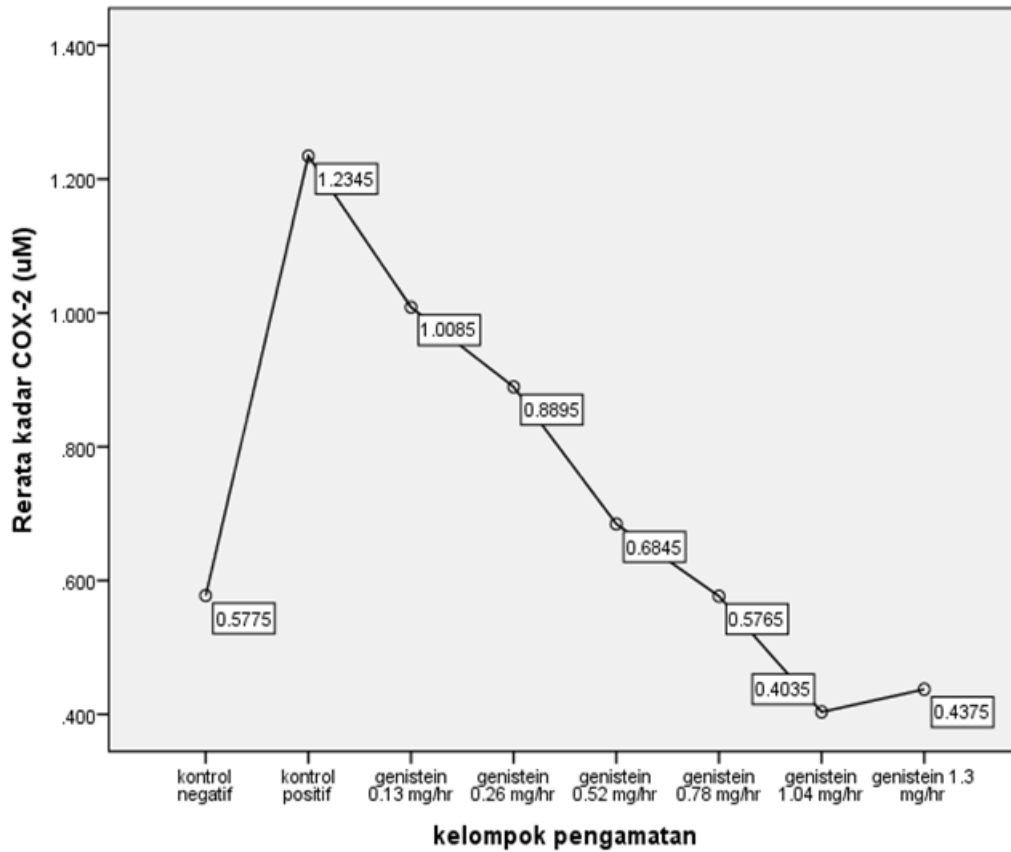


Figure1 Histogrammeanlevels of COX-2

In Figure 1 Histogram shows the mean levels of cyclooxygenase-2 (COX-2) in the mouse model of endometriosis at all eighth sample group observations with the administration of genistein treatment dose of 50 mg, 100 mg, 200 mg, 300 mg, 400 mg, and 500 mg. There was an increase in mean levels of cyclooxygenase-2 (COX-2) to the negative control group and positive control group there was a mean decrease in the levels of cyclooxygenase-2 (COX-2) from the positive control group to the treatment group administration of genistein. Looks mean levels of cyclooxygenase-2 (COX-2) decreased with increasing doses of genistein. The average value of the levels of cyclooxygenase-2 (COX-2) is the lowest in the group treated genistein administration of 400mg. It can be said that in this study a dose of 400mg of genistein were considered the most rapidly reduce levels of cyclooxygenase-2 (COX-2) in the mouse model of endometriosis. The trend of change between group observations are presented in Figure2.

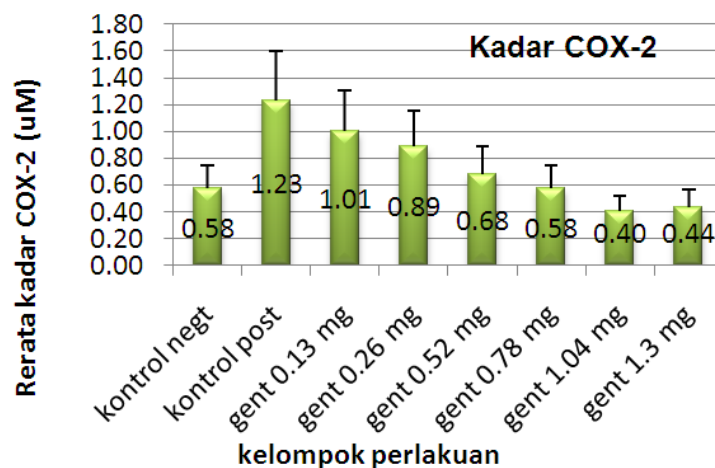


Figure2. Trends change in mean levels of COX-2

Shown in Figure 2 shows the trend of increase in the mean levels of Cyclooxygenase-2 (COX-2) from the negative control group to the positive control group. Furthermore, there is a decrease in the average levels of cyclooxygenase-2 (COX-2) from the positive control group to the treatment group administration with increased doses of genistein. Therefore, the average value of the levels of cyclooxygenase-2 (COX-2) is the lowest in the group of genistein administration of 400 mg so the genistein dose of 400 mg is a dose of the most rapidly reduce levels of cyclooxygenase-2 (COX-2) dosage-dose compared to others.

IV. Discussion

There have been many hypotheses proposed to explain the pathogenesis of endometriosis, but until now no single theory that can explain the overall incidence of endometriosis. Although the etiology is not known with certainty, but the journey and the pathogenesis of this disease has been studied in depth and expressed in a variety of theories ranging from the theory of biomolecular clinic. Advances in investigating the molecular mechanisms of pathological processes in endometriosis, which prostaglandin E₂ (PGE₂) plays an important role in pro-survival and immune effects. This is because the concentration of PGE₂ was found in the peritoneal fluid of women with endometriosis is much greater than in the peritoneal fluid of women with no endometriosis.⁷⁷

Increased production of prostaglandin E₂ 100-fold higher in endometriosis due to increased activity of the expression of the enzyme cyclooxygenase-2 (COX-2) induced by IL-1 β , TNF- α , MIF and pro-inflammatory agents. The enzyme cyclooxygenase-2 is the first enzyme involved in converting arachidonic acid (AA) into prostaglandins. The growth of endometriosis involves the role of PGE₂. PGE₂ is a versatile eicosanoid that has many physiological and pathological functions of a disease. PGE₂ involved to play an important role in the development of endometriosis. PGE₂ plays a role in regulating the pathophysiological processes including immune suppression, anti-apoptosis, angiogenesis and cell proliferation during the development of endometriosis.⁷⁵

Genistein worked as SERMs, are anti-estrogenic in high estrogen levels. Genistein structure has similarities with the structure of 17 β -estradiol in the body, it causes genistein is able to bind to the ER.^{16,18} Genistein has an affinity ER- β approximately 20-30 times higher than the ER- α but has a lower activity of 17 β -estradiol.^{18,19} The high affinity of ER- β can suppress the activity of ER- α binds endogenous estrogen by forming a heterodimer. Through the mechanism of genistein can compete to occupy RE as RE antagonist. Under conditions of anti-estrogenic then bond with co-regulatory proteins that are activated is the co-repressor, so that processes inhibited transcription as well as mRNA and protein synthesis resulting in an increase in major inflammatory cytokines (IL6, IL8), angiogenesis factors (HIF-1 α , VEGF-A), Matrix metalloproteinase (MMP-2 and MMP-9), anti-apoptotic genes (Bcl-2) and increased apoptosis proteins (Caspase 3) and cell adhesion molecules to be blocked as well as pro-apoptotic proteins (Bax) increases. Genistein has a role in reducing inflammatory prostanooids, the activity of COX-2 and alter cell signaling. Genistein role in down regulation of expression of COX-2 and NF- κ B to reduce PGE₂. Genistein provides suppressive effect on the production of arachidonic acid-derived prostanooids, especially this PGE₂. Prostanoid implications play an important role in the immune response against cancer cells, inflammation, cell proliferation, differentiation, apoptosis, angiogenesis.⁴²

Genistein and DHA can inhibit the activation of NF- κ B by PPAR γ , causing down-regulation of COX-2 gene, production of PGE₂, and synthesis of NF- κ B regulation of pro-inflammatory cytokines. DHA and genistein can also suppress the production of PGE₂ by changing the flux through the enzyme COX-2. In addition, genistein can potentially interfere with signal transduction involved in the increased levels of cAMP, so as to prevent the effects of stimulating the production of PGE₂ on COX-2 gene transcription.⁴² And that can be seen from the decreased levels of hydrogen peroxide (H₂O₂) between the positive control group were not given genistein in the treatment group were given genistein.

V. Conclusion

Based on the explain on the results the hypothesis has been proven, that the provision of genistein can reduce levels of COX-2 in the zalar peritoneal of mice model of endometriosis.

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