Menopause

A Self-Help Approach

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A SELF-HELP APPROACH

Self help for menopausal women and a preventive approach for younger women for the discomforts of menopause and for osteoporosis.

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Introduction

Menopause is a natural transitional phase of our lives and not an illness. Declining levels of female sex hormone production lead to the ending of the menstrual cycle and of our reproductive years. Some members of the medical profession see this natural decline in hormone production as a deficiency disease and treat its signs with Hormone Replacement Therapy, a potentially dangerous approach to a normal process. Because menopause is a natural body process, the discomforts that some women experience - hot flashes, insomnia, nervousness, depression and vaginal dryness - can usually be relieved without resorting to drug and hormone therapies. Making changes in our diets, taking nutritional supplements and herbs, getting regular exercise, getting enough sleep, and making sure we find ways to be more relaxed can lessen or end physical discomforts of menopause.

Keeping healthy can seem like a struggle and our tendency sometimes as women is to blame ourselves if we think we aren't doing enough to keep fit. It can be difficult to keep healthy when we are under so many stresses -- getting older in a society which does not view aging positively, the changes in lifestyle that often occur at mid-life, the current economic situation, the uncertain chemicals in our food, air and water, noise, florescent lights, etc. Then there is the high cost of keeping healthy - good food, vitamin supplements, exercise clubs and classes. We can, however, try to change the things in our lives over which we do have control. Doing this can give us a new and satisfying sense of our personal strength.

We come to our menopausal years usually knowing very little of what to expect because the mainstream North American culture does not encourage much sharing of experience and knowledge between women generally and especially between different generations of women. Nor is there much useful information available to us in books and magazines or even from the medical profession. Besides dealing with the physical discomforts and emotional ups and downs that sometimes occur,

we are also having to deal with other aspects of growing older. In this society, women who can no longer bear children are often thought to be past their useful years, unlike some other cultures where women are more respected for their wisdom as they grow older. Along with our reproductive capacity, we are also expected to lose our sexuality and attractiveness. It is not surprising that we approach menopause with some fear as it is a clear signal to us that we are getting older. For many women, this is also the time when children are growing up and leaving home, families are breaking up, chances for making new friends appear limited and jobs are harder to find. Much of the depression connected with the menopausal years comes from feeling useless and undervalued in our society and being afraid of what the future holds.

It is just as important to pay attention to our emotional needs as it is to take care of our physical health during this time. So often we think we are the only ones having particular problems and feelings. We need to find ways to talk to other women about our feelings and experiences. We can talk to our friends, start a support group with other menopausal and pre-menopausal women, or find out about menopause groups at women's centers or community centres.

Starting or joining a group may be a new and rather intimidating experience for some, and we may not get much encouragement at home, but the risks have been worth it for many women. Menopause would not seem as strange or fearful to us if we could share information about dealing with the physiological and emotional changes that are happening and give each other support through these times of change.

Menopause does not have to be a time of depression, even though there are very real factors in our society which make the prospect of growing older not seem a positive thing. For many women, this has been a time of renewal, of pursuing new interests and making new friends, a time of self-discovery as one phase of life is completed and a new phase, full of challenges and possibilities, opens up to us.

What is Menopause?

Menopause means the permanent ending of a woman's menstrual cycles and her ability to bear children, although we usually use the term to mean the whole period from the onset of the decline of ovarian function to the stabilization of the body at reduced levels of estrogen. This period is also referred to as the *climacteric* or the "*change of life*". It is the natural result of the changes in hormone production that come with aging. When the ovaries become smaller and produce less estrogen and progesterone, egg cells die and woman becomes infertile. *Estrogen* is the hormone which tells the uterus (womb) to build up its lining in preparation for the implantation of an egg, should an egg be fertilized, and *progesterone* is the hormone which tells the lining of the uterus to shed, which results in the monthly menstrual period. Menstrual flow stops when there are no longer enough hormones to build up the lining of the uterus each month.

Menopause does not mean the end of estrogen production but a shift from the production of estradiol (a form of estrogen) to estrone (another form of estrogen). Although the production of estrogen by the ovaries decreases, the ovaries do continue to produce small amounts of estrogen for ten years or longer after periods stop, as well as other hormones called *androgens* (androstenedione and testosterone). The adrenal glands also secrete androstenedione, which is converted by fat (adipose) and liver tissue into estrone. The more body fat you have, the more estrogen your body will produce. Perhaps the fact that women tend to put on weight in their middle years is nature's way of providing another source of estrogen when ovarian estrogen is declining. Women will experience the effects of declining levels of estrogen in various ways and with varying degrees of discomfort. It seems that the rate at which hormone levels fall off has more to do with severity of discomfort than actual hormone levels (the slower the decrease in estrogen, the milder the signs). We can conclude that good overall health, which includes the healthy functioning of the hormone-producing glands, has a role in counteracting the possibility of severe menopausal discomfort.

There is a laboratory test for menopause. It does not measure estrogen production, it measures the levels of two reproductive hormones -- Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH). FSH and LH levels increase markedly until after menopause whereas estrogen levels decrease gradually over a number of years.

What to Expect

Women experience menopause in many different ways., The period of change is gradual, usually starting when a woman is in her mid or late forties and lasting five to seven years, although the signs will likely not be noticeable for that long. For some women, periods will stop abruptly. Most women will experience some menstrual irregularity (missed periods, heavier periods than usual or lighter periods than usual) before their periods end altogether. Menopause is usually said to be complete after one year without a period, although it is recommended that sexually active heterosexual women use some form of birth control for two years after the last period. The barrier methods of birth control - the diaphragm, the cervical cap or the condom - are recommended. So is the ovulation method of birth control,, in which a woman observes her vaginal discharge daily to find out on which days she is fertile and on which days she is not capable of conceiving. This method can still be used when a woman no longer has regular menstrual cycles but is not completely through her menopause. The birth control pill is to be avoided; its risks, especially for women over 35, include heart problems and strokes. AS well as for birth control purposes, condom use is recommended for prevention of sexually transmitted diseases and AIDS.

Besides menstrual irregularity and the end of menstruation, there are other signs related to menopause (listed below). Some women will experience no signs, most will have some, and 10% will have problems of significant severity. (These are American statistics and we can assume they would be very similar in Canada. At present very little is known about menopausal women in societies where cultural and dietary customs are very different from ours.)

Signs of Menopause

Hot Flashes The most common symptom (over 85% of women), a hot flash, usually experienced as a sudden wave of intense heat in the skin, with sweating of the face, neck and chest, accompanied by a rapid heart beat and followed by a chill. They can last from 15 seconds to 5 minutes and occur only occasionally or several times in an hour. Hot flashes can start happening before or after a woman's last period and continue after menopause. They usually end within two years. They are not dangerous but can be frightening, uncomfortable and embarrassing. Although it is clear that hot flashes are connected with a decrease in estrogen, the mechanism which produces the sudden vasodilation (expanded blood vessels close to the surface of the skin into which blood rushes causing the sensation of heat) is not understood by medical science.

Night sweats Night sweats (waking up hot and drenched in sweat and often needing to change clothing and bed linen) are similar to hot flashes. Most women who experience night sweats also have daytime hot flashes, but having daytime hot flashes doesn't necessarily mean having night sweats. The disruption to sleep can be the cause of some of the tiredness, depression and anxiety that are attributed to menopause.

Vaginal dryness Another effect of lowered estrogen levels is on the genitourinary system. Vaginal walls get smoother and thinner and lose some of their ability to lubricate, the vaginal lips get thinner and the cervix and uterus get smaller. This may cause an itching or burning sensation in the vagina and intercourse can become painful. Regular sexual activity seems to help keep the vagina capable of lubricating even though the walls have become thinner. Less than 50% of women suffer from vaginal dryness.

The cells of the bladder and urethra are also affected and women sometimes become more prone to bladder infections or experience incontinence (loss of bladder control) or the need to urinate frequently at night.

Other signs Some women have reported various other problems: headaches, swollen ankles, insomnia, skin tingling,

heart palpitations, numbness, fatigue, constipation, irritability, anxiety, depression, pain in thumbs, memory loss, problems with vision, digestive problems, high blood pressure, new allergies or sensitivities, fluctuations in sexual desire and response, frequent urination, dizzy spells, "crawly" skin, sensitivity to touch, sudden appearance of facial hair.

It is hard to know whether any of these states are directly related to the hormonal changes of menopause. Some may be caused by the aging process and others may have more to do with the situation of a woman growing older in this society. Aging is difficult for women in a society which values youth and youthful looks, especially in women. Menopause is a sign of growing older which cannot be ignored. It usually happens at a time when other changes are happening too - family structures change, children leave home and marriages or partnerships end. Job opportunities are fewer, especially for women who have only worked in the home and have few skills that are seen as valuable in the workplace. It is likely that any depression and anxiety that women may feel at this time, and the physical problems that can be caused by emotional distress, have more to do with well-grounded fears about getting older than with the menopause itself. It is also possible that the hormonal changes of menopause do have some effect on moods and make the stresses and anxieties seem worse.

Many premenopausal women experience an increase in premenstrual discomfort which they may blame on menopause. Recent research suggests that the symptoms of PMS (Premenstrual Syndrome) may continue after the last period. It is possible that the dietary and lifestyle changes suggested to relieve the discomforts of PMS would help during menopause. (See **PMS: A SELF-HELP APPROACH** by the Vancouver Women's Health Collective)

Osteoporosis

This condition, which means that the bones lose density and become porous and fragile and break easily, is associated with lowered estrogen levels. It affects many more women than men. Fair-skinned white women are at highest risk for osteoporosis, followed by Asian women. Brown-skinned

women and white women with dark complexions are lower risk, and black women are lowest risk.

Also more at risk are thin women, women who smoke, consume a lot of alcohol, caffeine and/or red meat, and who do not exercise regularly. Surgical removal of the ovaries doubles the risk. 25% of white post-menopausal women will develop some degree of osteoporosis.

Osteoporosis is known as the "silent" disease and is very difficult to diagnose. X-rays can be misinterpreted and are not useful until the disease is in its advanced stage. CAT scans are very expensive and not easily available. Bone biopsies involve a surgical procedure.

There is no cure for osteoporosis. Treatment is aimed at slowing bone loss. Early signs of osteoporosis are: a) a progressive and persistent backache in the lower part of the spine - a pain which does not radiate (spread to other areas) b) gradual loss of height: the "dowager's hump" (a protrusion in the upper back) is a clear sign of osteoporosis. Periodontal disease (gum inflammation and loosening of teeth) may be a sign. Spinal fractures can occur frequently, even from twisting the spine or a hug. After age 65, hip fractures are quite common.

There is no medical agreement on the cause of osteoporosis. If calcium deficiency is the cause, it might be due to low calcium intake, to inefficient absorption of calcium or to excessive calcium loss due to caffeine and high protein foods (caffeine and high protein foods increase the amount of calcium excreted in urine every day). Some researchers focus on the role of estrogen which may improve calcium absorption or influence the hormones that regulate bone remodelling. Others have focused on the role of excessive protein consumption which causes the body to lose large amounts of calcium and other minerals. Another idea is that a diet high in red meat has too much phosphorus which disturbs the calcium/phosphorus balance.

The Food and Nutrition Board of the U.S. recommends 47 grams for women and 56 grams for men of protein daily. The World Health Organization recommendations are 29 grams for women and 37 grams for men. Most North Americans consume

105 - 120 grams daily! Most people in the world get 300 - 500 milligrams of calcium daily from their diets with little or no dairy products. Countries with the highest consumption of animal protein (meat and dairy products) also have the most osteoporosis.

Hysterectomy and Menopause

Hysterectomy (removal of the uterus) is a commonly used surgical procedure for a variety of conditions. Sometimes the ovaries are removed as well. Whatever age a woman is, she will go *into* menopause as soon as her ovaries are removed (referred to as surgical menopause) and her menopausal signs are likely to be severe because her body has not had the chance to transfer estrogen production to other organs gradually. If a woman's ovaries (or even one ovary) are left intact during a hysterectomy, she will experience menopausal signs in her forties or fifties, even though she of course has no periods after her uterus is removed. She is likely to go through menopause somewhat earlier than might be expected, though. (The same is true for women with tubal ligations.)

Some women temporarily experience menopausal signs (especially hot flashes) right after a hysterectomy even though the ovaries were left intact. This is caused by a sudden drop in hormone levels in the first few days after surgery, most likely due to the temporary reduction of blood flow to the ovaries created by the surgery.

Many hysterectomies are unnecessary surgical procedures and, like any surgery, carry the risk of complications and, in a few cases, death. If your doctor suggests a hysterectomy, especially as a preventive measure, get a second and even a third opinion, and try to inform yourself of the pros and cons.

Studies suggest that a hysterectomy triples a woman's chance of heart attack (as does any premature menopause). The death rate from hysterectomy is higher than that of uterine cancer, although it is sometimes suggested to prevent the possibility of uterine cancer.

The removal of healthy ovaries to prevent ovarian cancer (a

rare cancer) is a debatable procedure. It increases a woman's risk of heart disease and osteoporosis and encourages her to become dependent on Hormone Replacement Therapy. Ovaries still serve a function after menopause; they continue to produce small amounts of estrogen as well as androgens which fat tissue converts to estrogen.

Sexuality

We live in a society where a woman's value and sexual attractiveness are perceived as being connected with her fertility, youth and beauty. As well, the importance of sexuality, generally, is seen as being connected to reproduction. With menopause, we are losing our reproductive potential, and at the same time we are faced with the undeniable fact of aging. The myth is that menopausal women are no longer interested in sex, or if we are, that our response is inappropriate to our age. And it is just that - a myth. For some women, sexual pleasure actually increases with menopause, once the fear of unwanted pregnancy and the need for contraception are removed.

Physically, it is true that with less estrogen circulating in the body, the vaginal walls may become thinner and drier, which may make intercourse painful or at least uncomfortable. Sexual activity, either alone or with a partner, helps to keep the vaginal walls capable of lubricating even when they have become thinner. There is a large emphasis in this society on intercourse as the primary sexual form, but there are other ways of being sexual and of being sexually satisfied. If intercourse is painful, oral or manual stimulation can be explored.

Our ability to be sexual is influenced by all the conditions of our lives - our attitudes towards ourselves, towards sex, our general health, the availability of a partner and our partners" attitudes. Society's ideas about menopause and aging and the conditions of our individual lives may affect our sexuality during or after menopause.

One of the changes many women of middle age experience is that they are on their own, being divorced, widowed or single, and male partners of the same age may not be available. Some women are exploring relationships with younger men. And

some are discovering emotionally and sexually satisfying relationships with other women.

Some Advantages of Menopause

Besides not having to worry about birth control and unwanted pregnancy (for heterosexually active women) and being free from premenstrual tension and the use of tampons and pads, there are some health advantages as a result of lower levels of estrogen.

Fibroids (benign or non-cancerous growths in the muscular wall of the uterus) shrink during menopause. Fibroids are one of the common reasons for hysterectomy. A woman over forty may avoid surgery by waiting till menopause if the fibroids are not causing pain or other problems.

Endometriosis (an often painful condition where the uterine tissue grows outside the uterus and bleeds cyclically, sometimes forming blood-filled cysts) sometimes subsides at menopause when production of ovarian hormones decreases.

Fibrous breast lumps (fibrocystic breast disease) disappear after menopause but can reappear if a woman is taking estrogen.

Conventional Treatments

Hormone Replacement Therapy

Since the most obvious signs of menopause (hot flashes, vaginal dryness) and the susceptibility of women to osteoporosis seem linked to estrogen deficiency, Estrogen Replacement Therapy (ERT) has been promoted by the medical profession as the treatment for menopause since the 1960's. (The most well known brand name for ERT is Premarin).

In the mid-1970's, in response to the studies which linked estrogen therapy with the development of endometrial cancer (the endometrium is the lining of the uterus), doctors started prescribing progestogens (substances with progesterone-like

activity, with brand names such as Provera) along with estrogen to counteract the effect of the estrogen. This combination in effect mimics the menstrual cycle and can cause a menstrual-like flow of blood each month, even in women who have stopped menstruating. The current practice of prescribing estrogen plus a progestogen (thus replacing the term Estrogen Replacement Therapy with the term Hormone Replacement Therapy) and the lowering of estrogen dosages seem to reduce the risk of endometrial cancer, but it is a new approach and its safety and usefulness in preventing endometrial cancer remain in doubt. It is too soon fro studies to show possible negative effects of long term use.

We know that the birth control pill which combines two artificial hormones, estrogen and progestin, was once thought to be safe and is now linked with blood clots, heart attacks, strokes, high blood pressure and other serious problems. DES (diethylstilbestrol), a synthetic estrogen, was once given to millions of women worldwide as a "miracle cure" for repeated miscarriage. Now many of their daughters and sons have developed abnormalities of the reproductive organs, infertility, and cancer. The suffering experienced by many women because of the use of these hormones should caution us to be very wary of hormone treatment for menopause.

Other serious consequences of ERT were reported besides endometrial cancer: gall bladder disease, post-menopausal bleeding (leading to D&Cs and hysterectomies), increased risk of blood clotting, high blood pressure, benign liver tumours, impaired glucose tolerance and possibly breast cancer. Another problem with taking estrogen is that the menopausal discomforts can recur with even more severity when a woman stops taking it. This is especially true of osteoporosis.

Some research is now suggesting that estrogen may help prevent heart disease in post-menopausal women, but other findings contradict this. Even if estrogen does reduce the risk of heart attack, the addition of progestin (Hormone Replacement Therapy is a combination of estrogen and progestin) would negate the effects of estrogen.

There is no doubt that estrogen therapy does help many women's hot flashes and vaginal dryness. In the case of

osteoporosis, ERT seems to slow the rate of bone loss but does not necessarily prevent fractures or help form new bone tissue. It is not known how rapidly bone loss accelerates after stopping ERT (except that it does) or how long it should be taken for, and there is no agreement as to the best type of estrogen or the exact dosage.

What each woman has to consider is a) is the risk worth it, and b) what are the alternatives? In some instances when the alternatives don't seem to work and the discomfort is severe, the relief may be worth the risk. These women should be aware of possible side effects: nausea, cramps, vaginal bleeding, breast tenderness and enlargement, retention of fluid, aggravation of migraine headaches, changes in body weight, rashes and headaches. There are some women who are at high risk and should never take estrogen: they include women with a history of blood clots, undiagnosed vaginal bleeding, breast or uterine cancer, kidney or liver disorders, fibroid tumours, migraines, vascular thrombosis (sudden onset blockage of blood vessels), diseases of the blood vessels of the eyes, endometriosis, high blood pressure, diabetes, gall bladder disease, varicose veins, and those who smoke or are very overweight. Women who have taken other hormones such as oral contraceptives (the birth control pill) or DES (given to many women between 1941 and 1971 to prevent miscarriages) are also advised not to use Hormone Replacement Therapy.

If Estrogen Replacement Therapy seems the best route to take, try to avoid taking it in pill form. Pills taken orally cause the liver to receive enough estrogen to overtax it. It can be given by injection or by the Estraderm Patch, a thin transparent patch applied like an adhesive bandage to the body. The patch has the lowest amount of estrogen and the estrogen enters the blood stream steadily. Injections cause high blood levels of estrogen when first given. Estrogen is sometimes prescribed in cream form for vaginal dryness. This method requires the smallest dose for effective absorption.

Estrogen by prescription is either synthetic (produced in a laboratory) or "conjugated", meaning produced from the urine of pregnant horses. This is often called "natural" estrogen because it comes from an animal, but what is natural for an animal is not necessarily natural for human beings!

A woman trying to come off Estrogen Replacement Therapy should lower her dose very gradually over a number of months, or even a year, and use the methods suggested later in this booklet for stimulating estrogen production in the body.

Androgens are now being given experimentally after removal of the ovaries to women for whom estrogen does not restore energy and interest in sex. This may result in masculinization (increased facial hair, lowered voice) and an increased chance of heart disease.

Treatments to Avoid

Fluoride treatment for osteoporosis Some doctors prescribe fluoride treatment along with estrogen and calcium for osteoporosis. It does promote new bone growth but the new bone that is formed has been reported to break easily. Forty percent of women taking fluoride develop severe side effects (rheumatic pains, nausea, vomiting and anemia, among others). It is still an experimental treatment.

Clonidine hydrochloride This drug is marketed under the name Dixarit: it contains no estrogen, and is prescribed for hot flashes. Its side effects include dry mouth, constipation, headache, drowsiness, depression, sexual dysfunction and many others. Sudden withdrawal - even one missed dose - can lead to hyperexcitability, rapid rise of blood pressure and even death.

Tranquilizers Many menopausal women are routinely given minor tranquilizers, such as Valium, when they tell doctors of their feelings of depression and anxiety. Tranquilizers may sometimes have their uses in the short term in certain crisis situations, but are totally inappropriate for the woman experiencing mood changes due to the hormonal changes going on in her body and the stresses of getting older. Tranquilizers interfere with sleeping patterns and can cause headaches, upset stomach, ringing in the ears and more depression. They are definitely addictive and withdrawal can cause anything from anxiety to nausea, trembling, skin crawling, convulsions and psychosis (depending on dosage and length of time on the drug). It is important to recognize coming off tranquilizers as a long term process and to do it slowly. It is also important for a woman

not to blame herself if she realizes that she has become dependent on tranquilizers; it is easy to understand why a woman who has not been offered an alternative would resort to tranquilizers as a way to deal with her distress and not understand the dangers of such a commonly prescribed drug.

Self Help for the Symptoms of Menopause

Exercise

Exercise is important for our physical and mental well-being and can delay or prevent some aspects of aging. Exercise improves circulation and muscle tone, bringing oxygen and nutrients to our cells, helps digestion and elimination, strengthens the heart, reduces the chance of osteoporosis (bone tissue becoming porous and fragile) by promoting calcium absorption, helps maintain good posture. Walking, swimming, dancing, cycling or yoga every day or at least every other day are all good forms or exercise. T'ai Chi is a gentle form of movement/exercise which is very suitable for women not used to exercising.

Relaxation

We tend to place a lot of value on ways to be active, and not enough on ways to relax. Constant tension can become a way of life, and is detrimental to our health. At menopause, when a woman's body is undergoing many changes, rest is especially needed. Be sure to get plenty of sleep, and try to spend time during the day doing things that are relaxing. Some women find that meditation, yoga, massage and exercise greatly increase feelings of calm and well-being. There are a number of books and tapes available with simple relaxation techniques.

Nutrition

A healthy diet is essential to good health. By a healthy diet we mean one that is high in fresh vegetables, fruit, beans and whole unprocessed grains such as whole wheat bread and brown rice, and low in meat, especially red meat, and saturated fats (primarily animal fats). A completely vegetarian diet can provide enough protein.

Vitamin and mineral supplements are considered by many people to be necessary as most of us do not have access to farm fresh foods and must rely on foods which have been brought from other parts of the continent and have spent time on grocery shelves, which depletes them of nutrients. This food is most likely to have been grown in overworked soil and treated with chemicals, another reason why it is likely to be less rich in vitamins and minerals than the food our parents and grandparents ate. The processing of food (e.g. making wheat into white flour) strips it further of nutrients. (Organically grown food i.e. food grown without chemicals is becoming fairly easy to find, but it is usually more expensive). Pollution, habits such as smoking and drinking alcohol, and the stressful lives many of us lead also deplete the body of vitamins.

Although specific vitamins and minerals are suggested here as having specific relevance to menopause, it is important to know that it is necessary to take a natural source multi-vitamin/mineral tablet which provides all the vitamins and minerals, and to supplement the multi-vitamin/mineral tablet with more of a specific vitamin or mineral when necessary.

Food allergies can initiate or worsen menopausal symptoms such as hot flashes and night sweats. Allergic reactions (we often crave foods we are allergic to) can suppress estrogen function or production. Sometimes menopausal symptoms attributed to estrogen deficiency disappear when the foods (or chemicals) a woman is reacting to are removed.

Avoid:

Red meat may disturb the body's calcium/phosphorus balance. Excess protein causes the body to lose calcium.

White sugar disturbs calcium/phosphorus balance and interferes with calcium absorption (increases chance of osteoporosis), throws off hormone balance (Women who don't eat sugar have fewer and milder hot flashes), raises blood cholesterol level after menopause, plays a role in many diseases such as coronary thrombosis, diabetes, indigestion. (See **Sweet and Dangerous** by Dr. John Yudkin or **Sugar Blues** by William Dufty.)

Junk food, food with additives and preservatives, refined

starches (white flour, white rice, white sugar) provide empty calories and little or no nutrition and chemical additives can be a danger to health.

Constant dieting puts us at risk for osteoporosis.

Reduce:

Salt: too much salt leads to water retention and bloating, increased blood volume leads to high blood pressure, promotes the excretion of calcium. Instead use kelp (powdered seaweed which is rich in minerals) or salt substitutes like "Spike" which are made from herbs and spices.

Saturated fats (primarily animal fats): they form deposits in the arteries and reduce circulation, animal fats in excess prevent efficient absorption of calcium and cause it to be leached from the bones, they can lead to heart disease and hearing loss.

Alcohol depletes the body of B vitamins, magnesium and zinc, leads to cirrhosis of the liver, heart disease and gastrointestinal disorders, inhibits the use of calcium for bone formation, may trigger hot flashes.

Caffeine depletes the body of B vitamins, potassium, zinc, iron and Vitamin A, increases hydrochloric acid level in the stomach and chance of ulcers, overworks the kidneys, interferes with the absorption of calcium, contributes to insomnia, may trigger hot flashes.

Recommended:

Fruit, vegetables, whole grains, nuts and seeds, fish, wheat germ, lecithin, yogurt, buttermilk, garlic, sprouts, fibrous foods (bran, raw fruit and vegetables, whole grains), lots of fluids.

For bloating: cabbage, cucumbers, parsley, pineapple, watermelon are natural diuretics.

Non-Drug Relief from Menopausal Symptoms

For General Relief and Maintenance of Good Health

Vitamin B complex: important for combatting stress. Some B vitamins increase the effect of estrogen. Particularly important for menopause: Paba (Para-aminobenzoic acid) - up to 100 mg daily; Pantothenic acid (calcium pantothenate) - up to 100 mg daily; B6 (cyanobolamin) - 50 mcg daily.

All the B complex vitamins should be taken as they work together. A good natural source B complex supplement or multiple vitamin and mineral tablet contains all the B vitamins in adequate amounts. Brewer's yeast is an excellent and economical source of all the B vitamins as well as protein and minerals. Take 2 tablespoons maximum a day. It can be mixed into fruit or vegetable juice or hot bouillon. Unfortunately brewer's yeast alone cannot supply enough B vitamins and some people are allergic to brewer's yeast.

Vitamin A: essential for healthy functioning of sex glands, as well as for resistance to infections. 10,000 units daily (can be toxic in excess).

Iron: it is important to make sure our diet includes iron-rich foods such as clams, dried beans and peas, spinach, beets, chard, raisins, apricots, prunes, kelp, egg yolks, oatmeal, sunflower seeds and molasses because the body's ability to absorb iron decreases after 40. Heavier periods can lead to iron-deficiency anemia. Synthetic supplements are hard to absorb and can cause constipation. Take with Vitamin C or orange juice and 6 - 12 hours away from Vitamin E. Liquid natural iron supplements like Floradix or Fera are easy to absorb but are more expensive.

Iodine: the body's need for iodine increases at menopause. Iodine is necessary for normal thyroid function which is related to hormone production. Kelp is an excellent and economical source of all the necessary minerals as well as iodine and helps reduce the symptoms of menopause. Kelp (a seaweed) comes in powdered form and can be sprinkled in soups, salads, sauces, etc.; it also comes in tablet form.

FEM capsules: a combination of goldenseal, blessed thistle, cayenne, uva ursi, cramp bark, false unicorn root, red raspberry, squaw vine and ginger. (You can make this combination yourself by powdering 1 part of each herb - except 3 parts goldenseal - in a blender and putting the powder in 00 gelatin capsules which are available at some health food stores). Start with 3 capsules twice a day then adjust according to the needs of your body.

Raw glandular supplements: they may stimulate the glands to produce hormones. They can be obtained from a naturopathic doctor.

For Hot Flashes

Vitamin C complex (including bioflavonoids): strengthens and increases the elasticity of the capillaries (small blood vessels); also helps bone growth and to combat stress. 1,000 to 3,000 mg per day taken in 500 mg tablets at intervals over the day.

Vitamin E: stimulates production of estrogen (may take 2 weeks to 3 months for effect to be noticed). 600 - 800 IU with up to 3,000 mg Vitamin C (taken at intervals) per day; when hot flashes subside, reduce to 400 IU daily. Take after a meal which contains some fat or oil. Do not take more than 600 IU per day without medical supervision.

In cases of diabetes, high blood pressure and rheumatic heart condition, doses should be very small and never exceed 100 IU per day. Check with a doctor before taking Vitamin E if you have any of these conditions. People taking digitalis should not take Vitamin E.

Vitamin E tablets with Selenium (a mineral) are most effective. D-alpha on the label means natural source Vitamin E.

Dong quai: this Chinese herb (also spelled dang quei, tang kuei, tang kewi) is known to nourish female glands, regulate hormones and correct menstrual problems, including hot flashes. It is available in tablet form from Chinese herbalists in Chinatown and in capsule form in the U.S. It should not be taken at the same time as other herbs and little or no fruit should be

eaten when taking it.

Evening Primrose Oil: one possible cause for hot flashes is fluctuating levels of a prostaglandin (a hormone-like substance) called PGE1. Evening Primrose Oil contains gamma-linolenic acid which is the precursor for PGE1 prostaglandin production. Evening Primrose Oil seems to have a role in stabilizing prostaglandin production. Many women have found relief from hot flashes by taking Evening Primrose Oil. It is available from some health food and vitamin stores under the brand name Efamol. Unfortunately it is quite expensive.

Bee pollen: some women have found one tablet a day of Melbrosia helpful.

Alfalfa tea: made of 2 tablespoons of alfalfa seeds to 1 pint of water taken three times a day with lemon or 1/4 teaspoon alfalfa extract daily.

Herbs: there are a number of herbs which contain estrogen-like substances and are said to boost the body's production of estrogen. It would be advisable to consult a herbalist or a naturopathic doctor before taking herbs, as some herbs can be toxic in large amounts.

Other Suggestions for Hot Flashes

- Dissolve 1 cup table salt in a bathtub of warm water. Lie in it till water cools. Rinse with cold water and go to bed.

- Wear cotton bedclothes, use cotton sheets and sleep with the window open.

- Cold water compresses on cheeks, neck and chest.

- Keep calm, loosen clothing and take slow, deep breaths. Dress in layers so that a layer can be taken off when a hot flash occurs.

- Avoid hot tea and coffee, red wine, spicy foods, foods with MSG (such as some Chinese food), as they can provoke hot flashes.

- Regular sexual activity: a study showed that women who have

weekly sexual activity either by themselves or with a partner, tend to be either free of hot flashes or experience milder ones than women who abstain or have sporadic sexual activity.

For Osteoporosis

Calcium: osteoporosis prevention starts with children and young women getting adequate exercise and nutrition, in particular adequate calcium. The role of calcium supplementation for menopausal and post-menopausal women is controversial. Some studies show that bone loss is reduced by daily calcium supplements; other studies disagree. If excess protein is causing the body to lose calcium, then decreasing protein consumption is more important than increasing calcium intake. Excess calcium (more than 4 grams daily from supplements, dairy products, other dietary sources and antacids) can lead to internal bleeding, kidney stones and other problems. Inadequate calcium due to excess protein or to poor absorption is more likely to be a problem. Whether to take supplements and how much to take will depend on your diet - how much protein and how much calcium-rich food.

The usual recommendation for menopausal women is 1000 - 1500 mg daily, including supplements and dietary sources.

Several forms of calcium are available. Calcium citrate is the most easily absorbed form. Calcium gluconate is the hardest to absorb. Other forms are calcium lactate (don't use if sensitive to milk products) and calcium carbonate.

Some calcium rich foods: skim milk, low fat cheese and yogurt, sesame seeds, tahini, sardines, mackerel, scallops, mustard and collard greens, broccoli, raw parsley, watercress, beans, molasses, tofu made with calcium sulphate, carob flour, kelp, dulse, almonds, brazil nuts, dried figs and apricots, sunflower seeds. Many people in the world get adequate calcium from diets with little or no dairy products.

Necessary for calcium absorption: *Magnesium* - one third to one half as much as calcium (tablets which combine calcium and magnesium are available). *Phosphorus* - same amounts as calcium (our diets are usually high in phosphorus so we don't

need phosphorus supplements). *Vitamin D:* very important for calcium absorption and prevention of osteoporosis - 400 units per day (we need more Vitamin D in the winter than in the summer because sunlight transforms an oily substance in the skin into Vitamin D). Vitamin D should be taken in conjunction with Vitamin A. Adequate *Hydrochloric Acid* in the stomach - to ensure calcium is assimilated and not deposited in joints and tissues.

Folic Acid: 5 mg daily.

Silica: some calcium/magnesium supplements contain silica. The body changes silica to calcium very efficiently.

Exercise: may be the most important factor in preventing or slowing osteoporosis. Regular weight bearing exercise (at least one hour a day, three times a week) such as brisk walking, dancing, rope jumping, jogging, running, skiing, cycling, can increase bone mass even in post-menopausal women.

Good posture: can prevent "dowager's hump".

What to avoid: smoking, caffeine and alcohol all interfere with calcium absorption.

For Vaginal Dryness

Vitamin E: puncture a capsule and use the oil to massage the inner sides of the vagina.

Vegetable oils: safflower, coconut oil, cocoa butter, apricot kernel oil (don't use vaseline, cold cream or mineral oils - they can irritate the tissues or block secretions - and don't douche).

Yogurt: 1 tablespoon plain yogurt mixed with 1 teaspoon pure cold-pressed vegetable oil and applied with a cream inserter once a week.

Aloe Vera gel

Calendula cream: a homeopathic completely non-toxic preparation which helps heal damaged tissues (available at some health food stores).

Kegel exercises: see section on Kegel exercises.

Regular stimulation and sexual activity keep the vaginal walls capable of lubricating, even when they have become thinner.

The vitamins and herbs recommended for hot flashes may also help as both hot flashes and vaginal dryness are due to lowered estrogen levels.

For Insomnia, Nervousness and Depression

Camomile tea.

Sleepytime tea: contains camomile, spearmint, passion flower, lemongrass, skullcap.

Calms: a herbal blend tablet containing passion flower and camomile. Available at some health food and vitamin stores.

Tea brewed from a mixture of catnip, valerian, camomile, skullcap, lady's slipper, peppermint. Mix equal parts of each herb then use 1 teaspoon of mixture to 1 cup of water. (Moderation is always advised when using herbal teas).

Exercise and Relaxation

For Constipation

Foods high in fibre: bran, apples, peaches, plums, pears, prunes, leafy green vegetables, whole grain cereals, legumes (peas, beans and lentils), root vegetables.

Plenty of fluids

Exercise

Avoid regular use of laxatives. When really necessary, use a gentle herbal laxative or drink prune juice.

Garlic, flax seeds, dandelion leaf tea.

Kegel Exercises

These exercises were developed by Dr. Arnold Kegel to help women with problems of stress incontinence (losing urine when you cough, sneeze or laugh). They are designed to strengthen and give you better control of a muscle called the Pubococcygeus or P.C. muscle for short. The P.C. muscle is part of the sling of muscle stretching from the pubic bone in the front to the tailbone in the back which supports our internal pelvic organs. Since the muscle encircles not only the urinary opening but also the outside of the vagina, many women have found that the exercises have another effect - increased sexual awareness. They are also very useful for women with vaginal dryness as they stimulate lubrication.

Practised regularly, these exercise can increase the muscle tone of the vagina and prevent prolapse of the uterus (falling of the uterus into the vagina), cystocele (the bulging of the bladder into the vagina) and rectocele (the bulging of the rectum into the vagina).

Identifying the P.C. Muscle

Sit on the toilet. Spread your legs apart. See if you can stop and start the flow of urine without moving your legs. The P.C. muscle is the one which controls the flow of urine. Your ability to stop the flow of urine indicates how strong the muscle is.

The Exercises

Slow Kegels: Tighten the P.C. muscle as you did to stop the urine. Hold it for a slow count of three. Relax it.

Quick Kegels: Tighten and relax the P.C. muscle as rapidly as you can.

Pull in Push Out: Pull up the entire pelvic floor as though trying to suck water into your vagina. Then push our or bear down as if trying to push the imaginary water out. This exercise will use a number of stomach or abdominal muscles as well as the P.C. muscle.

At first do ten of each of these exercise (10 slow, 10 quick, 10 push-pull) five times every day. Each week increase by five times each exercise you do (15 slow, 15 quick, 15 push-pull) until you reach a total of 25 for each exercise. So as not to be discouraged increase the exercises only by as much as you can comfortably. For the most efficient results all three of the exercises should be done.

You can do these exercises any time during daily activities which don't require a lot of moving around - driving a car, watching television, waiting for the elevator, sitting in school or at your desk, or lying in bed.

Remember to keep breathing naturally and evenly while you are doing your Kegels.

When you start you will probably notice that the muscle doesn't want to stay "contracted" during the "Slow Kegels" and that you can't do "Quick Kegels" very fast or evenly. Keep at it. In a short time you will probably notice that you can control it very well. Some women notice improved muscle tone in just a few weeks.

Further Reading

Menopause

Books

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Porcino, Jane. **Growing Older, Getting Better: A Handbook for Women in the Second Half of Life.** Don Mills, Ontario: Addison-Wesley Publishing Co., 1983.

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Mason, John L. **Guide to Stress Reduction.** Culver City, Ca: Peace Press, 1980.

Morgan, Susanne. **Coping with a Hysterectomy.** New York: Dial Press, 1982.

Weil, Andrew, MD. **Natural Health, Natural Medicine: A Comprehensive Manual for Wellness and Self-Care.** Boston: Houghton Mifflin Co., 1990.

Weiss, Kay, ed. **Women's Health Care: A Guide to Alternatives.** Reston: Reston Publishing Co., 1984.

For centuries health information was passed from woman to woman, from one generation to the next. As the medical profession took over health care late in the 19th century, this information became more and more their property.

One way women have begun to take back control of our own health care is to collect and write information and to share it with each other.

We have become used to thinking that only medical "experts" know about good health care. In fact, we all have valuable information and we can share it and learn together. We call this concept "self-help."

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