

ABOUT MENOPAUSE by Len Saputo, MD

There are many human processes that are cycles that begin and end in the course of our lives. Certain of these processes receive more attention than others, especially those related to our sexuality. Menopause is actually celebrated as an “embodied ritual”...meaning that the trials of menopause manifest ritual through the body. As women pass through it’s trials with awareness, they also pass through all the stages of initiation into a new life. What does all this mean? Should this be taken literally, or is the menopause from this perspective a symbolic event?

One perspective on the enshrinement of menopause is that this event is really a big deal in itself, with lots of issues that are primarily related to the event itself. We must be careful in defining menopause that we are not including problems that are not specifically related to it. There may be important issues in the life of a woman or a man, that need to be dealt with, that could be appropriately addressed at any time, and not necessarily during the time of menopause.

Carolyn Myss, in “Anatomy of the Spirit,” says: “We are all on a pilgrimage of sorts, though it is certainly not necessary to travel physically to sacred places and conduct ceremonies to release our past. It is necessary, however, to travel spiritually and to shed the fears that block us from recognizing the beauty in our lives, and to come to a place of healing and self-acceptance. We can take this type of journey daily in the privacy of our own prayers and meditation.”

It sounds like much of the attention that is focused on menopause is related to the inner journey wherein we are all trying to find ourselves, and to find meaningful purpose in life. While there is certainly no objection to honoring this process in menopause, why do we need to focus on menopause to participate in this journey? Isn’t this a process that applies to men as well, and shouldn’t it be honored in every phase of our lives?

There are cultures wherein women seem not to have much in the way of symptoms related to the peri and menopausal process. Do you think that our society, by defining this process as being a time of great challenge physically, mentally and spiritually, is imposing these varied problems that have been included in the definition, onto the culture?

In these cultures, i.e. in rural Mayan Indians, women look forward to menopause because it brings with it greater respect...sign of divine blessing and great wisdom. There is a different cultural view. It is interesting that no woman experienced hot flashes or any other menopausal symptom, and not a single woman had osteoporosis, whatever the reason. Studies on their hormonal balances show that they have the same patterns as women in industrialized cultures. This was published in the *Am J Ob Gyn* 168:1839-45, 1993.

Both exercise and acupuncture enhance endorphin output and have been found in clinical trials to lower the frequency and severity of hot flashes. In a study of 79 PMP women who were exercising were compared to 866 controls, through the use of questionnaires. Two interesting observations were made: 1) women in the exercise group passed through the menopause without the use of hormone therapy; 2) the physically active women with no hot flashes at all, spent an average of 3.5 hours/wk exercising, but women exercising less than this were more likely to have hot flashes. This was published in *Acta Obstet Gyn Scand* 69:409-12,1990.

Health benefits from regular exercise in menopause include:

- Fewer hot flashes
- Improved ability to deal with stress
- Decreased bone loss
- Increased self-esteem, mood and attitude
- Improved cardiac function
- Increased endurance and energy levels
- Reduced blood pressure
- Improved physical conditioning
- Decreased cholesterol

Dietary recommendations for hot flashes:

2/3 cup of cooked soybeans per day demonstrated signs of estrogenic activity when compared to a control group (J Natl Cancer Insts 83:541-6, 1991). This was done by measuring the increase in vaginal mucosal cell thickness.

- One cup of soybeans provides 300 mg of isoflavone, which is the equivalent of .45 mg of Premarin. Premarin increases the risk of cancer, soybeans lower it (genistein and antiangiogenic factors).
- The high intake of phytoestrogens is thought to explain the reduction of hot flashes and other menopausal symptoms in cultures consuming high soy intake.
- Foods high in phytoestrogens include: fennel, celery, parsley, high lignan flax seed oil, seeds and nuts. Flaxseed has 100 times the levels found in most other plant foods. They also have anticancer, antibacterial, antifungal and antiviral activity.

Plant lignans:

- Are changed by gut flora into enterolactone and enterodiol, which are both protective vs cancer, esp. breast cancer.
- Bind to estrogen receptors and interfere with the cancer promoting effects of estrogen on breast tissue (work like Tamoxifen).
- Increase the production of sex hormone binding globulin, which regulates estrogen levels by transporting estrogen from the body.
- Women with higher levels of urinary lignan have much lower rates of breast cancer.

Supplements for hot flashes include vitamin E, hesperidin and vitamin C, and gamma oryzanol.

- Vitamin E was studied in the 1940's and was found to be effective in relieving the hot flashes and the vaginal drying effects of the menopause. The dose is 800 IU while the hot flashes are occurring, and 400 IU thereafter.
- Hesperidin and vitamin C was studied in 1964 and showed that after 1 month, symptoms were relieved in 53% and reduced in 34%. The dosage is 900 mg of hesperidin, 300 mg of hesperidin chalcone, and 1200 mg of vitamin C.
- Gamma-oryzanol increases endorphin release by the hypothalamus. In one study, 8 menopausal and 13 surgically induced menopausal women were given 300 mg/day of gamma oryzanol. At the end of 38 days, 2/3 of the women had a 50% or greater reduction in symptoms. In a more recent study, 85% reported improved symptoms. It also significantly lowers cholesterol and triglycerides

Herbal therapy for the menopause:

Herbs generally support improved natural function of the body through improved nutrition, circulation, and physiology, rather than a drug-like effect. The action of phytoestrogens is safe and effective, and is not associated with the “side effects” of synthetic or natural estrogens such as cancer, gallbladder disease, thromboses, etc. They may actually protect against some of these problems.

Phytoestrogens have only about 2% of the activity of estrogen itself, but they still compete for the estrogen receptor sites on cell membranes, and displace the more active estrogen. They act as an anti-estrogen (premenopausal effects). In situations where there is substantially reduced estrogen (PMP), even this minimal estrogenic activity will provide increased estrogen effects.

The four most useful herbs in the treatment of menopause are:

- **Angelica or Dong quai:** effective in controlling hot flashes, dysmenorrhea, amenorrhea, metrorrhagia, and is helpful in pregnancy and delivery. It has mild estrogenic effects and acts to stabilize blood vessels.
- **Licorice root:** Has estrogenic and progesterone effects. In PMS it lowers estrogen and raises progesterone. In menopause, its estrogenic effects are thought to be its major effect.
- **Chaste berries:** Are known for suppressing the libido. Chaste extract has a profound effect on hypothalamic and pituitary function. It has been suggested that it alters LH and FSH secretion through GnRH and FSH-RH activity.
- **Black cohosh:** Has been used for both PMS and for menopause. Many clinical studies have shown that it relieves hot flashes, depression, and vaginal atrophy. It also reduces LH activity, thus implying an estrogenic effect.

For more information schedule a consultation with Dr. Saputo