Jan 89

Menopause

A Self-Help Approach

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by
Vancouver Women's Health Collective

The production of this booklet was made possible by a grant from the Health Promotion Directorate of Health and Welfare Canada. The views expressed herein are solely those of the authors and do not necessarily represent the official policy of the Department of National Health and Welfare.

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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 symptoms with Hormone Replacement Therapy, a potentially dangerous approach to an inevitable process. Because menopause is a natural body process, the symptoms 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 the physical symptoms 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, though, to keep healthy when we are under so many stresses—getting older, changes in lifestyle, the current economic situation, the uncertain state of the world, as well as the stresses from the environment—chemicals in our food, air and water, noise, fluorescent lights, etc. Then there is the high cost of keeping healthy—good food, vitamin supplements, exercise clubs and classes. We can still, however, try to change the things in our lives over which we do have control.

We come to our menopausal years usually knowing very little of what to expect because our culture does not encourage much sharing of experiences and knowledge between 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 our 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 are 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 centres 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 and the beginning of a period of decline, even though there are very real factors in our society which make the prospect of growing older not seem a positive thing. For some 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 the woman becomes infertile. *Estrogen* is the hormone which tells the uterus 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.

Although the production of estrogen by the ovaries decreases, the ovaries are still working and producing other hormones—two

androgens called androstenedione and testosterone. Fat cells (adipose tissue) and other tissues and organs convert androstenedione into estrogen. The more fat you have, the more estrogen you will have. The adrenal glands also produce some estrogen and progesterone and continue to do so after menopause, as well as androgen which the body can convert into estrogen. Some researchers have shown that 40% of women will show the same level of estrogen in their later years as they did before menopause, which contradicts the common assumption that all women will have a 75% decrease in blood estrogen levels. Still, the majority of 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 symptoms than actual hormone levels (the slower the decrease in estrogen, the milder the symptoms). 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 symptoms.

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 symptoms 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.)

Besides menstrual irregularity and the cessation of menstruation, there are other symptoms related to menopause (listed below). Some women will experience no symptoms, most will have some and 10% will have symptoms 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.)

Symptoms Associated With Menopause

Hot Flashes The most common symptom (over 85% of women), a hot flash, is 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. They can start happening before or after a woman's last period, continue after menopause and 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 Symptoms Some women have reported various other symptoms: headaches, swollen ankles, insomnia, skin tingling, heart palpitations, numbness, fatigue, constipation, irritability, anxiety, depression, loss of interest in sex, pain in thumbs, memory loss, problems with vision, digestive problems, high blood pressure.

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 possible that the depression and anxiety that many women 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.

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 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. Fifty percent of white post-menopausal women will develop some degree of osteoporosis. Osteoporosis is known as the "silent" disease and is very difficult to diagnose. 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 (*c*) periodontal disease (gum inflammation and loosening of teeth). Spinal fractures can occur frequently, even from twisting the spine or a hug. After age 65, hip fractures are quite common.

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, and her symptoms 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 symptoms 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 symptoms (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 and inform yourself of the pros and cons. The death rate from hysterectomy is higher than that of uterine cancer, although it is sometimes suggested to prevent the possibility of uterine cancer.

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 problems 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 women are discovering emotionally and sexually satisfying relationships with other women for the first time in their lives.

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 growths in the pelvic area) shrink during menopause. A woman over forty may avoid surgery by waiting it out.

Endometriosis (an often painful condition where 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 symptoms of menopause (hot flashes, vaginal dryness) and the susceptibility of women to osteoporosis are clearly linked to estrogen deficiency, Estrogen Replacement Therapy (ERT) has been a common treatment for menopausal women since the 1960s. (The best known brand name is Premarin.) In the mid-1970s, 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 seems to reduce the risk of endometrial cancer, but it is a new approach and its safety remains in doubt. Remember the Pill? This seemingly safe method of birth control which combined two artificial hormones, estrogen and progestin, and which we

now know can cause blood clots, heart attacks, strokes, high blood pressure and other serious problems? Or DES (diethylstilbestrol), a synthetic hormone which was given to prevent miscarriages to many women, many of whose daughters and sons are now developing 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 symptoms can recur with even more severity when a woman stops taking it. This is especially true of osteoporosis.

There is no doubt that estrogen therapy does help hot flashes and vaginal dryness. In the case of osteoporosis, ERT seems to retard bone loss but does not necessarily prevent fractures. If estrogen is stopped, bone loss accelerates.

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 symptoms are severe, the relief may be worth the risk (especially for women with surgically induced menopause). 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. The alternative is the sublingual wafer which is placed under the tongue and the estrogen absorbed into the blood stream. Estrogen is sometimes prescribed in cream form for vaginal dryness. This method requires the

smallest dose for effective absorption. A woman trying to come off estrogen replacement therapy should lower her dose very gradually and use the methods suggested later in this booklet for stimulating estrogen production in the body.

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 an experimental treatment which has not been approved by the Food and Drug Administration of the U.S.

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 of 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 to you. Some women find that meditation, yoga 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). Fish, chicken, eggs and dairy products in moderate amounts will provide adequate protein. Vitamin and mineral supplements are necessary as most of us nowadays 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 likely to have been grown in overworked soil, another reason 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) further strips it of nutrients. 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 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 addiction (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: high in phosphorus which depletes calcium leading to osteoporosis (bone loss). Vegetarians who eat eggs and dairy products lose less bone mass after menopause.

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): They provide empty calories and little or no nutrition, and chemical additives can be a danger to health.

Reduce:
Salt: too much salt leads to water retention and bloating; increased blood volume leads to high blood pressure. Use kelp (powdered seaweed which is rich in minerals) instead of salt.

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.

Caffeine: depletes the body of B vitamins, potassium and zinc; increases hydrochloric acid level in stomach and chance of ulcers; overworks the kidneys; interferes with the absorption of calcium; contributes to insomnia.

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. B_6 (pyridoxine)—up to 100 mg daily. B_{12} (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. 10,000-15,000 units daily.

Iron: it is important to make sure our diet includes iron-rich foods such as organ meats, clams, dried beans and peas, spinach, beets, chard, raisins, apricots, prunes, kelp, egg yolks, oatmeal, sunflower seeds, molasses, because the body's ability to absorb iron decreases after 40.

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.

Natro-bio No. 17: a homeopathic remedy for the symptoms of menopause, taken as drops under the tongue. (Coffee must be avoided completely when taking a homeopathic remedy.) Available at some health food and vitamin stores.

FEM capsules: a combination of goldenseal, blessed thystle, 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 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. 1,000-3,000 mg per day taken in 500 mg tablets at intervals over the day.

Vitamin E: stimulates production of estrogen (may take 2-6 weeks 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, rheumatic heart condition, and for people taking digitalis, doses should be very small and never exceed 100 IU per day. Check with a doctor before taking any Vitamin E if you have any of these conditions.

Vitamin E tablets with Selenium (a mineral) are most effective.

Dong quai: this Chinese herb (also spelled dang quei, tang kuei, tang kwei) is known to nourish female glands, regulate hormones and correct menstrual problems, including hot flashes. It is available in tablet or tea 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.

Fo-ti-tieng: this is another Chinese herb recommended for hot flashes because it regulates female hormones.

Evening Primrose Oil: one possible cause for hot flashes is fluctuating levels of a prostaglandin (a hormone-like substance) called PGE_1. Evening Primrose Oil contains gamma-linolenic acid which is the precursor for PGE_1 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.

Tea made of 2 tablespoons of alfalfa seeds to 1 pint of water taken three times a day with lemon.

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 Chinese food): they can provoke hot flashes.

Regular sexual activity: a study showed that women who have weekly sexual activity tend to be either free of hot flashes or experience milder ones than women who abstain or have sporadic sexual activity.

For Osteoporosis

Calcium: extremely important for preventing osteoporosis (bone loss), also for hot flashes, leg cramps, headaches, hypertension, insomnia, depression. Lack of calcium can also lead to a decrease in estrogen production. 1,000-1,500 mg daily calcium lactate or calcium carbonate (not all at one time). An increased calcium intake can cause temporary constipation, but more fibre-rich foods, fluids and exercise should help. Some calcium-rich foods: milk, cheese, yogurt, sesame seeds, sardines, mackerel, scallops, mustard and collard greens, broccoli, raw parsley and watercress.

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. *Acid*—necessary to ensure calcium being assimilated

and not deposited in joints and tissues (apple cider vinegar provides acid as does ascorbic acid in Vitamin C). *Protein.*

Exercise: regular exercise which causes the muscles to pull on the bones and stimulate bone growth is extremely important for the prevention or slowing down of osteoporosis.

Good posture can prevent "dowagers hump."

Do not smoke! Smoking interferes with calcium absorption and increases the risk of osteoporosis.

For Vaginal Dryness

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.

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

Calcium tablets at bed time with hot milk.

Tryptophan: one of the essential amino acids found in milk and other complete proteins. Also available in tablet form, but only in the U.S.

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 exercises 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 out 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 exercises (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 "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.

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Hot Flash: A Newsletter for Midlife and Older Women (quarterly). Jane Porcino, ed., School of Allied Health Professions, State University of New York, Stony Brook, N.Y. 11794, U.S.A.

Broomstick: By, for and about women over forty (bimonthly). 3543 18th Street, San Francisco, CA 94110, U.S.A.

Other Resources

Facing the Change of Life: A resource kit. Planned Parenthood Newfoundland/Labrador, 203 Merrymeeting Road, St. John's, Newfoundland A1C 2W6

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

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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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1985

Printed by Press Gang, a feminist, worker-controlled collective.