Fact Sheet

Managing the Menopause

Supporting you naturally through the menopause

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Menopause is a normal physiologic process that marks the end of a woman's reproductive life. The average age of menopause in the United Kingdom is between 50 and 52 years, with 95% of women experiencing this event between the ages of 45 and 55 years. Menopause represents a major transition period in the lives of most women. That is why it is called the "change of life." Women experience a decreased production of sex hormones by the ovaries, and usually there are symptoms representative of oestrogen deficiency and withdrawal. Those whose ovaries are surgically removed before they have entered menopause will almost immediately experience menopausal symptoms and often are placed on oestrogen alone or hormone replacement therapy (HRT), using oestrogen and progesterone to simulate their natural cycle. While oestrogen therapy or HRT is helpful to most women, there are potential risks and side effects, so many women eventually want to shift to a more natural program and go off synthetic hormones. This information brief is oriented toward a natural program of diet, nutritional supplements and Chinese natural medicine which minimise menopausal symptoms, enhance vitality and therefore provide women with a natural alternative to pharmaceutical drugs for menopause support.

The symptoms of menopause include a change in the frequency or volume of menstrual blood flow (or actual cessation of menstrual periods), irritability, hot flashes and night sweats, emotional swings, headaches, depression, insomnia, loss of sex drive, weight changes, vaginal dryness and metabolic shifts, such as the bone loss of calcium, may also occur. These changes are due to the decline in endogenous oestrogen levels that occur with decreasing ovarian function and eventually failure. In addition to changes in the frequency and length of the menstrual cycle, hot flashes are typically the first symptom of declining estrogen levels. More than 95% of perimenopausal and menopausal women experience hot flashes. A hot flash is a sudden sensation of warmth over the face and upper chest. This sensation lasts for approximately 90 seconds, and is followed by a cold sweat. The entire event lasts for about 3 minutes. The hot flash is the result of declining oestradiol secretion by the ovarian follicles. Hot flashes may be disabling, especially when they occur at night. These symptoms usually resolve spontaneously within 2 to 3 years.

Changes in the plasma concentration of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) occur with changes in the length and frequency of the reproductive cycle. More FSH is required to stimulate follicular maturation. As women enter their late 30s and early 40s (the perimenopause period), the concentration of FSH in the plasma increases from normal levels of 6-10 mlU/ml to 14-24 mlU/ml. This is the first chemical evidence of ovarian failure. After menopause, the FSH level is persistently elevated at greater than 30 mlU/ml.

Since the ovary is the primary site of oestradiol production in premenopausal women, plasma levels of oestradiol fall after menopause has occurred. However, the postmenopausal ovary continues to produce hormones, including testosterone and androstenedione. Oestrone is the predominant endogenous oestrogen in postmenopausal women. The oestrone concentration is directly related to body weight, because androstenedione is converted to estrone in adipose tissue. The following table summarizes the serum concentrations of steroid hormones in premenopausal and postmenopausal women:

	(Normal range in parentheses)		
	Premenopausal		Postmenopausal
Testosterone (ng/dl)	325	(200-600)	230
Androstenedione (ng/dl)	1,500	(500-3,000)	800-900
Oestrone (pg/ml)	30-200		25-30
Oestradiol (pg/ml)	35-500		10-15

Changes in the plasma lipid profile means that postmenopausal women are known to be at increased risk for myocardial infarction (heart attack) and cerebral cardiovascular accident (stroke) when compared to premenopausal women, a result believed to be due to the decline in oestradiol levels.
These changes usually include: Increase in total cholesterol**:** Increase in low-density lipoprotein (LDL) cholesterol**:** Decrease in high-density lipoprotein (HDL) cholesterol**:** Increase in triglycerides**.** These postmenopausal changes in the lipid profile result in an increase in cardiovascular risk, as cardiovascular risk is directly proportional to the LDL cholesterol level and inversely proportional to the HDL cholesterol level.

There are many factors that influence the intensity of menopausal symptoms and probably even the time they appear. A poor diet, emotional stress, and lack of exercise may lead to an increase in symptoms, particularly when these lifestyle habits have been going on for years. Women who become aware of these relationships prior to menopause and change their habits to help build themselves up with diet and supplements, and deal with their stressful issues will have an easier time. Not all women have a difficult menopause; some may not even experience symptoms at all.

A good diet along with supportive nutritional supplements and stress management may help to delay the onset of menopause and reduce symptoms when it does occur. Of other positive lifestyle habits, regular exercise is the most important. It strengthens the bones and improves calcium metabolism. It may also help mobilize some stored oestrogen from the fatty tissues, which may make for an easier transition. Outdoor exercise, such as walking, bicycling, swimming, golf, or tennis, will add sunlight and thus aid the body's vitamin D production, and so improve calcium utilization.

During menopause, it is important for women to get adequate sleep and even take short naps if they feel tired. Menopause can often be a time of lowered energy. Stress reduction and dealing with the concerns and worries about aging are important. Embracing maturity and wisdom adds a positive attitude and supports this process. Drinking plenty of water helps keep the body tissue as young, and the body physiology functioning best.

A diet that contains vital nutrients and wholesome foods will support a stronger life force and the ability to better handle changes. Such a diet includes fresh fruits and vegetables, whole grains, nuts, seeds, and legumes; with fish, poultry, eggs, milk products, and cold-pressed oils used in moderation. Sugar, refined flour products, other refined processed foods, cured meats, fried foods, and chemicals should be avoided wherever possible.

A diet with good quantity and quality of protein and one high in B complex foods may help delay the onset of menopause by supporting the pituitary gland, which regulates the ovaries and the female cycle. (Strict vegetarian women and those with low cholesterol levels have an earlier menopause than more omnivorous women). Some of the protein foods suggested are fish, milk products such as yogurt and cottage cheese, eggs, whole grains and legumes, nuts, and seeds; foods high in B vitamins are green vegetables, whole grains, wheat germ, and yeast.

Osteoporosis is a loss of bone minerals, density, and bone strength, particularly of the spine and long bones of the arms and legs; it is a common problem of menopausal women. Oestrogen receptors have been demonstrated in osteoblasts, the cells responsible for the formation of new bone. When the stimulation of the osteoblasts is reduced at menopause, bone density begins to diminish at a rapid rate (1% to 2% per year compared with 0.5% per year in perimenopausal women. Osteoporosis is a difficult problem to diagnose. Regular x-rays are not that sensitive, and they reveal bone loss only after it is fairly significant. The new technique available to measure bone density, photon absorbtiometry, is more sensitive at assessing early osteoporosis. Generally, though, women should be aware of early warning signs, such as periodontal disease, changes in the curvature of the spinal column or pain in the middle or lower back. The most important factor is preventing the loss of bone calcium; this is much easier than correcting bone loss after it occurs.).

To prevent osteoporosis, it is wise to eat a good diet and maintain an adequate calcium intake through foods and supplements in the years before menopause. Many people eat a diet that is much higher in phosphorus than in calcium. This can lead to improper bone metabolism and loss of bone calcium. Meats, nuts, seeds, poultry, boneless seafood, and even whole grains have much higher phosphorus than calcium content. One advantage of using milk products is that they have a very good calcium-to-phosphorus ratio, with actually slightly more calcium. Eggs and many vegetables, especially the green leafy veggies, also have lower phosphorus content.

Premenopausal women should regularly consume 1,000–1,200 mg. of calcium per day. Supplementing some calcium without phosphorus will usually balance out these nutrients. Adding about 500–1,000 IUs of extra vitamin D and 500–800 mg. of magnesium per day will help the calcium be best utilized and protect against osteoporosis. Adequate boron, a trace mineral, in the diet and supplements to include 2–3 mg. is also shown to aid calcium utilization. A diet containing good amounts of fish, leafy greens, whole grains, and dairy foods will support healthy bones. Phosphorus, zinc, copper, and manganese are also important to building strong bones. If osteoporosis is present, research suggests that oestrogen therapy may help slow its progress and even improve the bone health, though it also poses risks. Fluoride, 2–4 mg. per day in foods or even taken as a supplement, has been shown to strengthen bones, but it, likewise, may have other concerns.

When oestrogen is used during or after menopause, it is wise to follow a program similar to that suggested for users of birth control pills (if the woman still has a uterus, progestin should also be used to simulate the natural cycle and to protect the uterus from cancer development). Extra vitamins C, E, and B6, extra zinc, and minimum copper intake are the main suggestions. It is clear that oestrogen or hormone replacement therapy does prevent osteoporosis, possibly better than any other program, especially with a good diet, adequate calcium intake, and plenty of exercise. Regular exercise has clearly been shown to minimize bone loss, especially postmenopausal. Weight-bearing exercises, such as walking, tennis, or golf, help to strengthen the bones, probably more than swimming. When taking oestrogen, usually less calcium is needed than when no hormones are used. Still, a natural program such as the one described here will help prevent osteoporosis and ease the symptoms and transition of menopause.

Younger women also can develop osteoporosis, usually due to a poor diet, low calcium intake, and excessive vigorous exercise. Dancers, gymnasts, and long-distance runners have this problem most commonly, and it is exaggerated with anorexia and weight loss. These young women often have associated low body fat, low oestrogen levels, and irregular or nonexistent menstrual periods.

A more nourishing diet, reduced activity, and calcium-vitamin-mineral supplements can help to correct this problem and prevent future ones.

For menopausal hot flashes, irritability, and/or night sweats, supplemental calcium and vitamins D and E will often help. Chinese medicinal herbs such as Dang Gui (radix angelica) has also benefited many women with those symptoms and Ren Shen (panax ginseng) has also been helpful, especially when there is associated fatigue. Calcium-magnesium is helpful for muscle and back pains or cramps.

Kelp tablets have been used to support thyroid function, which helps women through the changes of menopause. Iron is still needed in premenopausal amounts until there is no more bleeding; then the iron requirements decrease from 18–10 mg. per day.

The nutrient program below includes dietary plus supplemental needs. Nutrients such as chloride, phosphorus, fluoride, sodium, and potassium are usually not supplemented, but obtained from diet. The ranges allow for individual comfort in using the higher amounts, which may be best for this program.

Menopause Nutrient Program

Protein	45–80 g.		
Vitamin A	5,000–10,000 IUs	**Copper**	1–2 mg.
Beta-carotene	15,000–20,000 IUs	**Fluoride***	2–4 mg.
Vitamin D	400–1000 IUs	**Iodine***	150–300 mcg.
Vitamin E	800–1,000 IUs	**Iron**	10–18 mg.
Vitamin K*	150–400 mcg.	**Magnesium+**	600–1,000 mg.
Thiamine (B1)	50–100 mg.	**Manganese**	2.5–15 mg.
Riboflavin (B2)	25–50 mg.	**Molybdenum**	150–500 mcg.
Niacinamide (B3)	50–100 mg.	**Phosphorus***	800–1,000 mg.
Pantothenic acid (B5)	100–750 mg.	**Potassium**	3–5 g.
Pyridoxine (B6)	50–250 mg.	**Selenium**	100–300 mcg.
Cobalamin (B12)	30–100 mcg.	**Zinc**	15–30 mg.
Folic acid	400–800 mcg.		
Biotin	50–500 mcg.	***Optional:***	
Choline	500–1000 mg.	**Lecithin**	500–1,000 mg.
Inositol	500–1000 mg.	**Primrose oil or**	1,000–2,000 mg.
PABA	200–400 mg.	**other**	1,000–2,000 mg.
Vitamin C	1–3 g.	**GLA-containing oil or**	4–6 capsules
Bioflavonoids	250–500 mg.	**Hydrochloric acid**	1 or 2 tablets
Boron	2–3 mg.	**(with meals)**	
Calcium+	1,200–1,500 mg.	**Digestive enzymes**	1 or 2 tablets
Chromium	150–400 mcg.	**(after meals)**	

*These will not usually be supplemented in the diet, or for fluoride, it may be in the water.
+The dietary levels of calcium and magnesium should also be considered in these totals.

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At the Women's Natural Health Practice we specialise in providing comprehensive natural reproductive, gynaecological, obstetric and general healthcare for females from adolescence to post-menopause. Our approach is to integrate techniques in both oriental and western medical diagnosis in order to formulate a naturally oriented treatment plan combining acupuncture, herbal medicine, nutritional therapy, exercise and lifestyle. Each treatment plan is tailored specifically to each individual woman maximising results.

Please email us at enquiries@naturalgynae.com with questions, we are more than happy to provide any information via email that will assist you in deciding which treatment approach would be best for you

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