

A Natural Approach to Menopause

PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE

5100 WISCONSIN AVE., N.W., SUITE 400 • WASHINGTON, DC 20016
PHONE (202) 686-2210 • FAX (202) 686-2216 • PCRM@PCRM.ORG • WWW.PCRM.ORG

Every day, in hundreds of doctors' offices, the same conversation takes place between women going through menopause and their doctors. The doctor writes out a prescription for estrogen pills or patches, saying they will replace the hormones her body ought to be making. They will cure her hot flashes and slow her bone loss. The patient asks if the pills cause cancer. The doctor acknowledges that there is an increased risk of uterine and breast cancer, but argues that the benefits are worth taking the chance.

Other risks enter into the discussion, such as heart disease, strokes, and blood clots. Women who have seen friends or relatives die of these conditions might not find this very reassuring. They may have menopausal symptoms, and they would like a solution. But they are looking for something safe, something that doesn't cause more problems than it solves.

Take heart: There are dietary steps and other lifestyle changes that can make menopause much more manageable. They are better for your bones than estrogen prescriptions could ever hope to be, and they accomplish these things without the side effects of estrogens.

Premarin is a commonly prescribed estrogen preparation from Wyeth Pharmaceuticals. Although doctors sometimes describe it as "natural" for women, it is actually a horse estrogen. On farms in the United States and Canada, mares are impregnated and then confined from the fourth month through the end of their 11-month pregnancy so their urine can be gathered in a collection harness called a "pee bag." After they give birth, the mares are reimpregnated. Their foals usually end up as horse meat and the urine estrogens are packed into pills. The trade name "Premarin" is simply a condensation of the words "pregnant mares' urine"—hardly a natural substance for human beings to swallow. While Premarin contains estradiol and estrone, two types of estrogen that are made in humans, it also contains an enormous amount of equilin, a horse estrogen that never occurs at all in humans.

In 2002, the Women's Health Initiative (WHI), which was studying the effects of combined estrogen and progestin use in postmenopausal women, was halted three years early. Researchers had observed an increased risk of breast cancer, potentially deadly blood clots, strokes, and heart disease in women taking hormones (compared with those in the placebo group who remained drug free).¹ Again, in 2002, the nearly seven-year-long Heart and Estrogen/Progestin Replacement

Study (HERS) confirmed that hormones did not reduce the risk of heart problems in postmenopausal women with heart disease. In fact, their risk of blood clots doubled and their need for gallbladder surgery increased as well.²

Estrogen supplements not only increase the risk of breast cancer, blood clots, strokes, and heart disease, but also appear to increase the risk of dementia³ and uterine and ovarian cancer (when taken without progestin).^{4,5} These hormone supplements may also cause high blood pressure, gallstones, vaginal bleeding, nausea, weight gain, breast tenderness, skin discolorations, headaches, and depression.

Fortunately, hormone replacement therapy use has decreased since the release of the WHI study in 2002,⁶ and more women understand the risks of HRT.⁷ Unfortunately, however, some doctors continue to prescribe these hormones.

Fortunately, there are healthier solutions for the problems associated with menopause.

Natural Changes

At around age 50, the ovaries stop producing estrogens. The adrenal glands (small organs on top of each kidney) continue to make estrogens, as does fat tissue. But the ovaries have produced the greatest share of the body's estrogens for decades, and when they quit, the blood levels of estrogens drop dramatically.

Many women go through this change feeling fine, both physically and psychologically. Nonetheless, some women are bothered by symptoms, including hot flashes, depression, irritability, anxiety, and other problems.

There Is No Japanese Word for Hot Flashes

It has long been known that menopause is much easier for Asian women than it is for most Westerners. Hot flashes have been reported by only about 10 percent of women in China,⁸ 17.6 percent of women in Singapore,⁹ and 22.1 percent of women in Japan.¹⁰ In contrast, it is estimated that hot flashes are experienced by 75 percent of women over the age of 50 in the United States.¹¹

The most likely explanation is this: Throughout their lives, Western women consume much more meat, and about four times as much fat, as women on Asian rice-based diets, and only one-quarter to one-half the fiber. For reasons that have never been completely clear, a high-fat, low-fiber diet causes a rise in estrogen levels. Women on higher-fat diets have

measurably more estrogen activity than do those on low-fat diets. At menopause, the ovaries' production of estrogen comes to a halt. Those women who have been on high-fat diets then have a violent drop in estrogen levels. The drop appears to be less dramatic for Asian women who have lower levels of estrogen both before and after menopause. The resulting symptoms are much milder or even nonexistent.

More evidence of the diet link comes from a fascinating study by a medical anthropologist from the University of California who interviewed Greek and Mayan women about their experiences of menopause.¹²

The Greek women were subsistence farmers. Menopause occurred at an average age of 47, compared with an average age of more than 50 in the United States. About three-quarters of the Greek women had hot flashes, but they were considered normal events and did not cause the women to seek medical treatment.

The Mayan women lived in the southeastern part of Yucatan, Mexico. Menopause occurred earlier than in Greece or North America, at an average age of 42. Unlike the experience of Greeks and Americans, hot flashes were totally unknown among Mayans, and, like the Japanese, they have no word for them. Midwives, medical personnel, and the women themselves reported that hot flashes simply do not occur, nor are they mentioned in books on Mayan botanical medicine.

The difference between Americans and Greeks and other Europeans on the one hand, for whom hot flashes are common, and the Mayans and Japanese on the other, for whom hot flashes are rare or unknown, appears to be diet. The Mayan diet consists of corn and corn tortillas, beans, tomatoes, squash, sweet potatoes, radishes, and other vegetables, with very little meat and no dairy products. Like the traditional Japanese diet, it is extremely low in animal products and low in fat in general. The Greek diet, while rich in vegetables and legumes, also contains meat, fish, cheese, and milk, as does the cuisine of other countries in Europe and North America. Animal-based meals affect hormone levels rapidly and strongly, and undoubtedly contribute to the menopausal problems that are common in Western countries.

Treating Hot Flashes

In addition to a low-fat, vegetarian diet which is strongly recommended for women who are experiencing hot flashes, regular aerobic exercise helps.¹³ A vigorous walk every day or so, or any equivalent physical activity, seems to ease hot flashes.

A number of herbal and dietary supplements claim to alleviate menopausal symptoms. Some studies have shown that black cohosh^{13,14,15} and soy,^{13,14} to a lesser extent, may help. Trials of vitamin E, dong quai, and other such treatments have shown little evidence that they alleviate symptoms, however, this topic still needs much research.¹⁶ Dietary supplements are not regulated by the Food and Drug Administration, and it is important to talk to your doctor before taking any kind

of supplement.

For those women who are considering hormone supplements, some preparations may be safer than others. Estrogens commonly prescribed by physicians contain significant amounts of estradiol, which is one of the forms of estrogen that has scientists and many postmenopausal women concerned about cancer risk. A different estrogen, estriol, appears to be safer. The best evidence indicates that estriol does not increase cancer risk.^{17,18,19,20} Plant-derived transdermal creams containing estriol and smaller amounts of other estrogens are available without a prescription. The estrogens pass through the skin and enter the blood stream, reducing menopausal symptoms. Creams containing pure estriol must be ordered by doctors, not because they are more dangerous (they are not), but because the process of concentrating them qualifies them as drugs, rather than natural preparations. If these creams are used, they should be accompanied by progesterone to reduce the risk of uterine cancer and use should be monitored by a physician. Regrettably, less research has been done on the use of estriol than estradiol.

Natural Solutions for Dryness

At menopause, vaginal blood flow falls. Dryness and irritation can occur, and bacteria infections that pass to the urinary tract are more likely.

What is to be done? First of all, even after the ovaries stop, the adrenal glands and the fat tissue continue to contribute to estrogen production after menopause. In addition, phytoestrogens in plants provide weak estrogen effects. Soy products, such as tofu, tempeh, and miso, contain huge amounts of these natural compounds.

The plant-derived estrogen and progesterone creams described above can be helpful. Used on a regular basis, these creams maintain a moist vaginal lining. However, please note that they should not be used as a sexual lubricant. Estrogen cream is a medication, not a lubricant, and it goes through any skin it touches, including men's. Many women prefer to avoid hormone creams entirely and use ordinary lubricants or moisturizers instead.

The Psychology of Menopause

Hormone shifts can affect moods. It can be disturbing to find yourself feeling uncharacteristically nervous or depressed or having memory lapses. Sometimes these feelings can even strain your relationships with others. It helps to know that the psychological effects of menopause are temporary. In all likelihood, you'll soon get back on an even keel. Here are the most common psychological accompaniments of menopause.

Anxiety. Women who have never had a problem with anxiety before may become more self-conscious and worried about minor events. In some cases, panic attacks occur. Mental health professionals have a variety of effective treatments. Many people feel much better just knowing what the condition is.

The most important piece of advice is not to let anxiety restrict your activities. When anxiety or panic disorders cause people to avoid stressful situations, the result can be an ever-tightening leash that keeps them from enjoying life. Anxiety can lead to avoidance of many aspects of normal life. Prompt treatment prevents this.

Depression and Irritability. Depression can be a problem for menopausal women.^{21,22} Irritability is also common.²³ When considering treatment for depression, irritability, or anxiety, it is important to explore the full range of available options. The first step is to get your diet in order and to get regular exercise to help stabilize hormone shifts and reduce physical symptoms that can aggravate mood problems. Psychotherapy can be very useful, and new short-term techniques have demonstrated their effectiveness at considerably less investment than is demanded by traditional therapies. New antidepressants and anti-anxiety drugs have fewer side effects than older medications.

Poor Memory and Concentration. Some women find that menopause brings occasional memory lapses, often related to reduced ability to concentrate. This can be upsetting and annoying, but fortunately it seems to go away on its own with time.

Keeping or Restoring Strong Healthy Bones

Osteoporosis—thinning of the bone tissue—is common, particularly among Caucasian women, after menopause. The cause is not an inadequate calcium intake, ordinarily. The problem is abnormally rapid calcium loss, aggravated by the following five calcium wasters:

1. Animal protein. When researchers feed animal protein to volunteers and then test their urine a little later, it is loaded with calcium, which comes from their bones. Here's why. A protein molecule is like a string of beads, and each "bead" is an amino acid. When protein is digested, these beads come apart and pass into the blood, making the blood slightly acidic. In the process of neutralizing that acidity, calcium is pulled from the bones. It ends up being lost in the urine. A report in the *American Journal of Clinical Nutrition* showed that when research subjects eliminated meats, cheese, and eggs from their diets, they cut their urinary calcium losses in half.²⁴ Another study showed that a high ratio of animal protein to vegetable protein in the diet increases bone loss and risk of fracture in postmenopausal women.²⁵ Switching from beef to chicken or fish does not help, because these products have as much animal protein as beef, or even a bit more.

2. Sodium (salt). If you throw salt on a slippery sidewalk, it dissolves the ice; if you sprinkle it on your food, it can dissolve your bones, albeit by a different mechanism. Salt apparently increases calcium losses via the kidneys. For an average person, cutting sodium intake in half reduces the daily calcium requirement by about 160 milligrams.²⁶ For postmenopausal women, decreasing sodium intake from the U.S. average (3.4 grams per day) to a low sodium diet (< 2

grams per day) has been shown to improve skeletal health.²⁷ Grains, vegetables, fruits, and beans are very low in sodium unless salt is added to them. Snack foods, canned foods, dairy products, and meat tend to drive up the amount of sodium in the diet.

3. Caffeine. Whether it comes in coffee, tea, or colas, caffeine is a weak diuretic that causes calcium loss via the kidneys.²⁸ Caffeine intakes of >300 mg per day have been shown to accelerate bone loss in elderly postmenopausal women.²⁹

4. Tobacco. Long-term smokers have 10 percent weaker bones and a 40 percent higher risk of fracture.³⁰ Even second-hand smoke in the home can negatively affect bone density.³¹

5. Sedentary lifestyle. Bones that have nothing to do lose their strength,³² and low physical activity is a risk factor for osteoporotic bone fractures.³³ For optimal bone health, adults should aim for at least 30 minutes of physical activity most days, preferably daily, and include weight-bearing and strength-training exercises.³⁴

Healthy Calcium Sources

When you eliminate these calcium-wasters, you need less calcium in your diet. However, you will always need some calcium. The World Health Organization recommends 800 mg per day for postmenopausal women on a diet low in animal protein.³⁵

Although many people try to get their calcium from milk, only about 30 percent of calcium in dairy products is absorbed.³⁶ The remaining 70 percent never makes it past the intestinal wall and is simply excreted with the feces. Milk products also contain lactose sugar, animal proteins, and frequent traces of antibiotics and other contaminants.

The most healthful calcium sources are greens and beans. Green leafy vegetables are loaded with calcium. One cup of collard greens has 226 milligrams of calcium. What's more, the calcium in most green leafy vegetables is more absorbable than the calcium in milk. An exception is spinach, which tends to keep its calcium to itself. Beans, lentils, and other legumes are also loaded with calcium. If you make green vegetables and beans regular parts of your diet, you'll get two excellent sources of calcium. Calcium-fortified orange juice contains more calcium than milk, and it is in the form of calcium citrate, which is much more readily absorbed than that in milk or in calcium carbonate supplements.

You don't need to eat six cups of greens or huge servings of beans to get enough calcium. A varied menu of vegetables and legumes can easily give you all you need, and the amount your body needs is far less when you steer clear of meats and the other calcium depleters.

TABLE OF HEALTHFUL CALCIUM SOURCES

SOURCE	CALCIUM CONTENT IN MILLIGRAMS
Black turtle beans (1 cup, boiled)	102
Broccoli (1 cup, boiled from frozen)	94
Brussels sprouts (1 cup, boiled)	56
Butternut squash (1 cup, boiled)	84
Celery (1 cup, boiled)	63
Chickpeas (1 cup, canned)	80
Collards (1 cup, boiled)	226
English muffin	99
Figs, dried (10 medium)	270
Great northern beans (1 cup, boiled)	120
Green beans (1 cup, boiled)	58
Kale (1 cup, boiled)	94
Kidney beans (1 cup, boiled)	50
Lentils (1 cup, boiled)	38
Lima beans (1 cup, boiled)	54
Mustard greens (1 cup, boiled)	104
Navel orange (1 medium)	56
Navy beans (1 cup, boiled)	127
Nondairy milk (1 cup, fortified soy or rice)	300
Oatmeal (1 cup, prepared instant)	215
Onions (1 cup, boiled)	46
Orange juice, calcium fortified (1 cup)	350
Pinto beans (1 cup, boiled)	82
Raisins (1/2 cup)	40
Soybeans (1 cup, boiled)	175
Sweet potato (1 cup, boiled)	69
Tofu (1/2 cup)	204
Turnip greens (1 cup, boiled)	148
Vegetarian baked beans (1 cup)	127
White beans (1 cup, boiled)	161

Source: Pennington JA, Douglas JS. Bowes and Church's food values of portions commonly used. 18th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2005.

Sunlight

As sunlight touches the skin, it turns on the natural production of vitamin D, which helps your digestive tract absorb calcium from foods and makes your kidneys hold onto it as well. For those who get infrequent sun exposure, a vitamin D supplement or multivitamin containing vitamin D may be necessary. For women < 50 years old, 5 mcg (200 IU) per day is recommended; for women 51-65 years, 10 mcg (400 IU); and for women > 65, 15 mcg (600 IU).³⁵ Higher doses of vitamin D can be toxic and should be avoided.

The Bottom Line

Menopause is a normal part of life, not a diagnosis. And there are healthful, natural ways to manage the changes it can bring. A low-fat, vegetarian diet, combined with regular physical activity, can help women reduce the symptoms of menopause. While hormone replacement therapy increases cancer and heart disease risk, these recommended healthy lifestyle changes actually reduce the risk of these illnesses, as well as other menopause-related problems.³⁷

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