

Menopause: Outlooks, Approaches, Alternatives

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Menopause is defined as the cessation of menstruation for six to twelve months in older women. That, alone, would not be so terrible if it was not accompanied by anxiety, insomnia, headaches, irritability, fatigue and vaginal dryness, not to mention the hot flashes, which 65-80% of American women will experience.

Conventional medicine views menopause as a disease in need of treatment. A woman's body ceases to produce sufficient amounts of estrogen, one of the hormones thought to be responsible for the changes that are taking place. Therefore, the way to solve the problem, says the current medical model, is to supplement the deficiency. Does anyone remember the book, *Feminine Forever?* The author postulated that menopause is an 'estrogen deficiency' that must be corrected or else a woman will become a libido-less "caricature of her former self." This catapulted the concept of hormone replacement therapy (HRT) into the treatment of choice for menopausal ladies.

Periodically, over the last ten to fifteen years, numerous studies have surfaced revealing that many of the wonderful claims regarding HRT turned out to be the figment of a drug company's imagination. Recently, the public has become even more confused regarding this 'replacement' approach after a national study had to be terminated midway due to a clear increase in strokes, heart attacks, and breast cancer in the hormone-treated group.

The use of hormone replacement therapy has major flaws. Although it can provide symptomatic relief and some protection for women's bones, the list of side effects, some of which are life threatening, is tremendous. We need to investigate other options that can make the menopause transition a smooth one.

Here are two questions to consider. First, why is it that women in industrialized countries almost exclusively experience the untoward complaints of menopause? Second, why do the majority of women in indigenous cultures experience very little, if any, symptoms? Perhaps the answers to these questions could help our women proceed unscathed through this stage of life. Let's investigate!

The first noticeable difference is in activity level. The life of a woman in an indigenous society is one of physical exertion and would be termed anything but sedentary. Certainly, Scandinavian researchers found that daily exercise can ward off hot flashes, while improving bone density and energy levels. Enough could not be said regarding the profound benefits that an exercise regimen can have. It is truly the golden elixir for many of the problems that are ailing our society as a whole.

Also, our diets differ radically from that of our indigenous counterparts. Many of the nutritive substances that are contained in foods are removed during their refinement and preparation process. We make a feeble attempt at fortifying some of these foods; it is not enough. Many of these lost vitamins and minerals

are necessary for producing energy, protecting us from heart disease and cancer, as well as maintaining bone density. Additionally, upon comparing the types of fats consumed, we would note a radical difference. Many of the 'good' fats found in nuts, seeds and fish are replaced by the saturated fats of dairy and animal sources in the SAD (Standard American Diet) diet. 'Good' fats are naturally anti-inflammatory as well as cardioprotective, lowering cholesterol and blood pressure. Many of these oils, like evening primrose, black currant, and flax seed oil, have been used specifically for menopause-related complaints such as vaginal dryness and hot flashes. Even when we use vegetable oils, we often subject them to a process called hydrogenation to increase shelf-life. The down side is that these oils are transformed molecularly to resemble animal fats. We still have not yet fully determined the long-term effect hydrogenation has on our bodies. After a review of all the data, soy seems to be a key ingredient in a successful menopausal management diet, warding off hot flashes and other complaints. The Chinese, whose menopause symptoms are rare, consume this bean in large amounts. Soy can be consumed in the form of tofu, roasted soy nuts, tempeh, soy milk, and soy beans. Interestingly enough, in those countries that consume large amounts of soy, osteoporosis is also extremely uncommon as well, despite the fact that cow's milk is rarely consumed. Moreover, soy contains a type of protein that mimics the body's estrogen. However, unlike ERT, which has been linked to breast cancer, soy appears to be protective against this common cancer. Other foods that contain similar components are fennel, apples, rye, flax seeds and alfalfa.

It should be mentioned that the traditional medicines of the world have much to offer in the way of effective therapies. Native Americans have used black cohosh for many gynecological complaints. Black cohosh has a very low side effect profile while providing excellent, clinical results. Traditional Chinese Medicine has been treating hot flashes and other menopause-related symptoms through the use of acupuncture and herbal medicine for almost 3000 years. For example, Dang Quai, Licorice and chaste berries all contain components that mimic the body's own hormones. Another Chinese botanical is Gingko biloba. The leaf of this tree received its fame for the ability to improve memory and concentration. Gingko has also proven useful for cold hands and feet, another common menopausal complaint. It is critical to emphasize that no one should ever self-administer herbal medicine, but rather consult a licensed herbalist. The changes we can make to mimic an indigenous lifestyle and diet serve as a gentle approach to managing menopause. These recommendations come with few side effects and they have withstood the test of time. Furthermore, the awareness of treatment options empowers a woman to make a wise decision regarding her health.