

Part I:
Can We Talk?

by Margy Squires

The Challenge of Menopause

Just as a young girl naturally moves into menarche to mark her coming child-bearing years, menopause simply marks an end to a woman's cycle of fertility. In other countries and cultures, menopause is a normal, uneventful part of life. **So why does menopause feel anything but normal?** There's plenty of woman left to enjoy—if only you can get through the big "M"!

Perhaps it's the fear of aging. In America, youth is a much sought after commodity. By the number of Botox, plastic surgery, liposuction and other invasive procedures women (and men) are willing to undergo, our prime directive is to look and feel younger than we are. While all of that is gratifying—after all, you do feel better when you look good—what we should be seeing is the rate of osteoporosis, cancer, heart disease, diabetes and other aging disorders that threaten the quality of life we're slowly moving into. And like it or not, neither menopause nor aging is preventable! So we turn to synthetic hormones, bone builders and other drugs to delay the inevitable.

Menopause is a three phase process that occurs over a ten year period: peri-/before, menopause, and post-/after. True menopause is reached when a woman has had no monthly cycle for one year, at or around age 52. Hormonal changes (and symptoms) occur mostly in the first two phases, while health risks increase into and beyond post-menopause. Hormone replacement therapy seemed a blessing. But a phase of the *Women's Health Initiative Study* of 16,608 women on synthetic estrogen-progesterone therapy revealed an increase in heart attack, stroke and breast cancer, and led to its subsequent halt in 2002. Could there be a way to satisfy symptoms and spare health? Absolutely!

The vast depth of knowledge we have means that we can start younger and last longer when we know how and when our bodies need help. Although annoying, symptoms are a meno-blip of 2-5 years out of a possible 80 in a woman's life and temporary (thank goodness!). The real threat is that decreased estrogen means loss of a protective factor against strokes and heart attacks, thinning bones and hip fractures. What's a woman to do? There is natural help in diet, lifestyle changes, supplements and herbs. However, you are the person who is going to have to do most of the work since it's your body. (Women seem to have an innate ability to listen to their bodies more easily than men, which is to their advantage.) The hardest part is finding a balance between the shifting hormones and the symptoms. Menopause affects each woman differently based on her personal hormone blueprint. While some women sail through and ask, *what hot flashes?*, others face symptoms that wax and wane like the moon until they ask, *am I done yet?*

Plant Power

It's this author's belief that there is a remedy in nature for anything the human body needs and menopause is no exception. Although we'll get into screening tests and other issues in part II, let's look at relief from symptoms (and risks) first. While nature does not work fast—it can take up to 4-6 weeks to note results—slower means safer in terms of side effects and potential problems. In fact, many of the most beneficial and symptom-relieving therapies come from the plant kingdom in the form of phytoestrogens. Now you may be thinking that if estrogen causes the problem, why add to it? Here's why: hormones must bind to receptor sites to exert their influence on the body. Phytoestrogens are 1/100 to 1/1000 the strength of the estrogens you produce and they can compete for the same receptor sites. Their adaptive ability has an estrogen-like action or an anti-estrogen as needed.

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Menopause...

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Pretty smart plants! For example, in one study published in *Menopause* journal (Sum 97), the study participants who ate a higher diet of phytoestrogens significantly decreased their symptoms.

Here is the top pick of helpful plants that address multiple symptoms such as anxiety, sleep, hot flashes, PMS and menstrual symptoms. And, many lower bone, heart and cancer risks at the same time! (*Indicates those with phytoestrogen activity).



Soy isoflavones* are adaptogens that modify estrogen activity to control estrogen dominance and work even better when combined with progesterone cream. More than 20 clinical trials show its helpfulness during menopause in reducing symptoms (less than 10% of Asian women have hot flashes compared to 80-90% of American women). Soy is probably the number one phytoestrogen watched for its role in promoting bone and heart health as well. Look for non-genetically modified forms with a minimum of 20% isoflavones. **Red clover*** also has isoflavones, similar to but not as strong as soy. **Chasteberry*** (also known as vitex) appears to normalize the production of the hormone prolactin, to ease breast tenderness and aid in controlling the estrogen-progesterone ratio. **Wild yam extract** (6%) is a precursor to progesterone so it's synergistic with soy for balancing estrogen-progesterone ratio, too. **Dong Quai*** is an anti-spasmodic, traditionally and best used combined with other herbs.

Black cohosh* (2.5% triterpene glycosides) has been shown to diminish hot flashes, bloating, depression, insomnia and vaginal dryness. It works synergistically with St. John's wort as it binds to serotonin receptor sites in the brain that affect mood. **Licorice root (4:1)*** may help block the adrenal hormone aldosterone's salt-retaining actions and decrease that "stressed to the max" feeling.



Red raspberry* has multiple nutrients which relieve menstrual cramping and relax the uterus. It's helpful for PMS and diminishing hot flashes. **Ginger root** is well known for its anti-nausea effect and supports the digestive woes of menses and menopause.

Are You Hormonally Challenged?

Check all that apply!

- Anxiousness
- Brain fog
- Breast pain & changes
- Craving for carbohydrates
- Depression
- Digestive issues
- Dry skin
- Fatigue
- Fibroids
- Hair loss
- Heart palpitations
- Headaches
- Hot flashes
- Insomnia or fitful sleep
- Irregular menses
- Irritability
- Loss of libido
- Mood swings
- Night sweats
- Painful menses
- PMS
- Stiffness or joint pain
- Urinary dysfunction
- Vaginal dryness
- Weight gain
- Wrinkles

Anti-depressants are commonly prescribed for sleep and anxiety issues. Several herbs are known to help both. **Kava extract** (30% kavalactones) and **valerian root** (0.8% valerenic acid) both have calming effects without that dopey feeling. **St. John's wort** helps mood, mild depression and insomnia at 200-300 mg (0.3% hypericin), up to three times a day. Note that many herbs list an active ingredient set by standardization which helps guarantee that you buy the type

and form used successfully in research studies.

Plants also contain beneficial oils. Essential fatty acids found in **flaxseed lignans***, **omega 3 fish** and **evening primrose oils** affect prostaglandins to help reduce inflammation, breast tenderness, achiness, PMS, and dysmenorrhea, as well as helping hydrate skin. Look for cold-pressed oils and take 1000 mg daily. **Vitamin E** taken at 400-800 IU daily decreases hot flashes, night sweats and vaginal dryness. In fact, encapsulated vitamin E is often used as a vaginal suppository to ease dryness. These oils are also heart and bone healthy as well.

Finally, **Ginkgo biloba extract** boosts blood flow to the pelvic area to help with libido and dwindling desire such that the Chinese consider it an aphrodisiac. It increases blood flow to the brain as well, helping with brain fog. Look for standardization (24% ginkgoflavoglycosides, 6% terpene lactones), 60-120 mg/day.



As you can see, just like nature, many of these beneficial phytonutrients work best when combined together in a synergistic blend to provide the widest array of symptom-relieving and health building benefits. More on other helpful nutrients is coming in *Menopause, Part II*. While you're waiting, ask yourself, *what's my biggest challenge?* Insomnia? Osteoporosis? Hot flashes? Family history of heart problems? Then ask yourself, *how can I meet the challenge(s)*. I'll talk more about these and other issues related to menopause in Part II.

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