

## ***Menopause Naturally- How to Deal with Hormonal Changes***

Menopause may be a natural progression in life, but it is one met with trepidation by many women. Hot flashes, night time sweats, sexual changes, and the increased risk of osteoporosis, cardiovascular disease and breast cancer are just a few of the concerns for women entering this stage of life. Traditionally women have been offered a very limited range of treatment options by their physician to help their bodies adjust to the declining estrogen levels and the physical changes that coincide. Hormone replacement therapy (HRT) has been the normal course of treatment, but the decision to use it is a difficult one because, while research has shown that HRT is effective for relieving menopausal symptoms, there are also many known potential health risks and uncertainties resulting from long term use. In July 2002, the National Heart, Lung, and Blood Institute (NHLBI) of the National Institute of Health (NIH) concluded there were more risks than benefits for HRT. They stopped a major clinical trial in which the treatment of estrogen combined with progestin showed increases in breast cancer, cardiovascular disease, stroke and blood clots in study participants compared to women taking placebo pills. There were benefits including fewer cases of hip fractures and colon cancer, but the harm far outweighed the benefits.<sup>1</sup>

As a result of the negative potential side effects of HRT, women have begun to increase their use of alternative medicine to help relieve menopausal symptoms. During 2000, women spent approximately \$230 million on supplements for the symptoms of perimenopause.<sup>14</sup> The natural health food industry has been a long time advocate of natural supplements and treatments for menopausal symptoms ranging from acupuncture, phytoestrogens (including those from flaxseed), herbal products such as dong quai, black cohosh, and dietary food sources such as soy. Currently the NCCAM (National Center for Complementary and Alternative Medicine) is conducting research on several natural products that have shown promise for reducing menopausal symptoms to determine their safety and efficacy.<sup>1</sup> Awareness of these alternatives to HRT needs to be promoted in order for women to make educated decisions about their treatment options.

### **What is Menopause?**

There are actually three stages of what is generally called “menopauseMenopause” including perimenopause, menopause, and postmenopause. By incorporating all three stages, menopause is the term used to describe a normal physiological process in a woman’s life, specifically, the permanent cessation of menstruation that occurs between the ages of 40 and 60, with the average age being 51.<sup>2,3</sup> Perimenopause begins before menopause and is the transitional period from the time of normal menstruation to no menstruation. The symptoms associated with menopause such as hot flashes and irregular menstrual cycle may start to appear.

Up to 85% of women may suffer from various symptoms during menopause.<sup>2,4,5</sup> It is an extremely individualized experience, with varying degrees of symptoms, and is diagnosed when a woman has been without menses for one year. Fluctuations and decreases in the levels of estrogen and progesterone lead to physical changes during the perimenopausal and the menopausal periods.

Irregular menstrual patterns with changes in length of bleeding, time between periods, and level of flow is very common in the perimenopausal period. Hot flashes and sweating are also common and may continue for several years into postmenopausal life. Hot flashes are sudden intense waves of heat, often accompanied by skin flushing and perspiration followed by a chill. In some women these hot flashes disrupt their sleep and many others report mood changes. The frequency of hot flashes gradually declines during the postmenopausal years. Other changes associated with perimenopause and menopause include night sweats, fatigue, mood swings, vaginal dryness, fluctuations in sexual desire, forgetfulness, and difficulty sleeping. Because of the changes in the urinary tract and vagina, many women may have discomfort or pain during sexual intercourse. Since estrogen and progesterone affect most tissues in the body, changes can occur elsewhere in the body as well. Some women notice changes in their skin, digestive tract, and hair during menopause. Prolonged periods of reduced estrogen levels may contribute to the increased risk of cardiovascular disease and osteoporosis.

### **Conventional Treatments**

Estrogen replacement therapy and hormone replacement therapy (HRT), which includes both estrogen and progesterone replacement, are the common treatments for menopause.<sup>2,3</sup> As already discussed, the risks and benefits of hormone therapy for menopause are controversial and the decision of whether to use hormone replacement therapy is an individual one and an often difficult one to make. Long term safety and efficacy has always been a concern which was confirmed when the NHI study was stopped due to increases in breast cancer, cardiovascular disease, stroke and blood clots in study participants.<sup>1</sup> Estrogen increases the risk of breast and endometrial cancers.<sup>6,7</sup> For women with an intact uterus, a progesterone and estrogen combination helps provide protection to the uterus by keeping the endometrium from thickening (an effect caused by estrogen), and thus helps protect against an increased risk in endometrial cancer. However, progesterone also has several disadvantages. Depending on the dosage schedule and woman, monthly bleeding or irregular bleeding may occur.<sup>8</sup> Other adverse effects include fluid retention, headaches, breast tenderness, and mood changes. Progesterone may also reduce estrogen's protective effect on the heart and cardiovascular system. Approximately 6 million women in the U.S. are presently taking estrogen plus progesterone for a variety of reasons, including symptom relief, because their doctors advised it, or for what they assume are long-term health benefits.<sup>9</sup>

However, the WHI recommends "women with a uterus who are currently taking estrogen plus progestin should have a serious talk with their doctor to see if they should continue it. If they are taking this hormone combination for short-term relief of symptoms, it may be reasonable to continue since the benefits are likely to outweigh the risks. Longer term

use or uses for disease prevention must be re-evaluated given the multiple adverse effects noted".<sup>9</sup>

Women who have had a hysterectomy are generally given estrogen alone, and this part of the WHI study continues unchanged because at this point the balance of risks and benefits of estrogen alone remains uncertain.<sup>9</sup>

For those women who choose not to take hormone replacement or in whom hormone replacement therapy is contraindicated, effective, non-hormonal alternatives are recommended to help counteract the symptoms of menopause.

### **Lifestyle Changes**

There are certain lifestyle changes that every woman can follow to maintain their health and prevent disease. Incorporating the following may be beneficial for relieving menopausal symptoms :

- Stop smoking.
- Exercise - incorporate cardiovascular and muscle-strengthening exercises into your daily routine. Exercise benefits the heart, bones and helps maintain a healthy weight.
- Eat wisely - a balanced diet will provide most of the nutrients and calories your body needs to stay healthy. Calcium and vitamin D supplements are often recommended for bone health in the prevention of osteoporosis.
- Prior to or at the onset of menopause, ask your doctor about a bone density test, such as DEXA-scan (dual energy x-ray absorptiometry) to see if you are at risk for osteoporosis.
- All women in their forties and older should be screened for breast cancer with a mammogram every year.
- Try to maintain a healthy weight. Studies have shown that being overweight can increase your chance of developing diabetes, high blood pressure and osteoarthritis.

### **Nutrition Approach**

Nutrition and diet can greatly influence menopause and its symptoms. Women in Asia experience less menopausal symptoms as their diet contains a higher concentration of phytoestrogens compared to women who adopt the American diet. <sup>10,11</sup>

The North American diet is typically deficient in essential fatty acids, which are as essential to your diet as vitamins and minerals. This deficiency results in many health conditions ranging from inflammation, PMS, cardiovascular disease and menopausal symptoms. Supplementing your diet with essential fatty acids may be beneficial for menopause.

## **Flaxseed -The Lignan Link to Health**

Flaxseed is nature's most abundant source of lignans, containing a concentration more than 100 times greater than other lignan-containing foods such as grains, fruits and vegetables. Lignans are naturally-occurring substances found in plants and are classified as phytoestrogens, which are plant compounds that can modulate the metabolism and use of estrogen. They work in cases of estrogen dominance, characterized by fibroids, fibrocystic breast disease, and PMA. They also work when the body is not producing enough estrogen as in the case of menopause. Over the past five decades, more than a thousand studies have examined the role of phytoestrogens in maintaining health and in protecting against or modifying disease. The NCCAM is currently funding research on the effectiveness of flaxseed for treating menopausal symptoms.

Lignans can potentially reduce menopausal symptoms, including hot flashes, sweating, and vaginal dryness and have even been proposed as an alternative to hormone-replacement therapy in post-menopausal women. In a 1998 review of alternative treatments, the strongest evidence found for menopausal symptom relief was with phytoestrogens.<sup>12</sup>

A new study published in September, 2002, was the first to examine the effects of natural therapies such as flaxseed supplementation in comparison with hormone therapy. Researchers at Universite Laval in Quebec, Canada, assigned 25 postmenopausal women with high cholesterol to a four-month cholesterol lowering diet followed by two months on either flaxseed supplements or hormones. After a two-month break, the groups switched treatments. The flaxseed was provided in bread and in ground flaxseed that was added to other food. The study found that flaxseed supplementation and hormone therapy were equally effective in treating some menopausal symptoms such as hot flashes.<sup>13</sup>

Women are more susceptible to developing coronary heart disease upon the onset of menopause. Phytoestrogens are known to be effective in lowering cholesterol and serum lipoprotein levels, which are powerful predictors of heart attacks. Thirty eight women with high cholesterol were assigned to two treatment groups and supplemented their diet with either flaxseed or sunflower seed for six weeks. The subjects were provided with 38g of either treatment in the form of breads and muffins. Significant reductions were seen in LDL (bad) cholesterol levels and lipoprotein levels with the flaxseed treatment, and not with the sunflower seed treatment, confirming the benefits of flax for post-menopausal women.<sup>16</sup>

Clinical research has shown the powerful anticancer benefits of lignans due to their effect on hormone levels. Hormone sensitive cancers such as breast, endometrium and prostate respond favorably to supplementation with flaxseed. In one clinical trial, 25g of flaxseed was given in the form of muffins to 25 women diagnosed with breast cancer; 25 women received a placebo muffin. The group that received the flaxseed muffin had slower growing tumors in comparison to the placebo group. Overall, flaxseed has potential in the area of prevention and treatment of specific cancers.

Flaxseed is also a source of alpha linolenic acid, an omega-3 essential fatty acid known for its cardiovascular benefits. Flaxseed contains approximately 40% ALA, which is metabolised to eicosapentaenoic (EPA) and docosahexaenoic acid (DHA) in the body. EPA-derived hormones reduce the inflammatory and vasomotor properties associated with hot flashes. Supplementation with ALA has many specific benefits including lowering the risk of heart disease in women.<sup>15</sup>

### **Gamma Linolenic Acid (GLA)**

Borage oil is nature's richest source of GLA, an omega 6 fatty acid with touted benefits for skin, PMS, arthritis-inflammation, and cardiovascular health. In the body, GLA is formed from linoleic acid which requires the use of a specific enzyme known as the delta-6-desaturase (D-6D). Activity of this enzyme is often low in most people and appears to be particularly low in those experiencing advancing age and in women. Women with PMS and menopausal symptoms often have low blood levels of GLA due to inactivity of the D-6D enzyme. Supplementation with GLA has been found to relieve symptoms of perimenopause and menopause including nighttime flushes, mastalgia, inflammation, fluid retention, depression and irritability.<sup>15,17-19</sup>

### **Wild Yam Extract**

This herb has a long history of use in the treatment of dysmenorrhea and menopausal symptoms.<sup>20,21</sup> The active components of wild yam include dioscin and diosgenin, which have antioxidant, anti-inflammatory, and anti-spasmodic properties, which help alleviate the effects of stress and fatigue.<sup>22,23,24</sup> Wild yams also have estrogenic properties and can be used as an estrogen replacement.<sup>24,25</sup>

### **Black Cohosh Extract**

This is another popular herb used frequently for women suffering from PMS symptoms and menopausal ailments. The actions responsible for its beneficial effects include hormone suppressing effects, an estrogen-like action, and binding to estrogen receptors.<sup>26,27</sup> Clinical trials have reported a significant improvement in hot flashes and mood swings in menopausal women treated with black cohosh.<sup>27,28</sup>

### **Soy Isoflavones**

Soy has gained tremendous popularity among women consumers due to its beneficial health properties. Genistein and daidzein are the phytoestrogens that are present in soybeans. As a result of their estrogenic properties, many women who consume a high dietary intake of soy have experienced less menopausal symptoms and have had a lower incidence of breast cancer than women who consume lesser amounts of soy.<sup>29,30</sup> Isoflavones are classified as phytoestrogens and thereby exhibit similar effects to the lignans found in flaxseed. Soy isoflavones are useful in maintaining or increasing bone density, and decreasing the risk of cardiovascular disease by lowering blood cholesterol

and high blood pressure.<sup>31,32,33</sup> Many commercial food companies are now including soy in many different food items, thereby making soy readily available to women.

## **A Smooth Transition**

Natural alternatives are quickly becoming the preferred choice over the controversial hormone replacement therapy. Continued research is being funded to determine the long term safety and efficacy in treating menopausal symptoms with phytoestrogenic supplements such as flaxseed... In 2002, women now have a myriad of options for menopausal relief, and by incorporating natural supplements and foods such as flax, soy, dong quai, and black cohosh into your daily diet, you will be well on your way to preventing menopausal symptoms.

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