

APPROACHING MENOPAUSE NATURALLY

A Woman's Perspective

Madeleine Cousineau

Contents

<i>1. The Truth About Menopause</i>	1
<i>2. The Natural Regimen</i>	5
<i>3. Moving into Menopause</i>	13
<i>4. Sex after Fifty</i>	17
<i>5. Maintaining Good Health</i>	21
<i>6. Final Thoughts</i>	27
Appendix: Purchasing Supplements	29
Biblio/Video/Discography	31
Index	33

One

The Truth about Menopause

Every woman is different. Well, one would hope so. We are all unique individuals. However, this statement, which is a fairly typical reply given to a woman who has asked her physician what to expect during menopause, is not especially helpful. She wants to know what is going to happen to her over the next few years. She needs information about how to cope with the changes that will occur in her mind and body.

There is one respect in which every woman is alike. She will stop menstruating. This is the meaning of menopause. Most women will reach this stage of life some time between the ages of forty-nine and fifty-five, but a small number will do so in their late thirties and others in their sixties. We cannot know the exact time of menopause until it is long past. This is because it is preceded by a phase of three-to-six years, called perimenopause, during which hormone levels fluctuate and periods are irregular. Cycles may become longer or shorter, or both at different times. Blood flow may become heavier at some points, lighter at others. Periods may stop for a while, then start again.¹ So the general rule is to define menopause as having occurred when a woman has not menstruated for a full year.

Menopause is a time of transition. It is not only our hormones that are changing. We are beginning to approach the completion of the busiest stage of our lives, during which we have likely been working for a living, possibly developing careers, and perhaps also taking care of others whether as mothers, daughters, aunts, or workers in helping professions. Although we may continue to work and to care for others, there is an important shift that occurs at this time. Our bodies begin to demand our attention and it becomes important to take special care of ourselves.

Some women attempt a positive spin on menopause by saying that we reach a new level of wisdom as we pass through this transition, or that hot flashes are “power surges.” I must confess to some skepticism about these claims. Although an accumulation of life experiences may make us wise women, this is not necessarily true for everyone. As for hot flashes, they are not empowering if they occur while a woman is giving a professional presentation, or serving a tableful of demanding restaurant customers, or having a

¹Because of the great variation in perimenopausal symptoms, it is important to have regular medical examinations, including Pap tests, in order to be sure that these menstrual irregularities are not symptoms of a serious illness.

difficult interaction with a coworker or an adolescent daughter or son. There is also a danger that romanticizing menopause will have a demoralizing effect on women who are not finding the experience very positive. It is important to be realistic and honest about the physical and emotional difficulties that many women do have at this stage of life.

There are a number of uncomfortable symptoms that often accompany the menopausal transition. For some women these will occur in perimenopause and stop after menopause. For others they will begin just before menopause, or even after. And some women never have them at all. The symptoms may include hot flashes, insomnia, forgetfulness, confusion, mood swings, vaginal atrophy, vaginal dryness, and a decline in sexual responsiveness and libido. Each of these does not happen with the same degree of severity in all women, and most of them are not permanent.

Until recently, hormone replacement therapy was the method chosen by many women to deal with menopause. In fact, it was not uncommon for a physician to write out a prescription for pharmaceutical hormones even before a woman had her first hot flash. But then reports of increased risks of heart disease and breast cancer among HRT users caused many women to avoid these drugs, while thinking that there was no alternative except to put up with physical and mental discomfort. However, there *are* safe and effective alternative remedies, as this booklet will show.

This is a wonderful time to be a woman. We have educational and professional opportunities that most women have not had throughout recorded history. We do not have the kinds of disadvantages that women experienced a little more than a hundred years ago, when it was believed that it was a bad idea to educate girls because the stress on their brains would drain the blood needed for menstruation. We do not have to endure such “cures” as the electroshock therapy that was used to treat some of the first female college graduates for the depression that they suffered when they discovered that there was no social role for educated women.² And yet, even today the medical community tries to manage women’s minds and bodies by persuading us that menstruation, childbirth, and menopause are diseases that must be treated with drugs. However, we can take control of our health by finding natural means to deal with natural changes in our bodies.

Some of the information that you are about to read is derived from the work of Dr. Christiane Northrup, particularly her books, *Women’s Bodies Women’s Wisdom* and *The Wisdom of Menopause*. Dr. Northrup has a video, also titled “The Wisdom of Menopause,” and publishes a newsletter, *Health Wisdom for Women*. I would highly recommend these for anyone who would like to learn more about this subject. Information about these and other resources is available from www.drnorthrup.com.

I have also relied on *Dr. Susan Love’s Hormone Book*, which is a great source of information and common sense. It was this book that led me to decide against taking pharmaceutical hormones long before many other people thought that there was anything wrong with them.

The Encyclopedia of Natural Medicine, by Drs. Michael Murray and Joseph Pizzorno, is the main source of my information on herbs that are recommended during menopause. Another important influence is the work of Dr. Matthias Rath, who, together with the Nobel prizewinning biochemist Linus Pauling, pioneered nutritional therapies for cardiovascular disease and cancer.

²Diliberto, Gioia. *A Useful Woman: The Early Life of Jane Addams*. New York: Scribner, 1999, p. 93.

The final source of information is my own experience. I am not a physician. I am a sociologist. But more important than any academic background is the fact that I am a woman who had considerable difficulty with menopause and had to search long and hard to find natural remedies. At the time of this writing I am fifty-eight years old and am looking back on the experience. It is nice to be on this side of it. About ten years ago I began asking questions about menopause and receiving the stock answer mentioned above. So I read everything that I could find and asked questions of women who had already gone through it. Still it did not seem possible to get definite answers. I thought I had them for a while, but then began having mood swings that were so severe that I made everyone around me miserable, and even came close to losing a job. My primary care physician, who was herself a middle-aged woman, offered me a choice of Premarin or Prozac. I refused both, and went looking for a different doctor. I went to an alternative wellness center where a male naturopath tried to convince me that my problem was thyroid imbalance. Eventually I found natural remedies to help me through this normal life change, and would now like to share this information with other women.

I am very grateful to Donna George, nurse practitioner and co-director of the Marino Center for Progressive Health in Cambridge, Massachusetts, who, after I finally got to meet her, helped me through the menopausal transition. I am also grateful to my husband, Jonathan Campbell, not only for loving and supporting me through the rough spots, but also for calling my attention to nutritional remedies for a variety of health problems. His contribution will be evident in Chapter Five. Finally, I would like to give special thanks to Donna and Jonathan, as well as to Linda Moran, a wonderful yoga teacher and physical therapist, for their helpful comments on a preliminary draft of this booklet. However, I take full responsibility for the final content.

It is, of course, true that every woman is different. You may need to experiment in order to discover what will work for you. This booklet will provide information to help you do that, as well as to support good health during the second half of life.

Two

The Natural Regimen

You may have had the following experience. You buy a book that promises to give you a nutritional remedy for arthritis, depression, wrinkles, or some other problem that you and the author agree is serious. But you have to read through several long chapters before the remedy is finally revealed. I will not do that to you. Instead I will present a natural therapy for menopause in this chapter, followed by detailed explanations of each component. The next chapter will contain suggestions related to when you should start taking each food, herb, or supplement.

It is not advisable to try all of the suggestions at once. For one thing, it can be overwhelming to make a lot of changes in one's lifestyle. In addition, not every woman may need all of the suggested herbs and supplements. It is best to start with a few things, and then add others gradually as needed.

Not all of the suggestions are for hot flashes, mental fog, and other classic menopausal symptoms. Some are for general good health, and others are to prevent health problems that many women face as they age, such as osteoporosis, heart disease, and cancer.

One apparent drawback of natural therapies is the large number of pills—vitamins, minerals, and herbs—that must be taken. However, we may see these supplements in a positive light if we consider them to be alternatives to pharmaceutical medications. Drugs tend to create side effects that then need to be dealt with by means of other drugs. People in their seventies and eighties often have large trays in their kitchens or bedrooms containing the enormous number of medications that they are taking. They may even become ill from the interactions among some of them. Given the health risks associated with many prescription drugs, it would seem preferable to have a large tray of vitamins, minerals, and herbs to maintain good health and vitality.

Taking all these supplements can be quite costly. See the appendix for suggestions on getting the best quality supplements for the lowest prices.

Enough said! This is the regimen:

For menopausal discomfort—

1. daily consumption of soy¹ foods—in the form of three eight-ounce glasses of soy milk, or a soy-fruit smoothie, or some combination of soy milk, soy beans, soy nuts, tofu, and tempeh;
2. two tablespoons daily of organic high lignan flaxseed oil;
3. 180 mg. per day of ginkgo, divided into two or three daily doses;
4. a progesterone cream applied to the skin twice a day, following the package instructions;
5. black cohosh, 300–600 mg., divided into two daily doses, taken alone or as part of a formula containing other menopausal herbs;

To maintain good health—

6. a mega-multivitamin/mineral formula with large doses of the B vitamins (50–100 mg. each of thiamine, niacin, riboflavin, pantothenic acid, and pyridoxine), vitamin C (500 mg.), vitamin D (400 IUs),² vitamin E (400 IUs), beta carotene (at least 15,000 IUs), and selenium (200 mcg.), taken daily, preferably in two doses; vitamins should be taken with food, since food enhances their absorption;
7. a minimum of eight cups of water per day; this is especially important if taking the lysine and proline mentioned below, as will be explained in Chapter 3;
8. some form of weight-bearing exercise, such as a thirty-minute walk three times a week (this also helps to prevent osteoporosis); longer and more frequent walks are helpful for weight control;
9. yoga and/or meditation;

To help prevent osteoporosis—

10. 1,500 mg. of calcium, preferably in the form of calcium citrate, divided into two or three daily doses with meals (along with the Vitamin D and trace minerals found in the multivitamin);
11. 750-800 mg. of magnesium, divided into two or three daily doses with meals; this may be taken with the calcium in a combination tablet or capsule;

To help prevent heart disease and cancer, as well as colds and flu—

12. 3,000 mg. of Vitamin C, divided into three daily doses with meals;
13. 3,000 mg. of lysine, divided into three daily doses with meals;
14. 3,000 mg. of proline, divided into three daily doses with meals;³
this may be taken with the lysine in a combination tablet;

For depression and/or insomnia—

14. 5-HTP,⁴ 50-200 mg. three times a day or at bedtime; also for insomnia: 1-2 capsules of valerian root; it is also helpful to place a few drops of essential oil of lavender on your pillow.

¹Some people are allergic to soy foods. See page 9.

² People over the age of 70 need 600 IUs of Vitamin D per day. Very large doses of Vitamin D (over 2,000 IUs) are toxic, causing such symptoms as nausea, weakness, mental confusion, and cardiac arrhythmia. However, doses below that amount are safe and beneficial.

³If you are not at risk for heart disease or cancer, you may omit the proline (See Chapter 5).

⁴See Murray, Michael. *5-HTP: The Natural Way to Overcome Depression, Obesity, and Insomnia*. New York: Bantam Books, 1998. See also the caution about 5-HTP on the next page.

CAUTION: 5-HTP should *never* be taken by someone who is on anti-depressants or psychiatric drugs. 5-HTP, a natural substance derived from the herb griffonia, alleviates depression by enabling the body to increase its production of serotonin. Most anti-depressants currently being prescribed are SSRIs—that is, selective serotonin reuptake inhibitors. This means that they prevent the body from eliminating excess serotonin. To take these two substances together could result in serotonin syndrome, manifested in severe muscle spasms or seizures. 5-HTP is a desirable alternative to SSRIs, since it alleviates depression but without side effects, and, unlike SSRIs, it works fairly quickly—usually within a few days. However, in order to avoid serotonin syndrome, it is necessary to be completely off SSRIs for two weeks before beginning to take 5-HTP.

If these remedies are not sufficient to ease your discomfort, find a physician or nurse practitioner who will order a saliva test to find out your current hormone levels. There are more details about this test in Chapter Three. If you have difficulty finding someone in your geographic area who will order this test, call the people at the Great Smokies Diagnostic laboratory to ask them to refer you to a physician who works with them. Their toll-free number is 800-522-4762 (Monday through Friday, 8 a.m. to 6:30 p.m., Eastern Time).

Another alternative is to contact Women to Women (www.womentowomen.com). This clinic offers telephone consultations to help women with personalized natural alternatives to pharmaceutical hormones. The website also has a free questionnaire to assess one's particular hormone imbalance.

SOY AND FLAX

Soy beans and flax seeds are good sources of phytoestrogens. These are estrogen-like substances that are found in plants and that are milder than the estrogens found in animals. (The HRT drug Premarin, for example, is derived from the urine of pregnant horses. The name “Pre – mar – in” is short for “Pregnant mare urine.”) When consumed and absorbed into the bloodstream, phytoestrogens bind to the estrogen receptors in cells throughout the body. This is beneficial both for women whose estrogen levels have dropped and for those who have an excess of estrogens. For women whose estrogen levels have dropped, the phytoestrogens gently elevate the levels. For those with an excess of estrogens, the binding of the weaker plant estrogens to the estrogen receptors prevents the binding of the stronger estrogens that are absorbed from meat and from environmental toxins. Thus soy and flax help to control a woman's estrogen level.

Soy Foods

One of the easiest ways to get enough soy is to drink twenty-four ounces of soy milk per day—twelve ounces twice a day or eight ounces three times a day. The first time I tried soy milk as a replacement for cow's milk (because of a concern about possible lactose intolerance), I hated it. I loved the taste of milk, and soy was simply not an acceptable substitute. However, several years later, when I was in my mid-forties and becoming concerned about menopause, I tried soy milk again and this time had a different attitude. I did not regard it as a substitute for milk but rather as an alternative to hormone replacement therapy. So it was like medicine. As milk it tasted terrible, but as medicine it was not bad at all. Eventually I did develop a taste for it. Then some new soy milks came on the market, appearing in the refrigerated dairy section rather than in aseptic containers. These tasted much better. My personal favorites are White Wave Silk and 365 Organic

(the store brand of Whole Foods Markets).⁵ Although the vanilla flavored variety is delicious, some women may object to the high content of natural sugar in the form of evaporated cane juice. It has a high glycemic index, which may be a problem for those who are trying to keep their weight under control. The “regular” flavor contains less sugar and is still quite tasty. There is also an unsweetened variety of White Wave Silk. The flavor is less appealing. However, it can be sweetened with two or three drops of liquid stevia. Stevia is an herb that is available in natural food and vitamin stores, is totally natural, and has no calories.

A more concentrated form of soy is a powder that can be added to fruit smoothies. A good powder that is not very expensive is NOW Soy Protein Isolate (See the Appendix for information on where to buy it). A high-protein fruit smoothie may be prepared in a blender using the following ingredients:

10 ounces of soy milk
1/3 cup of soy powder
2-4 drops of liquid stevia
1/4 teaspoon of vanilla extract
1 cup of fresh or frozen fruit

The amount of protein and fruit in this recipe is enough for a good breakfast, along with a slice of whole grain bread, or a hearty snack.

Although tofu has a very bland taste when eaten alone, it can be quite good if mixed with other foods and seasoned properly. The fastest, easiest way to prepare tofu is in a stir fry. If you do not have time to spend chopping a lot of fresh vegetables, you may substitute frozen vegetables for all or part of the recipe. Combine the following with a couple of tablespoons of olive oil in a wok or large skillet (in amounts depending on the number of people to be served): sliced onion, minced garlic, chopped carrot, chopped celery, pieces of green pepper, snow peas, bean sprouts, and sliced mushrooms. I also like to add fresh grated ginger and sometimes peanuts. Fry them lightly over a high flame. Cut the tofu into small cubes (1/4 of a pound or more for each serving) and add it last. Then sprinkle tamari sauce over the tofu and stir it in with the vegetables until the tofu is heated.

Other recipes may be found in tofu and soybean cookbooks or on line by typing key words into Google, for example, “soybean loaf,” “tofu casserole,” or “tofu frittata.”

When consuming soy foods it is important to select those that are non-GMO, that is, not genetically modified organisms. The majority of soybean crops in the United States are genetically modified. This refers to a process of altering the gene structure of the soybean to make it resistant to a highly toxic weed killer. Although the Food and Drug Administration approved the production of GMO soy, it was never tested sufficiently to demonstrate that it was safe for human consumption. Besides, the chemicals in the weed killer may also be a cause for concern. In any case, since we do not know the long term effects of genetically modified foods on the human body, it is best to avoid them whenever possible. Laws governing food labeling do not require that the genetic modification of ingredients be indicated. However, foods that are specifically non-GMO are usually labeled that way, and all organic foods are grown from non-GMO seeds. (It is generally a good idea to eat organic foods in order to avoid the possible carcinogenic effects of chemical pesticides and herbicides that are used on non-organic crops.)

⁵The mention in this booklet of specific products, companies, or books does not represent paid endorsements. I am including them simply as information that may be helpful to readers.

Soy should always be consumed as a whole food, and not in pill form. It has not been established that pills containing soy isoflavones are as effective in dealing with menopausal symptoms as are soy foods.

Soy Allergy

It should be mentioned that some people are allergic to soy. Symptoms may range from the “typical” allergic reactions—such as skin rashes, respiratory problems, or, in very rare cases, anaphylactic shock—to more subtle ones—such as inflammation that may result in pain in joints, tendons, and muscles or in difficulty with weight loss. If you suspect that you have this problem, it is important to get an appropriate diagnostic test, rather than eliminating a wide range of foods to which other people are allergic (which results in outrageous recommendations, such as the prohibition of certain vegetables for people with arthritis). One such test is the ELISA blood allergy test. However, it should be mentioned that the accuracy of the results varies from one laboratory to another. This test may be used as a guideline, but action on the results should be tempered with common sense. For example, you might choose to eliminate the foods that are reported as allergies for you for a period of three or four weeks in order to ascertain whether you really are allergic to them (that is, by noting whether the above-mentioned symptoms disappear).

The only other disadvantage to consuming large amounts of soy foods is that they can cause flatulence. If this is a problem, you may wish to follow the recommendations at the end of this chapter.

Flax Seed

Flax seed has other benefits, in addition to being a good source of phytoestrogens. It contains essential fatty acids that are precursors to EPA and DHA, which are important for brain function and protection against heart disease. The hull of the seed contains lignans, nutrients that help to prevent cancer. If you choose to get your flax in the seed form, be sure to purchase ground flax seeds, which are found in natural food stores in a refrigerated unit. Whole, unbroken seeds do not provide the full benefit of this food. Ground flax seeds are quite tasty and are a nice addition to a salad or cereal. However, it is important to mix them only with cold foods, for reasons that will be explained in the next paragraph.

Flax seed oil may be taken by itself (two tablespoons each day), added to a fruit smoothie, poured on a salad, or combined with other ingredients to make salad dressing. However, it may *not* be used in cooking because heat immediately destroys the essential fatty acids and produces trans fats, which upset the balance between HDL (“good”) cholesterol and LDL (“bad”) cholesterol. Trans fats increase the risk of heart disease and are also suspected causes of breast cancer. Flax seed oil is found in natural food stores in a refrigerated unit because it must be kept cold at all times, even before the bottle is opened.

In order to get the full benefit of the phytoestrogens in flax seed oil, it is necessary to purchase the high lignan variety, which contains tiny particles of the whole seed. It is extremely important to shake the bottle vigorously before pouring out the oil. Otherwise, these particles will eventually form a solid mass in the bottom of the bottle instead of entering your body, where they can do the most good.

Flax seed and flax seed oil may help in weight control, even though they are fats. Now that low-carbohydrate diets have made a comeback, fats are no longer banned from reducing diets. However, animal fats are likely to increase the risk of heart disease and cancer. Fats derived from plants do not carry those risks. In addition, fats are needed for the absorption of fat-soluble vitamins, such as Vitamin E, which is important for cancer prevention and reducing hot flashes, and Vitamin D, which is needed for the absorption of calcium.

A tablespoon of flax seed oil taken before or during a meal increases the sense of satiety (fullness), thus making it easier to stick to a moderate or reduced-calorie diet. Ground flax seed (one tablespoon twice a day) contributes fiber, helping to prevent constipation. This is especially important because people who reduce their carbohydrate intake often tend to skimp on fiber-rich whole grain foods.

It is a good idea to consume both flax seed oil and the ground seeds, since the former has the higher concentration of essential fatty acids and the latter has more of the lignans and fiber.

PROGESTERONE CREAM

There is a common misconception that all problems in menopause are caused by the loss of estrogens. Actually, the levels of several different hormones fluctuate during perimenopause. Many women are deficient in progesterone, or rather, the progesterone is low relative to the estrogens. Progesterone has a calming effect. This is why a low level of this hormone is likely to cause irritability and insomnia.

The most effective way to absorb progesterone is through the skin. There are several non-prescription creams that are available in vitamin and natural foods stores and on websites. Some of these are ProGest, Fem-Gest, Progonol, Probalance, and Karuna Progesterone Plus. However, as in the case of all hormones, none of these should be used without consulting with a physician or nurse practitioner. In order to be sure to get the correct amount of progesterone needed during a particular phase of the menopausal transition and afterwards, it is best to find a health care practitioner who will order a saliva test. There is additional information about the use of progesterone cream, as well as the saliva test, in the next chapter.

HERBS

Medicinal herbs may be purchased as tablets, capsules, tinctures, or loose leaves for making tea. There are a number of them that are helpful in menopause.

Ginkgo is known to promote mental clarity. In addition, in combination with damiana, it may help maintain a woman's sexual responsiveness.

Black cohosh is the most popular menopause herb. It contains a precursor to estrogens. This means that it promotes the production of estrogens by one's own body in amounts that the body needs. However, since there is a fluctuation of several different hormones during the menopausal transition, causing symptoms to vary over a period of time, it is helpful to take a formula that combines black cohosh with other traditional women's herbs.

My personal preference among herbal formulas is Pioneer Menopause Nutritional Support, because Pioneer has a policy of full disclosure. The label lists all the ingredients by their botanical names and their exact amounts. This formula contains six herbs and one food extract that have been used by menopausal women for centuries. Black cohosh, alfalfa, and dong quai function in a variety of ways to enhance estrogen levels, thus reducing hot flashes and vaginal atrophy. Dong quai further acts on hot flashes by stabilizing blood vessels. Motherwort relieves insomnia. Licorice root⁶ and vitex agnus castus act in different ways to

⁶Licorice root should be used with caution by people with a history of high blood pressure.

keep progesterone in balance with estrogens, helping to reduce irritability. Gamma oryzanol, an extract of rice bran oil, promotes the release of endorphins (the “feel good” hormones), thereby alleviating depression.

VITAMINS, MINERALS, AMINO ACIDS, AND WATER

There are many mega-multivitamin formulas available in natural food and vitamin stores and on websites. My personal choice is Nature’s Way Daily Two Multi for the following reasons: (1) It contains large doses of B vitamins, which may help to counter mood swings; (2) it is divided into two daily doses, and this is a better way of taking the B vitamins—which are water soluble and pass through the body quickly—than in one daily dose; (3) it contains fairly large doses of vitamin C, vitamin E, beta carotene, and selenium, which are associated with a reduction in cancer risk; (4) it contains 400 IUs of vitamin D, which is the amount needed for the absorption of calcium.

Calcium citrate is the form of calcium that is most easily absorbed by the body. Thus it has the potential to provide the maximum benefit in protecting the bones, along with vitamin D and magnesium. Women need 1,500 mg. of calcium per day in order to prevent the rapid bone loss that occurs during menopause. The recommended dose of magnesium is one-half or more of the dose of calcium. It is possible to purchase calcium and magnesium together in one tablet or capsule. However, these formulas usually contain magnesium oxide, which may cause diarrhea. A suggestion for avoiding this problem is described below.

The exact doses of Vitamin C and lysine would depend on whether you are at high risk for heart disease or cancer—for example, if there is heart disease in your family, or if you already have high blood pressure or high cholesterol, or if you have had considerable exposure to toxic chemicals or radiation. (For suggestions about higher doses of these supplements, as well as the addition of proline, see Chapter Five.) Otherwise, 3,000 mg. daily of each of these supplements may be enough for the prevention of heart disease and cancer. However, if you do discover that you have either of these diseases, you may learn about more intensive regimens for recovering from them from Jonathan Campbell’s website, www.healthy-again.net.

Vitamin C is easy to find in health food stores, drug stores, super markets, and on line. It should always be taken with food, in order to avoid gastric upset. If gastric upset still occurs, try taking Ester-C or buffered vitamin C (calcium ascorbate).

Lysine may be taken alone or together with proline in a combination tablet, such as one made by Solgar. Each Solgar tablet contains 500 mg. of each nutrient. So the recommended dose for the prevention of heart disease and cancer would be two tablets three times a day. A more economical alternative is to purchase the lysine and proline in powdered form and to mix it with a beverage or a soy-fruit smoothie.

The eight cups of water per day are a general recommendation for good health. However, they are especially important in combination with the proline and lysine. These are amino acids—that is, components of protein—and concentrated protein can cause kidney damage unless accompanied by large amounts of water. Part of the water requirement may include herbal tea, but not coffee or cola.

A POTENTIALLY EMBARRASSING PROBLEM

There is a potential for flatulence and/or diarrhea in three of the above recommendations: soy foods, magnesium, and vitamin C. In order to avoid or minimize this problem, the following measures are suggested:

1. When you begin taking calcium and magnesium, you may wish to avoid most of the cal-mag combination pills, which often contain magnesium oxide. This is the form of magnesium that is most likely to cause diarrhea. Possible alternatives include magnesium aspartate and magnesium glycinate. One combination pill that does contain magnesium aspartate is Bluebonnet Calcium Citrate/Magnesium/Vitamin D₃.
2. For Vitamin C, you may start with 500 mg. of Ester-C or buffered C, and take it three times a day with meals. Gradually work up to 1,000 mg. per meal over a period of two or three weeks. If you decide to take a higher dose for greater protection against heart disease and cancer (as described in Chapter Five), build up to that dose gradually. Once you are at your full dose—1,000 or 2,000 mg. per meal—you may find it more convenient to purchase the tablets or capsules in the 1,000 mg. strength. After taking this dose for two or three weeks, experiment with a more economical form of Vitamin C, substituting it for one of your daily doses, then two, then all three. At whatever point you begin to experience diarrhea, go back to what you were doing previously—a lower dose or staying with Ester-C or buffered C.
3. If you are still experiencing flatulence, the problem may be the soy foods. There are two options that you may choose to follow. One is to cut back on your soy consumption. However, do not do this unless you are getting phytoestrogens from other sources (for example, flax seed). Another option is to take a digestive enzyme capsule each time you drink soy milk or eat a soy food. A very effective product for this purpose is the Advanced Enzyme System by Rainbow Light.



The next chapter will go into more detail about the use of soy foods, progesterone skin cream, herbal formulas, and yoga as means to a positive transition through menopause.

Three

Moving into Menopause

Perhaps you are in your early forties and beginning to think about menopause and to wonder whether it will be difficult and how you will cope with it. Or perhaps you are a bit older, are already experiencing hot flashes, mood swings, mental fog, and insomnia, and are wondering how you will ever get through this. In either case this regimen can help you. The difference between the woman who has not yet experienced menopause and the woman who is already in the midst of it, is that the younger woman may be able to prevent the difficulties that the menopausal woman is already having.

Having said that, I must return to the statement, “Every woman is different.” Some women simply stop having menstrual periods and never experience any discomfort. I once knew a woman who was like that. Her doctor gave her a prescription for Premarin anyway. However, since it made her ill, she stopped taking it. She never needed to eat soy products, use herbs, or do anything else. However, she did have high blood pressure, which is more common among women after menopause than before. She was grateful to learn about the Pauling-Rath therapy for alleviating this problem.¹

Many of us do not sail through menopause quite so easily. The most famous source of discomfort is the hot flash. This may begin with perimenopause, at menopause, or even after menopause. Hot flashes may be frequent and intense or light and hardly noticeable. A woman may think that she is getting a fever, or that someone has turned up the thermostat at home or at her workplace. As this begins to happen more frequently, she realizes that she is having hot flashes. Some women have great stories about their experiences with them. One woman told me that she was out shopping for clothing with her mother. They were in a dressing room together when the younger woman suddenly experienced a sensation of such intense heat in her face and chest that she quickly pulled off the blouse that she had been trying on. Her mother looked startled for a moment, then asked, “Did you just have your first hot flash?” Mother and daughter smiled at each other, and the daughter felt that she was experiencing a rite of passage.

Another woman told of feeling so warm that she ran out into the backyard in the middle of a snowstorm. As she turned to go back into the house she saw her husband and children standing at the window, their mouths open in amazement. She was wearing nothing but her underwear.

¹ See Chapter Five for a brief description of the therapy developed by Linus Pauling and Matthias Rath for cardiovascular disease.

When hot flashes occur during sleep they are called “night sweats.” For example, a woman may wake up during the night perspiring heavily and throw off all the covers. Later she may wake up again feeling cold and go looking for the covers that she has thrown off. If this happens frequently, her sleep may be disturbed and she may feel more tired during the day.

Insomnia may also occur without night sweats. In my own experience, the insomnia began before most of the other menopausal symptoms. I was baffled by it, and was trying to figure out what was going on in my life that was causing me to lose sleep. Then, when the hot flashes began, I made the connection.

A more difficult symptom to pinpoint is the mood swing. Long before menopause, we all experience ups and downs. Life is stressful, and our jobs or our family situations may add to our stress. Furthermore, some people are more prone to depression than others. However, if a woman finds that she is depressed more often right around the same time that she begins experiencing hot flashes or menstrual irregularities, or if other people complain that she is nastier than usual, it is possible that these mood changes are being caused by hormones.

Then there is the mental fog and forgetfulness. Since I am an academic, I found this aspect of menopause especially distressing. I sometimes had difficulty thinking, writing, remembering my students’ names, and speaking coherently. Around that time I attended an international conference, where I asked a slightly older female colleague from England whether this state of confusion would ever end. Eileen looked me straight in the eye and replied, “Oh, no. It gets much worse.” A couple of years later, when my mental abilities had in fact returned to normal, I realized that I should not have asked that question of someone who has a particular talent for dry British humor.

Finally, menopausal women often experience vaginal dryness and pain during intercourse, which is caused by the thinning of the vaginal walls. These problems will be addressed in Chapter Four.

STRATEGIES

So what are the best strategies for alleviating or preventing these difficulties? The ideal is to develop the habit of consuming soy foods, ground flax seeds, and high lignan flax seed oil before the beginning of perimenopause (that is, before periods start to become irregular). But isn’t soy dangerous? Haven’t there been reports that soy foods dump excess estrogens into the bodies of both men and women, with undesirable effects? This is a false notion. It may have been circulated by food companies whose profits are threatened by the increasing popularity of soy milk, tofu, and other soy products. Unfortunately, this inaccurate information is even being spread by some prominent alternative Internet doctors. To answer the question about the alleged dangers of soy, we need only to consider the fact that in Asian countries, where both men and women eat large amounts of tofu throughout their lives, there are lower incidences of heart disease, breast cancer, and prostate cancer, but no apparent bad effects. This regular consumption of tofu may also explain why Asian women do not generally experience severe hot flashes.²

At the point when periods become irregular, a woman may consider adding an herbal formula. Or she may decide to wait for the arrival of more uncomfortable symptoms, such as insomnia and mood swings.

²For a more detailed discussion of the advantages and safety of soy foods, see the article, “Is It True What They Say About Soy?” on <http://www.berkeleywellness.com/html/wl/2002/wlFeatured1102.html>.

There are a number of ways to consume herbs. One is to combine a few in a tea. If you go to a small herb shop, you will likely be able to get a custom blend, as well as advice about how to use the herbs. Generally you will need to drink the tea several times a day. The easiest way to work this into a busy schedule is to brew the tea in a large mason jar, then pour it into a thermos. Herbs are also available in tinctures. Typically you would add thirty drops of each herb to a glass of water.

Many women find the most convenient way to get their herbs to be in capsule or tablet form. Pioneer Menopause Nutritional Support, mentioned in the previous chapter, is sold in this form. (See the Appendix for purchasing information.) The recommended dose is one or two tablets twice a day. If symptoms are mild, it is best to take just one tablet at a time and then to double the dose if the symptoms become more severe.

The point at which symptoms become uncomfortable is also a good time to begin using a small amount of one of the progesterone skin creams mentioned in the previous chapter. The cream is typically applied twice a day to a fleshy area of the body—inner arms, inner thighs, abdomen, but *not* on the breasts or the vaginal area. The instructions that come with the product indicate the schedules for use by women who are still menstruating and by those who have stopped, as well as recommended doses. If the amount of progesterone cream that a woman is using does not alleviate insomnia and irritability, she may need a saliva test to discover the precise adjustment to her hormone levels that should be made.

The saliva test is the ultimate diagnostic tool for hormone imbalance. This can be ordered only by a physician or by a nurse practitioner working with a physician. The cost is approximately \$90.00 if woman is postmenopausal and \$150.00 if she is perimenopausal (The latter is a two-part test). In either case, the woman is given a small kit for doing the initial part of the test at home. She mails the saliva sample to a laboratory, which does a detailed analysis of hormone levels and sends a report back to the doctor's office. The doctor or nurse practitioner can then determine which hormone levels are above or below normal and prescribe an individualized remedy. The remedies that are not likely to cause unpleasant or dangerous side effects are those derived from plants, mainly soybeans and Mexican wild yam. They are prepared in compounding pharmacies and may or may not come under the prescription coverage of a health insurance plan. After purchasing a progesterone cream at a rather expensive pharmacy for several months, I discovered one with much lower prices—Women's International Pharmacy in Madison, Wisconsin—which sends prescriptions by mail. Their website is www.womensinternational.com.

The only difficulty that I encountered in relation to the saliva test was finding a physician who was familiar with it. The doctor who offered me the choice of Premarin or Prozac refused to even consider ordering the saliva test. I had to keep searching until I found a health center where the physicians and nurses are knowledgeable about alternative therapies. As mentioned on page 7, the people at the Great Smokies Diagnostic Laboratory will help you locate a physician who will order this test.

Finally, all of these strategies may be enhanced by a woman's level of activity and state of mind. Exercise increases blood levels of endorphins and reduces the frequency of hot flashes. Weight-bearing exercise, such as walking, also helps to prevent osteoporosis. Yoga and meditation help to induce a state of mental calmness. In addition, the movement and positions in yoga keep one's *chi* (life force) flowing, increase flexibility of joints and muscles, and also tone the body's vital organs. There is a common misunderstanding that yoga is about turning oneself into a pretzel. Although some yogis do move their bodies into interesting positions, the main focus of yoga is inner transformation. It includes meditation, breathing techniques, and ethical behavior, as well as physical positions. The *asanas* (positions) that are most helpful during menopause are those that open the hips, those that reduce irritability or depression, and those that promote relaxation.

Although there are some excellent books and videos that teach yoga, and these are included in the bibliography at the end of this booklet, the best way to learn is from a teacher. A good teacher can help a woman to work at the level that is most appropriate for her, can guide her in learning the *asanas* that are best for her, and can prevent her from injuring herself by advancing too quickly or positioning her body incorrectly. Unless you are an athlete, or have been working out at a gym for several years, it is best to avoid teachers who focus on high-impact practices, such as power yoga. There are more gentle approaches, such as those taught at the Kripalu Center for Yoga and Health. You may locate a Kripalu-trained teacher by going to www.kripalu.org, and clicking on “Find a Teacher.”

Meditation may be learned by means of a book, video, audio tape, or CD. My personal favorites in tapes and CDs are “Dynamics of Meditation,” by Rolf Sovik (available from www.himalayaninstitute.org) and “Meditation for Beginners,” by Jack Kornfield (available from www.soundstrue.com). As with yoga, it is best to learn meditation from a teacher. Unfortunately, not all teachers are equally good. If you take a course that is not very helpful, don’t give up. Try another teacher or a different form of meditation. Another way of getting started is to take part in a weekend workshop at a meditation center.

Exercise, yoga, and meditation are not only helpful for getting through menopause. They also enhance one’s overall quality of life.



In discussing measures that support a positive transition through menopause, I have omitted those related to a woman’s sexual experience because that is the subject of the next chapter.

Four

Sex After Fifty

In thinking about changes in a woman's sexual experiences after menopause, we may have to say, once again, that every woman is different. However, there are certain difficulties with one's sexual activity that may emerge at this point in life, and there are specific ways of coping with them.

This discussion is not meant to exclude women without partners. Whatever has been a woman's experience before menopause may certainly be the case afterwards. If a single woman is comfortable with self-pleasuring, she may continue with this form of sexual experience, although she may find that it now takes longer to reach orgasm than it did before menopause. If a woman is celibate by choice, the decline in libido that occurs for many women may make her choice easier.

Likewise this discussion is not meant to imply that a woman's partner must be male. However, there are particular problems that are more common to heterosexual women: concern about pregnancy during perimenopause and pain during intercourse resulting from vaginal dryness and atrophy (the thinning of the vaginal walls).

Some heterosexual women experience increased sexual pleasure after menopause because of the removal of the fear of pregnancy. Since they feel less inhibited, their libido increases, and so do their physical responses to sexual stimulation. However, it should not be assumed that one's fertility ends with the first hot flash. A woman who was using a contraceptive before perimenopause should continue using it for one full year after her last period.

There are wonderful stories that counter the popular notion that older people do not enjoy physical expressions of their love. A physician I know, and who shall remain anonymous in order to respect the privacy of his patient, told about an elderly woman who had recently lost her husband. She had loved him dearly and missed him very much. She told the doctor that what she especially missed was that, throughout their very long marriage, they had made love every single night, even in their eighties.

A story with a happier ending is told by Dr. Christiane Northrup in *Women's Bodies Women's Wisdom*. She wrote of a seventy-five-year-old woman who had never had an orgasm during her forty-five-year marriage. Some time after becoming widowed she remarried and was now having as many as seven orgasms

every time she and her new husband made love. Her only problem was vaginal dryness, for which Dr. Northrup prescribed an appropriate remedy.¹

There are four difficulties with sex after menopause that may affect women to varying degrees: vaginal dryness, vaginal atrophy, decline in physical responsiveness, and decline in sexual desire (libido).

VAGINAL DRYNESS

Vaginal dryness is a relatively easy problem to deal with, since there is a wide range of lubricants available in pharmacies and vitamin stores, ranging from K-Y Jelly used at the time of intercourse to suppositories, such as Replens, that may be inserted at any time to maintain moisture. Another remedy is the insertion of the oil from a Vitamin E capsule into the vagina every night for two weeks, and then once or twice a week thereafter.²

There are also two herbs that help to maintain vaginal moisture: dandelion leaves and oat straw. Either or both of these may be taken by mouth in the form of tinctures, capsules, or tea. Oat straw has the added advantage of enhancing sexual responsiveness by increasing nerve sensitivity.

VAGINAL ATROPHY

Vaginal atrophy results from a decline in estrogen levels, and refers to the thinning of the vaginal walls, which generally leads to pain and irritation during intercourse. There are at least two possible remedies. One is black cohosh. If one is not already taking this as part of an herbal formula, it may be purchased in the form of a tea, tincture, or capsule (A good brand of black cohosh is Nature's Sunshine). If a woman has a male partner, a good therapy for vaginal atrophy is frequent sexual intercourse, which increases the blood flow to the vaginal walls. Frequent intercourse is also beneficial to her partner, because it reduces the risk of prostate cancer.

If vaginal atrophy persists despite these measures, you may need to resort to a pharmaceutical product, a vaginal suppository called Vagifem, which contains estrogen. (There used to be a more natural vaginal suppository, but it has been discontinued.) Another possibility would be to find a physician who will write a prescription for a plant-based estrogen cream to be purchased at a compounding pharmacy.

PHYSICAL RESPONSIVENESS AND LIBIDO

It is easy to confuse a decline in libido with a decline in physical responsiveness. Libido is the desire for sexual activity. Physical responsiveness is the ability of one's body to react to stimulation. It is related to

¹Northrup, *Women's Bodies*, p. 555.

²Love, Susan. *Dr. Susan Love's Hormone Book*. New York: Random House, 1997, p. 179.

nerve sensitivity and blood circulation, both of which decline in some women after menopause. These factors may affect the time it takes for arousal and for reaching orgasm. As mentioned above, oat straw increases nerve sensitivity. In addition, Ginkgo increases circulation. So combining these two herbs may help to

increase physical responsiveness. Some women experience increased sexual pleasure by combining ginkgo with damiana, which is believed to increase libido.

A decline in physical responsiveness, mood swings, and insomnia may all affect libido, since a decrease in the enjoyment of sexual activity is likely to affect one's desire to engage in it. There is a variety of means for dealing with a decline in libido: communicating with one's partner about what might feel nice, trying new positions, reading books and articles about sexual techniques, and being willing to engage in physical intimacy even if one is not quite in the mood, trusting that the experience may be better than one had thought it would be. A helpful video, "Secrets of Sacred Sex," is available from www.sacredloving.net. However, libido is also affected by the quality of a relationship. For example, if there are serious problems in a marriage, they are likely to have a negative effect on one's desire for intimacy.

It is important to be cautious about taking herbs that are purported to increase libido or physical responsiveness. Not all herbs are free from side effects. For example, I had a very unpleasant experience with yohimbe. After taking it only twice, I had irregular heartbeats for several months. The temporary increase in sexual pleasure was definitely not worth it. Although a heart specialist assured me that this particular type of cardiac arrhythmia was not fatal, it was nonetheless uncomfortable. So I would advise sticking to oat straw, ginkgo, and damiana.

The reality about aging is that everything slows down. Marathons are usually won by younger runners. Hectic work schedules are best tolerated by younger workers. Passing the fiftieth birthday requires a shift of perspective, emphasizing quality of experiences over quantity and speed. Sexuality is no exception. For example, both women and men may take longer to reach orgasm. This could require more planning of time for lovemaking, as well as patience and the willingness of each partner to pay attention to the other's needs. Slowing down is not necessarily a bad thing. It may enable us to develop special enjoyment of all the beautiful aspects of our bodies, even as they age, and of a variety of physical expressions of love.

Five

Maintaining Good Health

The pharmaceutical industry made the claim that hormone replacement therapy would prevent heart disease and osteoporosis. Women were also led to believe that it would preserve their sexuality and keep their skin from wrinkling. However, the revelation that HRT actually increased vulnerability to heart disease, and to breast cancer as well, has led many women to conclude that the hazards outweigh the alleged benefits. In addition, some women experience weight gain around the time of menopause. Fortunately, there are natural means for preventing heart disease and osteoporosis, as well as cancer. There are also drug-free ways of enjoying sexual activity into old age—as was shown in the previous chapter—as well as good care of one’s skin and maintaining a healthy weight.

CARDIOVASCULAR DISEASE

Before menopause, women are less vulnerable than men to heart disease. However, women catch up after menopause, which is when the largest number of heart attacks among women occur. But there is a simple treatment and prevention for cardiovascular disease in both men and women that was discovered by the late biochemist Linus Pauling and his colleague, the physician Matthias Rath. Dr. Rath, who was much younger than Pauling, is still alive and continues his research, writing, and speaking, as well as maintaining several websites.

The Pauling-Rath therapy is explained in Jonathan Campbell’s booklet, *The End of Cardiovascular Disease*, which is available from www.cqs.com. I shall summarize the relevant information only briefly.

The human body needs Vitamin C to repair and maintain itself. However, the recommended daily allowance of 60 mg. is far below what is really needed, which is more like 2,000–3,000 mg. If one has even a mild cold, a cut in the skin, or bacteria in one’s gums harbored by dental plaque, the body needs more of this vitamin to meet the extra demands being placed on the immune system. When lesions form in blood vessels, and there is not enough Vitamin C to repair them, the body substitutes a sticky substance called lipoprotein(a). Unfortunately, this is a poor substitute, since lipoprotein(a), which is one of the components of LDL cholesterol, forms plaques (which, incidentally, are not made of the same substance as the above

mentioned dental plaque). As these plaques build up, they eventually clog the arteries, causing high blood pressure and heart attacks. The plaques can be chelated—that is, gradually removed—by the amino acids lysine and proline. Pauling and Rath’s therapy consists of a combination of these amino acids to break up the plaques and Vitamin C to repair the arteries, so that no further lipoprotein(a) is needed. Unfortunately, their work has become marginalized within medical research because of the enormous power of the pharmaceutical companies, which make much larger profits from drugs than from vitamins or amino acids.

Vitamin C also helps to lower cholesterol, and is much safer than Lipitor, Zocor, and other statin drugs.¹ In addition, it helps to treat and prevent type two diabetes, because it increases insulin sensitivity. After several weeks on large doses of Vitamin C (6,000 mg. per day), diabetics may be able to reduce their dependence on oral or injected insulin.

People who are at risk for heart disease or cancer are advised to take the following each day:

6,000 mg. of vitamin C, divided into three daily doses with meals;

6,000 mg. of lysine, divided into three daily doses with meals;

6,000 mg. of proline, divided into three daily doses with meals.

These may be taken in the form of tablets or capsules, or as powders added to water, fruit juice, or a soy-fruit smoothie. There is a combination proline-lysine tablet made by Solgar. (See the Appendix for information about where to purchase this product.)

These doses will generally remove arterial plaques in about a year.² After that it is possible to maintain cardiovascular health with daily doses of 3,000 mg. of Vitamin C and 3,000 mg. of lysine. Nevertheless, it is a good idea to continue taking proline throughout one’s life because, as protease inhibitors, proline and lysine together provide protection against both cancer and osteoarthritis.³

CANCER

After Pauling died, Rath extended the research into cancer, and discovered that Vitamin C, lysine, and proline served important functions in the cure and prevention of that disease as well.⁴

Women need to be especially concerned about breast and cervical cancer. In order to detect these diseases before they become fatal, it is essential to have a pap test and a breast examination by a physician or nurse practitioner every year. (Mammograms will be discussed below.) It is also important for a woman to do a monthly self-examination. This can be difficult for a couple of reasons. One is that she may not know what to look for. Since breasts are not perfectly smooth, it is difficult to know what kinds of bumps are normal. Another problem is that a woman may feel, as Dr. Susan Love points out, that the self-exam sets up an adversarial relationship between her and her breasts, because if she treats them as potential harbors of life-

¹Side effects that have been reported by users of statin drugs, such as Lipitor, Zocor, Crestor, Pravachol, Baycol, Mevacor, Lescol, and Advicor, include mild-to-severe muscle pain, muscle weakness, tingling, numbness, tremors, loss of coordination, paralysis, memory loss, and liver damage. See www.healthy-heart-guide.com/side-effects-of-lipitor.html and www.medications.com.

²Rath, Matthias, M.D., *The Heart*. Santa Clara, CA: MR Publishing, 2001, p. 31.

³For the connection between protease and cancer see Rath, Mathias, M.D., *Cancer*. Santa Clara, CA: MR Publishing, 2001. For the connection between protease and arthritis see the article by Miklos Be’ly, M.D., Arthrosis, on http://www.arthritistrust.org/Articles/Arthrosis/pg_0001.htm.

⁴For details about doses of nutritional supplements in the treatment of an existing cancer, see Jonathan Campbell’s *Stopping Cancer Naturally* (www.cqs.com).

threatening tumors, she may come to see her breasts as enemies.⁵ Fortunately, there are ways of dealing with both of these issues. First of all, one may approach the self-exam not as a search-and-destroy mission, but as a way of getting to know one's own body and of expressing love for it. Think of it as a massage. Massages feel nice. It is also helpful to think of the self-exam as a way of learning what is normal. If a woman examines her breasts on the same day as they have been examined by a physician or a nurse practitioner, she will know that everything that her fingers are feeling is all right. Another way of learning what normal feels like, as well as learning how to do the self-exam in a loving manner, is to listen to a cassette tape by Dr. Dixie Mills, called "Honoring Our Breasts." This is available for \$10.95, plus shipping and handling, from www.womentowomen.com/LIBvideo.asp.

During the annual medical examination a woman may feel more comfortable having her breasts checked by a woman doctor or nurse. She may also feel assured about having a very thorough examination, if she happens to believe that a woman will feel less awkward than a male physician about handling her breasts.

Most doctors recommend annual mammograms for women over the age of fifty. However, women might want to be aware that this is a controversial issue. There is now evidence, gathered by Dr. John Gofman, a physician and nuclear physicist, that the radiation from the mammogram itself increases the risk of breast cancer.⁶ Breast tissue is more vulnerable to radiation than other bodily tissues. Each mammogram includes four X-rays, totaling an average of 0.4-0.6 rads (units of radiation exposure) per breast, *if* done under the best conditions *and* using the best equipment. It has been estimated that each rad increases the breast cancer risk by 1 percent, and the damage is cumulative. Furthermore, it is not uncommon for a woman to receive more than one mammogram, since a false positive can result in a repeat. Dr. Gofman estimates that "about three-quarters of the current annual incidence of breast-cancer in the United States is being caused by earlier ionizing radiation, primarily from medical sources."⁷

On the other hand, there are women who are convinced that they would not be alive today if they had not had mammograms that detected cancer while it could still be treated. Admittedly the procedure does reveal many tumors, but we still need to ask how the tumors developed in the first place. Gofman's research suggests that the mammogram itself may be a cause of breast cancer.

This is a matter that each woman must decide for herself. If her decision is not to have mammograms, she must make this clear to her physician, and she must assure him or her that she is taking responsibility for the consequences of this decision. She also needs to be especially diligent in doing a monthly self-exam and having regular checkups.

Mammograms are really not a form of prevention but rather of early detection of a tumor that already exists. The best prevention for cancer is the regular consumption of the antioxidants—vitamin C, vitamin E, beta carotene, and selenium—along with lysine, proline, and a diet rich in fresh fruits and vegetables, preferably organic ones.

⁵Love, Susan M. *Dr. Susan Love's Breast Book*. Reading, MA: Addison Wesley, 1995, pp. 23-25.

⁶Gofman, John. *Preventing Breast Cancer*. San Francisco: Committee for Nuclear Responsibility, 1996, pp. 174-177.

⁷Gofman, *Preventing Breast Cancer*, p. 1.

OSTEOPOROSIS

A different set of supplements is needed to prevent osteoporosis: calcium, magnesium, and vitamin D. The largest amount of bone loss in women who do not take sufficient doses of these supplements occurs during the first two years after menopause. Women need to take 1,500 mg. per day of calcium citrate, along with at least 750 mg. of magnesium and 400 IUs of vitamin D (which may be part of a multivitamin). It is also important to engage in weight-bearing exercise, such as walking three times a week. Since one does not know that one has reached menopause until a large number of periods have been missed, it is a good idea for women to start taking these doses no later than their mid-forties. This is also a good time to have a baseline bone density test.

WEIGHT GAIN

Another health problem that seems to increase as we age is weight gain. When a woman complains to her physician that she has gained more weight since approaching or passing menopause, she may be told that she is probably eating more than she is aware of, or that she is likely less active than she used to be. In this situation, as in others, the assumption is often made that a woman does not really know what is going on with her own body. But menopausal weight gain is real! It is at least partially caused by hormone imbalance, and there are ways of dealing with it. The effects of hormone imbalance are seen whether the sharp decline is mostly in estrogens or in progesterone. When the ovaries begin to slow down in their production of estrogens, the body automatically searches for other sources of them, and one of these is body fat. The retention of fat thus becomes a way of maintaining hormone levels.⁸

However, women with an excess of estrogens and a shortage of progesterone do not have it any easier. These women are likely to have a tendency toward weight gain to begin with, because the more fat cells one has the more estrogens the body will produce. As a result, heavier women are likely to be proportionally short on progesterone. A shortage of progesterone often leads to irritability and feelings of stress, and for some people, stress leads to sensations of physical hunger. So if a woman follows the rule of eating only when she is hungry, that may be too often.

What can be done to avoid weight gain, or to reverse it once it occurs? The first step is to address hormone imbalance by means of a saliva test and the measures that the physician recommends after receiving the results. The second step is to develop a healthy eating plan. The following are some general guidelines⁹:

- Take a high-potency multivitamin each day.
- Eat good quality protein at every meal. Ideally this would be in the form of poultry (four ounces), fish (four ounces), eggs (one or two), tofu (1/4 pound), soy powder (1/3 cup), or low-fat cheese (two or three ounces). Although I respect vegetarians, and used to be one myself,¹⁰ a problem with

⁸For further information on the link between estrogen levels and weight gain, see www.womentowomen.com/LIBgainingweight.asp.

⁹Once again, every woman is different, and this is especially true in the area of weight loss. These guidelines, which some women find helpful, may not work for everyone.

¹⁰The reason that I stopped being a vegetarian is that I had gained a considerable amount of weight as a result of this life style, and could not lose it until I put fish and poultry back into my diet.

vegetarian diets in relation to weight loss is that some people's bodies cannot tolerate a heavy load of carbohydrates, even the complex carbs found in beans and whole grains, which are important sources of vegetable protein. Although it *is* possible for a vegetarian to follow a high-protein, low-carb diet, the food choices are extremely limited. Tofu and some other soy foods are relatively low in carbohydrates. In addition, if one is not a strict vegan, eggs and low-fat cheese could also be included. Eating away from home would be difficult, however, since high-protein, low-carbohydrate vegetarian foods are rarely available at social events and in most restaurants.

- Include a moderate amount of fat, mainly from vegetable sources. Animal fats, especially the concentrated fat in pork and beef, contain hormones that upset the body's balance and dioxins that increase the risk of cancer. Use a margarine that is free of trans fats (such as Earth Balance, which is sold in natural food stores), and cook with olive oil. Olive oil and flax seed oil provide the fat needed to produce satiety and also have other health benefits.¹⁰ If you tend to feel unsatisfied after meals, include a tablespoon of flax seed oil either before the meal or mixed with the food.
- Eat carbohydrates only in the form of fresh or frozen fruits and vegetables (at least five servings per day) and whole grains.
- Choose plain frozen fruits and vegetables without added sugars, starches, or sauces. If you are maintaining your weight, eat no more than four servings of whole grains per day. If you are trying to lose weight, eat only two servings. A serving is one slice of 100% whole grain bread or one-half cup of cereal, cooked brown rice, or cooked whole wheat pasta. It is best to avoid an extreme low-carbohydrate diet, since this can be hazardous to your health. It tends to deprive your body of fiber and B vitamins, as well as to cause ketosis, which, if prolonged, may harm the kidneys and the liver. If you are really worried about carbohydrates, take a carb blocker thirty minutes before eating them. These are natural supplements derived from white kidney beans, and they are available under a variety of product names.
- If you are eating fewer than four servings of whole grains, eat a tablespoon of ground flax seeds with breakfast and another one with dinner in order to avoid constipation.
- Divide your daily food intake into five small meals or three moderate meals and two small high-protein snacks. Frequent eating helps to keep up your metabolism. However, if you have an eating disorder, you will need to decide whether eating five times a day is a realistic option. You will know it is not if you notice that the five small meals have become five big feasts or if you are constantly having food cravings. In that case, three carefully measured meals a day might be a better choice.
- Keep track of your food intake by writing down everything that you eat for at least two weeks, and checking to see whether your intake is close to these guidelines.
- Walk for thirty minutes three times a week to maintain your weight, or forty-to-sixty minutes six times a week to lose weight. If for some reason walking is not an option—for example, if the weather is bad or if you have difficulty walking—use a stationary bicycle. Although I find the latter to be a rather boring exercise, I can sometimes get myself to do it by setting aside a certain magazine or

¹¹ Olive oil controls LDL cholesterol while helping to raise levels of HDL cholesterol. The benefits of flax seed oil are described in Chapter Two.

book that I may read only when on the bicycle. Other possibilities are listening to your favorite music or watching television only when on the bicycle.

- If stress or depression is causing you to eat more than you need, or to feel hungry all the time, try yoga and/or meditation.
- 5-HTP, which was mentioned in Chapter Two as a remedy for depression and insomnia, may also be used as a weight loss aid (but not if you are on antidepressant medication). For this purpose, take 300 mg. twenty minutes before each meal. However, if you are taking this much 5-HTP, do *not* take it at bedtime as well, since the maximum amount that should be taken in one day is 900 mg.¹¹
- If you find it hard to follow a moderate diet or to lose weight, consider joining a support group, such as Overeaters Anonymous (www.oa.org). The sharing of experiences with kindred spirits is a wonderful way to stay on track. OA even has on line groups.

AGING SKIN

There is one more post-menopausal matter that is not a threat to one's health, as are those discussed above, but that many women nevertheless find distressing. Let's be honest. Many of us do not like wrinkles. But taking pharmaceutical hormones is not the way to get rid of them. The only way to do that is cosmetic surgery, and even this does not last forever. However, there are less invasive and less expensive measures that may be taken to slow down the aging process in the skin. One of these is avoiding excessive sun exposure and, when one does go outdoors, using a sunblock with an SPF of at least 30. This is also protection against skin cancer. Smoking also causes wrinkles, but it should be stopped for more important reasons: the prevention of lung cancer, emphysema, and heart disease.

The other defense against wrinkles is a regular routine of skin care. This involves twice daily washing with a gentle, moisturizing soap, preferably an all-vegetable soap containing glycerine. This type of soap may be purchased at a natural foods or vitamin store. Washing may be followed by an inexpensive natural astringent, such as witch hazel. The final step is moisturizing. Moisten the skin with cool water before applying the moisturizer. For the daytime it is advisable to use a light lotion that combines moisturizer and sunblock. At night, a richer cream may be applied. The most expensive cosmetic products are not necessarily the best, since they may contain harmful chemicals. Along with the soap, it is best to purchase skin creams in a natural foods or vitamin store.

If you can tolerate taking one more pill, there is a supplement that is claimed to be helpful with both joint health and skin preservation. It is sold by various vitamin companies under the name "Injuv," which is a trademark for a form of hyaluronic acid, a main component of connective tissue. There is also a hyaluronic acid serum that may be applied directly to the skin and that is sold by Source Naturals under the trademark "Skin Eternal." Both the serum and pill forms are available in vitamin stores and on several websites.



In summary, all of the supposed benefits of pharmaceutical hormones, and some additional ones as well, may be provided by safe, natural means.

¹¹Email message to the author from Dr. Michael Murray, January 26, 2005.

Six

Final Thoughts

This booklet is not the final answer to how you will deal with menopause. It is intended to be a starting point, offering information and suggestions. So where do you go from here?

- Even if you have not yet experienced any signs of perimenopause, you may begin trying soy foods, experimenting to discover what you like best—whether it’s a soy-fruit smoothie, a tofu stir fry, or simply soy milk—and developing a taste for them. Also try flax seed and flax seed oil.
- If you are already experiencing hot flashes, insomnia, mood swings, mind fog, loss of libido, or vaginal dryness and atrophy, try the suggestions in this booklet. If they do not completely alleviate these problems, find a physician who will do a saliva test and, after interpreting the results, recommend a natural hormone replacement therapy derived from plant sources.
- You may consider forming a support group with other perimenopausal and menopausal women and sharing ideas with one another, or finding an on-line support group.
- If you are concerned about heart disease, high blood pressure, cholesterol, or type two diabetes read Jonathan Campbell’s booklet, *The End of Cardiovascular Disease*, which may be ordered from his website, www.cqs.com. Other booklets that may be helpful are *Stopping Cancer Naturally* and *Natural Strategies for Recovery from Statin Drugs*. This last one is especially important to read if you are taking Lipitor or another drug to reduce cholesterol.¹
- Read Dr. Christiane Northrup’s *The Wisdom of Menopause*, and go to her website, www.drnorthrup.com, for more information.
- Visit the Women to Women website, www.womentowomen.com.

¹Am I “plugging” my husband’s website? Yes, but only because I believe that it is helpful. And as with everything else in this booklet, these are simply suggestions.

The search for ways to cope with the new experiences that come with the menopausal transition is part of a broader shift in personal orientation. As I mentioned at the beginning of this booklet, this is a time for focusing on ourselves. Many women spend a considerable portion of their lives taking care of others, and that is a very positive aspect of womanhood. This world certainly needs caring people. However, menopause demands that we shift a bit and focus inward, in order to learn about our own needs. The most valuable lesson that I learned from reading Dr. Northrup's books is the importance of what she calls "extreme self care."² We need to back off from our tendency to be always looking after the needs of others. We need to learn to say "no" when too many demands are placed on us.

There are times, of course, when one does have to think about others. For example, just at the time when a woman is in perimenopause she may have aging parents who are beginning to need her help. Or she may enter into a second marriage with a man who unexpectedly gets custody of his adolescent offspring. Or she may have a married daughter who becomes separated from her husband and temporarily moves in with her, bringing along a two-year-old grandchild. We cannot simply turn away from the needs of our loved ones. However, at those times it is more important than ever to find space for ourselves. We need to set aside times and places for self nurturing. We need to let other relatives know that we do not accept the role as the only caregiver in the family and that we need their help.

Although some women may feel distressed about the mental confusion that often accompanies menopause—especially if they have been oriented toward career success—it may actually be a signal for positive change. At this point, we may think about easing up on the drive toward high achievement, and becoming quietly mindful of the beauty that is within us and all around us. We are in the second half of life. The first half has gone by very fast because we were busy with many things that seemed important at the time. If we want to enjoy Part Two, we need to slow down. This is another reason why is a good idea to begin a meditation practice at this point in our lives, if we do not already have one. Meditation helps us to appreciate the present moment.

Finally, please remember that menopause is a normal process, not a disease. It need not be "cured" by drugs. For many centuries women used herbs and other natural means to cope with this stage of life. Now, in the midst of a scientific age, we are rediscovering this approach. Perhaps that is a sign that we really are becoming wise women.

²Northrup, Christiane. *The Wisdom of Menopause*. New York: Bantam Books: 2002.

Appendix

Purchasing Supplements

Pioneer Menopause Nutritional Support

Go to <http://www.pioneernutritional.com> and click on this link in the bar at the top of the page: “WHERE TO BUY”

For Other Products

Go to <http://www.iherb.com>.

(This website seems to have some of the best prices for high-quality supplements.)

In the search box near the top of the page, type: Daily Two Multi (and press the Search button).

On the next page, click on the “Add to Cart” button for Natures’s Way Daily Two Multi Iron Free Formula.

You may repeat this process for any of the following items:

NOW Soy Protein Isolate or Bluebonnet Whey Protein Isolate

NOW 5-HTP

NOW Vitamin C-500 or NOW Vitamin C-1000 or NOW Ester-C

NOW lysine 500 or NOW lysine powder

proline or proline powder

Bluebonnet Calcium Magnesium D3

Solgar L-Proline L-Lysine

Another good source of low-cost high-quality vitamins is www.vitaminshoppe.com, along with the Vitamin Shoppe stores that are found in many cities.

Biblio/Video/Discography

- Anderson, Sandra, and Rolf Sovik. *Yoga: Mastering the Basics*. Honesdale, PA: Himalayan Press, 2000.
- Be'ly, Miklos, M.D. Arthritis. First published in the *Journal of the Academy of Rheumatoid Disease*, 1987.
Reprinted on www.arthritis-trust.org/Articles/Arthritis/pg_0001.htm
- Campbell, Jonathan. *The End of Cardiovascular Disease: Natural Therapy and Prevention*. Available from www.cqs.com.
- Connup, Cynthia, and Nyaso Christine Carter. *The Secrets of Sacred Sex* (video or DVD), www.sacredloving.net.
- Diliberto, Gioia. *A Useful Woman: The Early Life of Jane Addams*. New York: Scribner, 1999.
- Gofman, John. *Preventing Breast Cancer: The Story of a Major, Proven, Preventable Cause of this Disease*, Second Edition. San Francisco: C.N.R. Book Division, Committee for Nuclear Responsibility, 1996.
- Golbitz, Peter. *Tofu and Soy Foods Cookery*. Summertown, TN: Book Publishing Company, 1998.
- Iengar, Geeta S. Menopause, Practical Management through Yoga. *Yoga Vaani* 78 (June 2004), reprinted on [www.iengaryoga.asn.au/news/vaanimenopgeeta .htm](http://www.iengaryoga.asn.au/news/vaanimenopgeeta.htm).
- Kornfield, Jack. *Meditation for Beginners* (cassette or CD). Sounds True, Louisville, CO.
- Love, Susan M. *Dr. Susan Love's Breast Book*. Reading, MA: Addison-Wesley, 1995.
- . *Dr. Susan Love's Hormone Book: Making Informed Choices About Menopause*. New York: Random House, 1997.
- Lundeen, Sudha Carolyn. *Kripalu Yoga, Gentle* (video). Available from www.kripalu.org.
- Mills, Dixie. *Honoring Our Breasts: A Guided Self-Exam to Music* (audiocassette). Women to Women, Yarmouth, ME.
- Murray, Michael. *5-HTP: The Natural Way to Overcome Depression, Obesity, and Insomnia*. New York: Bantam Books, 1998.
- Murray, Michael, and Joseph Pizzorno. *Encyclopedia of Natural Medicine*, Second Edition. Rocklin, CA: Prima Publishing, 1998.
- Northrup, Christiane. *The Wisdom of Menopause: Creating Physical and Emotional Health and Healing during the Change*. New York, Bantam Books, 2002.
- . *The Wisdom of Menopause* (video). Available from www.drnorthrup.com.
- . *Women's Bodies, Women's Wisdom*. New York: Bantam Books, 1998.
- Rath, Matthias. *Cancer*. Cellular Health Series. Santa Clara, CA: MR Publishing, 2001.
- . *The Heart*. Cellular Health Series. Santa Clara, CA: MR Publishing, 2001.
- Rath, Matthias, and Linus Pauling. Solution to the Puzzle of Human Cardiovascular Disease. *Journal of Orthomolecular Medicine* 6 (1991): 125–134.
- Sovik, Rolf. *Dynamics of Meditation* (cassette or CD). Himalayan Institute, Honesdale, PA.
- Stewart, Mary. *Yoga over 50*. New York: Simon and Schuster, 1994.
- Yoga for Menopause* (video). Available from www.naturalways.com/yoga-menopause.htm.

Index

5-HTP, 6–7, 26

alfalfa, *See* herbs

B vitamins, 6, 11, 25

beta carotene, 6, 14, 23

black cohosh, *See* herbs

blood pressure, 10n., 11, 12, 13, 22, 27

breast cancer. *See* cancer, breast

breast self-exam, 22-23

calcium, 6, 9, 11, 12, 24

Campbell, Jonathan, 3, 11, 21, 22n., 27, 33

cancer, 2, 5, 6, 9, 11, 12, 14, 21, 22, 25, 26

 breast, 2, 9, 14, 21, 22, 23

 cervical, 22

 prevention of, 9, 10, 11, 22, 23

 prostate, 14, 18

 risk of, 11, 22, 23, 25

cardiovascular disease, 2, 5, 6, 8, 9, 11, 13n., 14,
 21–22, 26, 27

cholesterol, 9, 11, 21, 22, 25n., 27

damiana, *See* herbs

dandelion leaf, *See* herbs

depression, 2, 5, 6, 7, 11, 14, 15, 26

diabetes (type 2), 22, 27

diarrhea, 11–12

dong quai, *See* herbs

E3 Suppositories, 18, 29

Ester-C, *See* Vitamin C

estrogen receptors, 7

estrogens, 7, 9, 10–11, 14, 24

 precursors, 10

exercise, 6, 15, 16, 24, 25

- flatulence, 9, 11–12
- flax seed, 7, 9, 11, 14, 27
oil, 6, 9–10, 14, 25, 27
- forgetfulness, 2, 14
- genetically modified foods, 8
- George, Donna, 3
- ginkgo, *See* herbs
- Gofman, John, 23
- Great Smokies Diagnostic Laboratory, 7, 15
- heart disease. *See* cardiovascular disease
- herbs, 2, 5, 6, 10, 13, 14–15, 18, 19, 28
alfalfa, 10
black cohosh, 6, 10, 18
damiana, 10, 18, 19
dandelion leaf, 18, 19
dong quai, 10
ginkgo, 6, 10, 19
licorice root, 10
motherwort, 10
oat straw, 18, 19
stevia, 8
valerian root, 6
vitex agnus castus, 10
yohimbe, 19
- Honoring Our Breasts, 23, 33
- hormone replacement therapy (HRT), 2, 7, 21, 27
risks, 2, 21
- hormones, 1, 7, 10, 11, 14, 15, 24, 25
pharmaceutical, 2, 7, 26
- hot flashes, 1, 2, 5, 9, 10, 13, 14, 15, 27
- hyaluronic acid, 26
- insomnia, 2, 6, 10, 13, 14, 15, 18, 26, 27
- irritability, 10, 11, 15, 24
- Kornfield, Jack, 16, 31
- Kripalu Center, 16
- lavender, essential oil of, 6
- libido, 2, 17, 18, 19, 27
- licorice root, *See* herbs
- lignans, 9, 10
- Lipitor. *See* statin drugs
- Love, Susan, 2, 18n., 22, 23n., 33
- lysine, 6, 11, 22, 23, 29, 30
- magnesium, 6, 11, 12, 24, 29, 30
- mammogram, 23
- Marino Center for Progressive Health, 3
- meditation, 6, 15, 16, 24, 28
- menopause, 1–3, 5, 7, 10, 13–14, 16, 17–18, 21, 24, 27, 28
definition of, 1
symptoms of, 2, 13–14
- mental confusion (mental fog), 5, 13, 14, 28
- mental fog, *See* mental confusion
- Mexican wild yam, 15
- Mills, Dixie, 23, 33
- mood swings, 2, 3, 11, 13, 14, 18, 27
- motherwort, *See* herbs
- multivitamins, 6, 11, 24
- Murray, Michael, 2, 6n., 26n., 33
- night sweats, 14
- Northrup, Christiane, 2, 17–18, 27, 28, 33
- oat straw, *see* herbs
- olive oil, 8, 25
- osteoarthritis, 22
- osteoporosis, 5, 6, 15, 21, 24
- Overeaters Anonymous, 26
- Pauling, Linus, 2, 13, 21–22, 34
- perimenopause, 1, 2, 109, 13, 14, 17, 27, 28
and contraception, 17
- pharmaceutical hormones, *See* hormones,
pharmaceutical
- phytoestrogens, 7, 9, 12
- Pizzorno, Joseph, 2, 33
- Premarin, 3, 7, 13, 15
- progesterone, 10, 11, 24
cream, 6, 10, 15
- proline, 6, 10, 11, 22, 23, 29, 30

Rath, Mathias, 2, 13, 21, 22, 33

red clover, *See herbs*

saliva test, 7, 10, 15, 24, 27

Secrets of Sacred Sex, 19, 33

selenium, 6, 11, 23

self care, 28

self pleasuring, 17

serotonin, 7

sexual responsiveness, 2, 10, 18, 19

sexuality, 17–19

 and older people, 17

skin care, 21, 26

smoothie, soy-fruit, 6, 8, 9, 11, 22, 27

Sovik, Rolf, 16, 31

soy, 6, 7–9, 11, 12, 14, 15, 22, 24, 25, 27, 29, 33

 alleged dangers, 14

 allergy, 7

 consumption in Asia, 14

statin drugs, 22, 27

stevia, *See herbs*

tofu, 6, 8, 14, 24, 25, 27, 33

vaginal atrophy, 2, 10, 17, 18

vaginal dryness, 2, 14, 17–18, 27

valerian root, *See herbs*

vitamin C, 6, 10, 12, 21–22, 23, 30

 buffered C, 12

 Ester-C, 12, 30

vitamin D, 6, 9, 11, 24

vitamin E, 6, 9, 10, 18, 23

vitex agnus castus. *See herbs*

water, recommended consumption, 6, 11

weight-bearing exercise. *See exercise*

weight control, 6, 8, 9, 24–26

weight gain, 21, 24

 and hormone imbalance, 24

Women to Women, 7, 27

Women's International Pharmacy, 15

wrinkles, 21, 26

yoga, 6, 15–16, 26, 33, 34

yohimbe, *See herbs*

Zocor, *See statin drugs*