

Arnica Portsmouth IX – 28<sup>th</sup> February – with Alastair Hay – homeopathic

**What we're going to cover:** *Managing the transition at this time and even optimising your body for menopause.*

- Why do symptoms such as hot flushes, anxiety, mood swings, insomnia, forgetfulness & memory loss occur?
- What is happening at a hormone production level?
- How can you support yourself pre, during and post menopause?
- Why are the adrenals and liver so important at this time?
- What are the possible alternatives to HRT?

## What is menopause?

Menopause is the permanent cessation of menstruation resulting from loss of ovarian follicular activity. Removal of the ovaries will induce menopause.

Menopause is defined as the time when there has been no menstrual periods for 12 consecutive months and no other biological or physiological cause can be identified. The ovaries stop producing eggs and menstruation ceases.

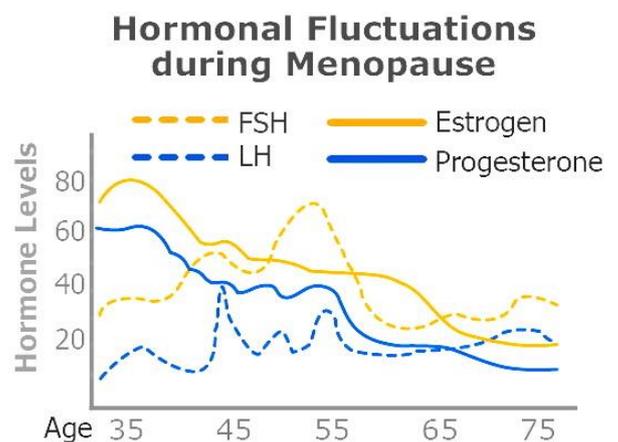
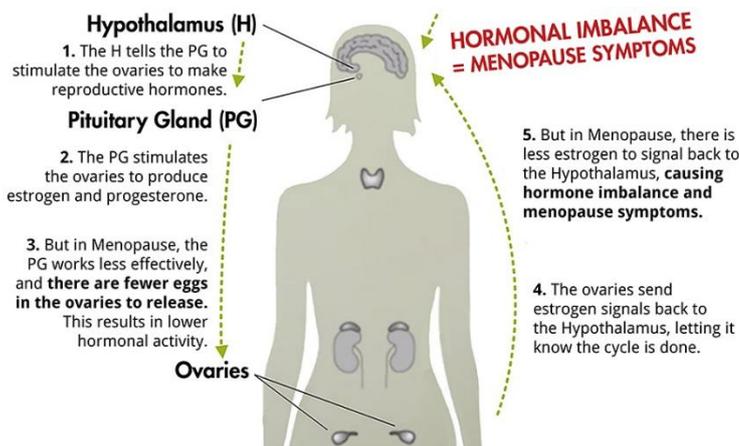
Menopause most typically occurs between 45 and 55 years of age (average at 52). Menstruation may decrease gradually in successive periods or the intervals between periods may lengthen. Alternatively there may be a sudden and complete stoppage of the periods.

**Hormones** – At the time of the menopause the balance of sex hormones, oestrogen and progesterone, in the body changes.

There are **three** types of oestrogens that dominate in different phases of a woman's life. For women between their first menstruation and menopause, *oestradiol* is the most common. *Oestriol* dominates during pregnancy.

**After menopause, the primary oestrogen a woman makes is oestrone.**

Oestrogens are steroid hormones derived from cholesterol. Produced primarily in the ovaries, oestrogen is also produced in the adrenals and fat tissues. Cholesterol is necessary for the creation of hormones, vitamin D, and enzymes needed for digestion.



Testosterone, a hormone more commonly associated with males, is also present in women. It peaks at age 30, but declines with age, so there is little variation across the lifetime and during the menopausal transition. However, in surgically induced menopause, instead of the levels of oestrogens and testosterone slowly declining over time, they decline very sharply, resulting in more severe symptoms.

Sometimes, **elevated follicle-stimulating hormone (FSH) levels** in the blood are measured to confirm **menopause**. This happens due to the falling blood levels of oestrogen.

The menopause is not only a change occurring in the physical body, it commonly also has an altering effect on the emotions of the woman transitioning. The disequilibrium of the hormones, the fluctuation between dominance and deficiency, can cause upheaval and havoc resulting in mood swings and in extremes, depression or melancholy.

***How we and society feel about this transition will also influence the symptoms experienced within that society.***

**Pituitary hormones during the menopausal hot flash.** *Obstet Gynecol.* 1984 Dec;64(6):752-6.

<https://www.ncbi.nlm.nih.gov/pubmed/6095154>

#### Abstract

Eighteen postmenopausal women with severe hot flashes had continuous recordings of finger temperature and skin resistance as objective indexes of flushing episodes, and serial measurements of anterior pituitary hormones as indirect indexes of hypothalamic neurotransmitter activity. Significant increases of growth hormone, adrenocorticotrophic hormone (ACTH), and luteinizing hormone (LH) occurred with maximal concentrations at 30, 5, and 15 minutes, respectively, after the onset of the skin temperature rises. No significant fluctuations of prolactin (PRL), thyroid-stimulating hormone (TSH), or follicle-stimulating hormone (FSH) were observed. The mean serum cortisol concentration increased 15 minutes after the hot flash, presumably consequent to the preceding elevation of ACTH. Pituitary ACTH release may be secondary to hypothalamic cooling, whereas increased growth hormone and LH output and the thermoregulatory adjustments comprising the flushing episodes are all consistent with cyclic episodes of increased hypothalamic norepinephrine (noradrenaline) activity.

**1942**, Premarin approved by the Food and Drug Administration (FDA) for the treatment of menopausal hot flashes.

**1965** HRT available to women in the UK

Incidentally, the contraceptive pill was introduced in the UK on the NHS in 1961 for married women only - this lasted until 1967 - and is now taken by 3.5 million women in Britain between the ages of 16 and 49. The pill comes in 32 different forms and worldwide is taken by around 100 million women. (Low hormone dose OCPs weren't introduced until 1980s.)

#### Symptoms of menopause include

- Hot flushes
- Vaginal dryness
- Palpitations
- Insomnia
- Emotional effects
- Reduced libido
- Reduced bone density

HRT artificially replaces the falling levels of oestrogen and its presence convinces the pituitary gland to stop producing excessive FSH. Remember, menopause is a natural, physiological process.

In women with intact uteruses, oestrogens are almost always given in combination with progestogens, as long-term unopposed oestrogen therapy is associated with a markedly increased risk of endometrial hyperplasia and endometrial cancer. Conversely, in women who have undergone a hysterectomy or who otherwise do not have a uterus, a progestogen is not necessarily required, and an oestrogen can be used alone if preferred.

#### HRT Contraindications

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##### Absolute contraindications

- Undiagnosed vaginal bleeding
- Severe liver disease
- Pregnancy
- Coronary artery disease
- Well-differentiated and early endometrial cancer (once treatment for the malignancy is complete, is no longer an absolute contraindication). Progestogens alone may relieve symptoms if the patient is unable to tolerate oestrogens.
- Recent deep vein thrombosis or stroke

##### Relative contraindications

- Migraine headaches
- Personal history of breast cancer
- Personal history of ovarian cancer
- Venous thrombosis
- History of uterine fibroids
- Atypical ductal hyperplasia of the breast
- Active gallbladder disease (cholangitis, cholecystitis)

More about HRT at the end, if you're interested...

The maiden, the mother, the crone personifying the feminine. (Remember there are three types of oestrogen that correlate to these phases).

A woman in her crone years is in a position to influence others. She is the embodiment of feminine wisdom. This archetype has been repressed for far too long but women today are embracing the crone and living their values.

**“When you seek the truth, ask a wise woman.”**

Have a look at [ownthecrone.com](http://ownthecrone.com)

Natural medicines have potential to, not only ease the physical change, but also to calm the emotions and harmonise the mood.

### Homeopathic medicines

Please visit <https://mysecondspring.ie/menopause-treatments-and-therapies/homeopathy-and-menopause> for more information

### Herbal medicines

Please visit - <https://napiers.net/menopause-herbal-approach.html> for more information

### Diet

Using your diet to try to support the body in its natural hormone production is the safe and ideal way to manage the ageing body. Phytoestrogens are found in many foods such as **apples, carrots, cherries and blueberries**, so including these in your diet is helpful for both men and women.

Using supplements that contain amino acids, such as L-Arginine, L-Glutamine, L-Lysine, Colostrum, GABA, etc. to support pituitary production of GH, is claimed by some to be beneficial.

Dehydroepiandrosterone (DHEA), and its sulphate DHEA-S, are sex steroid hormones that decrease with age and with certain illnesses and drugs. Although DHEA supplements are available and aimed at increasing libido, especially in postmenopausal women, *there are question marks over its safety as there is the possibility of a link with hormone sensitive cancers.*

Female sexuality and ageing

### Menopause

The much-written about physical symptoms of menopause are mirrored by a raft of emotional and psychological feelings that can affect a woman's sexuality. A lack of sleep, hot flushes, tiredness, joint stiffness, mood changes and vaginal dryness can all stack up, causing thoughts of intimacy to be well and truly at the back of one's mind.

This is also often a time in one's life when teenage children and ageing family members need attention. This can add a big element of stress to the mix. Finding the time for intimacy is not always easy. Also, bear in mind that older women who might suffer from vaginal atrophy are unlikely to appreciate long bedtime sessions and this can lead to avoidance.

*Recognising that there might need to be a change of pace in one's lovemaking is an important first step, as is working to re-engage the mind-heart connection, turning off the 'worry' switch, and rediscovering the playful you. Look for ways to remind yourself that you are a sexual being - some women find erotic literature, or just imagining their own fantasies, can help them engage. Sex toys and using lubrication can gently help overcome vaginal atrophy and lubricants such as 'Sylk' or 'Replens' are both oestrogen free.*

**“When you seek the truth, ask a wise woman.”**



## Aside...

### The Book That Made Hormone Therapy (HRT) Famous

In 1966, the book *Feminine Forever* became a best seller with its claim that “menopause is completely preventable.” The book’s author, Robert A. Wilson, wrote that because the oestrogen level in a woman’s body dropped after menopause, postmenopausal women who didn’t receive treatment were no longer truly female. Wilson travelled the country, lecturing on this topic and promising that with the help of oestrogen therapy, “Every woman alive today has the option to remain feminine forever.”

Wilson claimed that menopause was a preventable event, because women could simply add back the oestrogen their body was no longer making by taking hormone pills. With this therapy, a woman’s “breasts and genital organs will not shrivel. She will be much more pleasant to live with and will not become dull and unattractive,” the book claimed.

Barbara Seaman finally got people talking about the risks when her 1977 book, [\*Women and the Crisis in Sex Hormones\*](#), vaulted to the bestseller list. Seaman warned of small studies linking HRT to breast cancer, strokes, and blood clots.

**However, by 1992, Premarin was the No. 1 prescribed drug in the United States. By 1997, its sales exceeded \$1 billion.**

[Gloria Bachman, MD](#), professor of obstetrics and gynaecology at Rutgers’ Robert Wood Johnson medical school, wrote in the [\*International Journal of Fertility and Menopausal Studies\*](#) in 1995 that HRT improves the look of the skin, breast, and muscles, among other things, and it therefore it plays an important role in boosting a woman’s self-image and self-esteem.

### New Concerns About HRT and Breast Cancer, Heart Disease Halt WHI Research

The researchers had discovered that, for each 10,000 person-years, women on these pills would experience eight extra cases of invasive breast cancer, seven additional heart disease, eight more [strokes](#), and eight additional pulmonary embolisms. But they also noted that there would be six fewer colorectal cancers and five fewer hip fractures.

**Hip Fracture** Taking the drugs either in combination or alone decreases hip fracture risk by a third during the treatment years, with some benefits continuing after the pills are stopped

<https://www.womens-health-concern.org/help-and-advice/factsheets/hrt-the-history/>

**Next Arnica meet-up, Thursday 21<sup>st</sup> March, 10-12.**