

Understanding The Menopause



**Everything You Need To Know About The
Menopause - From Symptoms To Solutions**

Dr Marilyn Glenville PhD

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Understanding the Menopause

By

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In this e-report you will discover all you need to know about the menopause and what you can do to help relieve yourself of the symptoms, naturally.

We trust you will find the information you read here both helpful and practical on a day-to-day basis.

This e-report has been designed to give you as much useful information as possible in order for you to be able to help yourself and make a difference to your health and the way that you feel.

At the end of the e-report there are some links to other resources that you might find helpful at this time.

Happy reading.

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Disclaimer

The contents of this e-report are for information only and are intended to assist readers in identifying symptoms and conditions they may be experiencing. The e-report is not intended to be a substitute for taking proper medical advice and should not be relied upon in this way. Always consult a qualified doctor or health practitioner. The author and publisher cannot accept responsibility for illness arising out of failure to seek medical advice from a doctor.

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Menopause

The menopause is not an illness. If you subscribe to the standpoint currently held by the conventional medical profession, you'd be forgiven for thinking it was.

In conventional terms the menopause and its symptoms are viewed as a disorder caused by falling hormone levels. So, by giving menopausal women hormones in the form of hormone replacement therapy (HRT), the deficiency can be corrected and we have a 'cure'.

The menopause is a natural stage in our lives and there is a wealth of scientific evidence that there are alternatives to HRT.

Women in many other cultures do not experience the menopause as a crisis demanding medical intervention. Many of them simply do not suffer the physical and emotional symptoms that women in the West are programmed to accept as inevitable. In our society the focus of the menopause is one of loss. Women are programmed to dwell on loss – the loss of periods, the loss of the ability to create life, the loss of hormones, the problems of the 'empty-nest' syndrome. In other societies, this time in a woman's life is seen as one of gain, a time of great wisdom. A time when the emphasis shifts away from doing the chores, working in the fields, to the role of lawmaker and counsellor to younger couples, where maturity and experience make a significant and valuable contribution to the family and society.

My approach is to take the menopause as a natural event. HRT is always there as the last resort, and it should only be used as such. Try the natural approaches first, and then assess whether you really do need HRT. The odds are that you won't.

What happens at the menopause?

The monthly cycle is governed by a number of reproductive hormones, the main ones being oestrogen, progesterone, follicle-stimulating hormone (FSH) and luteinising hormone (LH).

At the menopause women literally run out of eggs. Each woman has a supply of eggs (approximately 2 million) from the moment she is born and over the years they are used up and die off. She finally reaches a certain age when there simply aren't any more. What the body does then to try to get that woman to ovulate is to release the hormone FSH. This hormone is released every month in a normal cycle but during menopause, a woman's body registers that ovulation is not taking place, so even more FSH is pumped out.

The interesting thing is that as the ovaries decline their production of oestrogen, nature has something else up her sleeve. We are also able to produce a form of oestrogen (called oestrone) from our adrenal glands in order to compensate for the decline from the ovaries. This makes it all the more important your adrenal glands are healthy in order for you to ensure that this other form of oestrogen is being produced.

We also produce oestrogen from fat cells, so being ultra-slim will not have health benefits in the long run, particularly if you are going through menopause. Overweight isn't the answer, either, but

from an oestrogen-production point of view, you are better off being slightly overweight than slim.

Are there any symptoms?

These vary from woman to woman. Some women sail through the menopause without any symptoms and the only thing they notice is that their periods have stopped. Some of the women I have seen in my clinic report being completely drenched in sweat day and night, and getting up to change their night clothes two or three times a night, or even taking a shower in the middle of the night.

Symptoms of the menopause can include hot flushes, night sweats, vaginal dryness, mood swings, declining libido, osteoporosis, ageing skin, lack of energy, joint pains, weight gain, headaches and changes in hair quality. Interestingly, men also experience a lot of these symptoms, with irritability, a declining libido, changes in weight, ageing skin and hair, depression and anxiety. These symptoms are apparently part of the Western ageing process for both men and women, so it's important not to blame every symptom that you experience on the menopause.

Leading up to the menopause, ovulation becomes less likely because oestrogen levels decline during the first two weeks of the cycle, which means that progesterone will not be produced in the second half. Without the rising levels of oestrogen in the first two weeks to send a message back to the ovaries to produce smaller amounts of FSH, the levels of FSH in the bloodstream keep rising. So a period can still happen without ovulation occurring. At this time, the adrenal glands begin to produce a form of oestrogen which compensates for the decline from the ovaries, and body fat also kicks into action as a manufacturing site.

There are three distinct phases of the menopause:

1. Pre-menopause – the span of time between your first period during puberty right up until your last one at the menopause
2. Peri-menopause – the time leading up to your last period where function of the ovaries decline, the periods can become irregular and symptoms can appear
3. Post-menopause – this stage lasts from the last period onwards but is usually from a year after the last period

Medically speaking, the passage through the menopause is termed the 'climacteric'. Your last period is known as 'the menopause'.

How do you know you are in the menopause?

If you see your doctor because you suspect you may have entered menopause, he or she will measure your FSH levels. As a woman goes through the menopause FSH levels rise higher. Therefore, the level of FSH in your body is a relatively good measure of what stage you may be at (although levels can vary from month to month).

What treatment can you be offered by your doctor?

For the main symptoms of the menopause, such as hot flushes or night sweats, you will be offered HRT.

Newer 'designer' drugs called SERMS (Selective Oestrogen Receptor Modulators) are being developed for the menopause but as yet they do nothing for hot flushes.

Hormone Replacement Therapy (HRT)

Everyone has heard of HRT, and you will find advocates and critics wherever you go. Here's the HRT story.

The idea for HRT was sparked when scientists decided that if oestrogen drops at the menopause, then it should be replaced – hence Hormone Replacement Therapy. Oestrogen therapy has been around since the 1930s, when injections of oestrogen were given for menopausal symptoms. Because of the inconvenience of this form of treatment, implant pellets of oestrogen were introduced in 1938. HRT was originally called Oestrogen Replacement Therapy because only oestrogen was given as the treatment.

HRT had been seen as a universal panacea, a solution to all menopausal problems from osteoporosis to ageing skin. However, it soon became clear that giving oestrogen alone could increase the risk of cancer of the womb. Research studies appeared to demonstrate that this increased risk could be up to seven times higher for endometrial (womb) cancer. Oestrogen builds up the lining of the womb ready to receive a fertilised egg. Without the other main hormone (progesterone) to cause a bleed, cell mutations were taking place in the lining of the womb. The risk of that was too great. The scientists realised that they had to add in the other hormone. So, progestogen, the synthetic version of progesterone, was added to the therapy. This is called 'combined HRT' because it combines the two main hormones. Since then only women who have had a hysterectomy will be given oestrogen on its own.

HRT can now be taken in a variety of different ways including implants, tablets, skin patches, creams, vaginal pessaries and gels.

It is interesting to note that, since 2003 in the US, HRT has been re-named Hormone Therapy (HT) omitting the word 'replacement' which suggests that the drugs are risk free, which they definitely are not. It has been acknowledged that HRT does not replace hormones that *should* be there at that time in a woman's life.

There is a reason **why** the hormones are on the decline and it is not as straightforward as simply replacing like for like.

When you are taking any medication the benefits should always outweigh the risks and, in my opinion, this is not the case with HRT. If unpleasant symptoms can be controlled with natural remedies – including dietary and lifestyle changes - why take the risk of using HRT, which can incur unpleasant side effects and increase the possibility of a serious illness like breast cancer?

The only exception to this, in my opinion, is when a woman goes through an 'early menopause' (otherwise known as premature ovarian failure) before the age of 40. This is definitely a medical problem and not a natural stage in her life. In this situation, by taking HRT she is really replacing those hormones that should be there. All the research detailing the risks of taking of HRT does not apply to a woman who has gone through a premature menopause.

Risks and Benefits of HRT

Over the years studies have shown that there is a higher risk of breast cancer when women take HRT (although there is less risk with just oestrogen on its own, which is given to women who have had a hysterectomy). In 2017, the US Preventative Services Task Forces published a statement on HRT and concluded that the risks from taking the combined therapy (oestrogen and progesterone) included invasive breast cancer, heart disease, gall bladder disease, stroke thromboembolism and urinary incontinence.

The benefits with combined therapy were in the risk of type 2 diabetes, fractures and colorectal cancer and with just oestrogen on its own (unopposed therapy for women who have had a hysterectomy) there was a benefit on breast cancer risk. But overall the Task Force concluded that they could not recommend any form of HRT (combined or unopposed (oestrogen on its own)) for the prevention of any conditions, including osteoporosis, colorectal cancer and cardiovascular disease.

Every month or so there seems to be a new pronouncement on HRT and it does get very confusing when the experts disagree. But my suggestion is to err on the side of caution especially if you have a family history risk of any of the conditions mentioned above. Try the natural approach first and if you need HRT then use it for the shortest possible time at the lowest possible dose.

The most significant pieces of research for me have been the ones that show the decline in breast cancer incidence since the publication of the Women's Health Initiative (WHI) study in 2002. This was a study whose results had either scared women off taking HRT and/or changed the prescribing habits of doctors. Published in the National Cancer Institute Bulletin in 2007, researchers looked at breast cancer rates in the year following publication of this 2002 Women's Health Initiative study. These researchers found that the rate of breast cancer dropped by 12 per cent in 2003 among 50-69 year old women, with 14,000 fewer women diagnosed in 2003. The researchers called this 'the largest single drop in breast cancer incidence within a single year'.

More reports since 2007 have linked the declining breast cancer rates to changes in HRT use. Follow-up data from the WHI of over 15,000 women showed that although the breast cancer rate was rising during the study, for those women who stopped HRT the number of breast cancers diagnosed fell by 28% in just one year. Another WHI study on over 41,000 women, showed a 50% decrease use of HRT between 2000 and 2003 with a subsequent decrease in the breast cancer rate of 43% between 2002 and 2003.

The researchers found that those women who decided to stay on HRT were at a far greater risk of breast cancer than they had previously thought. The chair of the WHI Executive Committee stated 'a woman who stayed on HRT for at least five years was found to double her risk of breast cancer'.

The same effect has been seen in the UK with a drop in HRT use and a parallel drop in breast cancer rates. In a press release from Cancer Research UK, Dr David Parkin, the researcher of this study, was quoted as saying 'We cannot be absolutely sure that the drop in both breast cancer rates and breast cancer risk of the direct result of women giving up HRT. But the parallel is striking and it will be interesting to see if this decline continues over the next few years'.

Although the breast cancer rate drops as the women stop HRT, those women who take HRT have a 27% higher breast cancer risk, even after three years of stopping taking HRT compared to women who have never taken the drug. The US National Institutes of Health funded the research and have stated that five years of combination (opposed) hormone therapy is harmful; meanwhile Cancer Research UK stress that women should only take HRT for as short a time as possible and only to treat the menopausal symptoms. The European Medicines Agency says that HRT should only be taken if the symptoms affect a woman's quality of life and should only be continued for as long as the benefits outweigh the risks.

Contraindications for HRT

If you suffer from a particular medical condition – or may be at higher risk of getting a medical condition – there will undoubtedly be drugs that are not suitable for you. HRT is no exception. The British National Formulary suggests that HRT is not suitable for women that currently suffer from, or are in the 'high risk' category for:

- Liver disease
- Breast cancer
- History of thrombosis

Cautions (where doctors should think carefully before prescribing HRT) are:

- Hypertension
- Benign breast disease
- Fibroids
- Migraine
- Endometriosis

Fibroids and endometriosis are both oestrogen-dependent conditions (see my eBooks on fibroids and endometriosis) and as women reach the menopause these problems actually start to sort themselves out because oestrogen levels are naturally declining. Adding HRT (oestrogen) means that these conditions will be kicked into action again.

Bioidentical and Body Identical Hormones

Bioidentical hormone therapy has been used in the US for many years but interest has been sparked recently around the world by media interest in this topic and the celebrities talking about these forms of HRT. I will explain the difference between bioidentical and body identical hormones further down but first to discuss bioidentical hormones.

Bioidentical hormones are chemically similar in structure to the hormones your body would produce naturally, so this could include oestradiol, oestriol, testosterone, progesterone or even other

hormones like DHEA. In this way, they are considered more 'natural' than the synthetic versions used in many HRT drugs. They are often connected to individualised hormone therapy treatment because the doctors use compounding pharmacies who will make up different prescriptions of these bioidentical hormones, often based on the results of saliva or blood tests. It is this 'tailoring' of bioidentical hormones for an individual patient that makes them different, and in many people's eyes, more 'natural' and therefore better.

But to be clear from the outset, these hormones are still made in a lab in the same way that the conventional HRT would be made and from the same sources. Would I personally consider bioidentical hormones a 'natural solution'? Definitely not, for a number of reasons.

Firstly, these are hormones just as in HRT except that that they are marketed as having a molecular structure similar to your own. But, there are conventional HRT preparations that contain bioidentical hormones, they are just not tailored individually based on hormone testing. No matter what stage of the menopause you are in, by replacing hormones that are naturally decreasing, you are basically telling your body that its natural rhythm is 'wrong' and that this decline should not be happening.

Secondly, when would you stop taking them? If it were indeed correct to replace these naturally declining hormones then you would need to take them forever. And indeed, some women think it is fine to take these hormones indefinitely.

Thirdly, these are still hormones and adding back these hormones requires a judgement as to which hormone you need and in what dose or combination with other hormones. Hormone levels would still need to be adjusted as you go through the different stages because of their individual nature.

A number of associations in the UK and US have stated that bioidentical hormones carry the same risks and benefits as non-bioidentical hormones.¹

Bioidentical hormones are not regulated in the UK or by the FDA in America, which has sent out warning letters to pharmacies in the US about using claims of safety and effectiveness of bioidentical hormones to market them. This means that if you are taking bioidentical hormones in the UK you are taking an unlicensed drug.

Body Identical Hormones

A number of doctors have wanted to distinguish between the unregulated bio-identical hormones and the hormones that are available on prescription in the UK and that are identical to what a woman's body produces. These are now being called body identical hormones. In 2017 the British Menopause Society issued a consensus statement regarding the safety of bioidentical hormones.

"Trustees and Members of the Medical Advisory Council of the British Menopause Society are concerned about the safety of unregulated compounded bioidentical hormonal therapy which is being prescribed by clinicians who do not usually have any recognised menopause training and provided from compounding pharmacies. It should be noted that such products are not regulated, licensed nor monitored by the MHRA, which is the regulatory body in the UK with responsibility to ensure that medicines meet applicable standards of safety, quality and efficacy. The term 'bioidentical hormones' is misleading to clinicians and to patients: when Hormone Replacement Therapy (HRT) is indicated, women should be advised to take only those hormone therapies that are regulated and

approved by the MHRA, which include hormones which are natural and identical to those produced in the body.

This view is supported by international bodies: “The use of custom-compounded hormone therapy is not recommended because of lack of regulation, rigorous safety and efficacy testing, batch standardization, and purity measures.”

(T. J. de Villiers, J. E. Hall, J. V. Pinkerton, S. Cerdas Pérez, M. Rees, C. Yang & D. D. Pierroz (2016): Revised Global Consensus Statement on Menopausal Hormone Therapy, Climacteric, DOI: 10.1080/13697137.2016.1196047)

What natural treatment can be effective?

The natural treatment programme below aims to encourage optimum health, so that your body can manage this natural event with ease.

There are a number of stages to the treatment plan:

1. To improve your diet
2. To use nutritional supplements that are known scientifically to help to control menopausal symptoms
3. To use certain food such as phytoestrogens that are particularly beneficial around the menopause
4. To control excess oestrogens absorbed from your environment, and to make sure that your body is excreting any ‘old’ hormones
5. To use herbs which are known to help with menopausal symptoms such as hot flushes, night sweats, mood swings etc

Dietary changes

A well-balanced diet is essential during the menopause as it enables your body to adjust automatically to the hormone changes, naturally maintaining oestrogen from the adrenal glands and fat deposits.

Make sure you are eating a good hormone balancing diet:

1. Include hormone-balancing phytoestrogens
2. Eat more omega 3 fatty acids
3. Increase intake of fruit and vegetables
4. Change from refined carbohydrates like white bread and white pasta to unrefined ones like brown rice
5. Buy organic foods where possible
6. Reduce intake of saturated fat from dairy products and meat
7. Drink enough fluids

8. Increase intake of fibre
9. Eliminate foods containing chemicals such as additives, preservatives and artificial sweeteners
10. Avoid or reduce intake of caffeine
11. Reduce or eliminate alcohol
12. Avoid refined sugar either eaten on its own or added to food

Certain foods and situations can trigger hot flushes for some women and these can include spicy foods, caffeinated drinks, alcohol and stressful situations. So the aim would be to avoid these where possible.

If you are suffering from increased mood swings, irritability and depression then taking measures to balance your blood sugar is absolutely crucial. This means not only thinking about the quality of the food that you eat but also the timing. You would need to completely eliminate added sugar and refined carbohydrates in order to see a marked improvement in moods.

The other important consideration is to eat little and often. This means not going more than three hours without eating. If you wait longer than this, your blood sugar will drop and the stress hormones adrenaline and cortisol will be released. It is the release of these hormones that gives rise to many of the symptoms relating to anxiety, tension, crying spells, depression and irritability.

Phytoestrogens

One of the questions that most perplexes scientists is why and how the menopause is experienced so differently around the world. There are other cultures where women experience minimal and often no menopausal symptoms. Also linked to this issue is the fact that in some parts of the world, notably the Far East, breast cancer is not the major killer that it is here in the West.

For example, the UK seems to have a breast cancer death rate that is about six times higher than that of women in Japan. The interesting thing is that when Japanese women move to the West their breast cancer rate rises to the same as ours.

It is clear then that there is no genetic disposition protecting them. There has to be something different about the Japanese lifestyle that changes when they move to Western countries. Many experts think that the main factor is diet and this is borne out by the fact that as the traditional Japanese diet becomes more Westernised, cases of breast cancer are increasing among Japanese women in Japan itself.

There are a number of differences between the traditional Japanese diet and our own. They eat a good quantity of unsaturated fats in oils and fish and they do not eat much dairy food. The other main difference is their large consumption of soya bean products, including tofu, miso (soya bean paste), tamari (wheat-free soy sauce), tempeh and soya milk.

As a result of this theory, scientists have begun to study the benefits of a group of plant substances known as phytoestrogens. These naturally occur in certain foods such as legumes and flaxseeds. Contrary to popular opinion phytoestrogens do not supply oestrogen but have a balancing effect on

your hormones. When you think of the different cultures around the world, legumes have been a staple part of the diet for centuries. For example, tofu in Asia, hummus (made from chickpeas) in the Middle East and dhal (made from lentils) in India. Whole families – women, men and children - are brought up on these phytoestrogenic foods. Peas and green beans would be types of legumes that we have traditionally eaten in the West however we do not eat anywhere near the same amount; the average intake for isoflavones in the East is around 45mg per day compared to only 2mg in the West.

Phytoestrogens work literally like a key. The cells in your body have oestrogen receptors on them that act like a lock; they need a key that fits into that lock to ‘stimulate’ them into activity. This activity can be beneficial in certain places in the body like your bones and brain where you want the cells to stay active but can be negative in other places like the breasts and womb where you do not want cells to be too stimulated, causing them to multiply and then mutate.

There are two different kinds of oestrogen receptors, alpha and beta. You have alpha receptors in your breasts, ovaries and womb and beta receptors in your brain, bones, blood vessels and bladder as well as in your breasts, womb and ovaries. Your breasts, ovaries and womb have both alpha and beta receptors.

HRT triggers both alpha and beta receptors, which is why it can increase the risk of breast, ovarian and womb cancer when it stimulates the cells in those areas.

Phytoestrogens found in chickpeas, lentils and soya, work in a completely different way. They bind to beta receptors and stimulate beneficial effects in the brain, bone, heart and bladder. In the breast, womb and ovaries they bind to the beta receptors and this prevents the over-stimulation of the alpha receptors and can block proliferation and prevent cancer. It is this SERM effect (Selective Estrogen Receptor Modulator) that is why they are beneficial.

Phytoestrogens work exactly like the new drugs that have been developed for menopausal women called SERMs (selective oestrogen (known as estrogen in America) which selectively stimulate the receptors in places where you want stimulation, such as your brain and bones, but not in the places where it would be dangerous, such as your breasts.

At the moment there are more than hundreds of articles about phytoestrogens being published every year. Research has shown that women who eat a diet rich in phytoestrogens have significantly hot flushes and that giving women soya supplements can reduce hot flushes and night sweats by up to a half. It is also clear that research has shown that phytoestrogens are safe for women to take with a history of breast cancer².

Although the scientists have concentrated on soya, which is an important source of phytoestrogens, but there are others including lentils, chickpeas, kidney beans and flaxseeds (linseeds).

These are the types of foods that traditional cultures would have eaten on a daily basis from childhood. What’s even more exciting is the news that these phytoestrogens can also have a protective effect on men. In Japan the death rate from prostate cancer is far lower than it is in the West. It appears that these foods have a balancing effect on hormones in both men and women.

Supplements

Supplements are beneficial during the menopause in order to ensure that you have adequate nutrients for your general health as well as maintaining healthy bones. I would suggest a good multivitamin and mineral specifically designed for the menopause.

This supplement should contain vital nutrients for bone health, good levels of antioxidants to help slow down the ageing process, and other important vitamins and minerals, such as the B vitamins and chromium, to help keep blood-sugar levels balanced. It should also contain calcium, magnesium, manganese, boron and vitamin D3 (the one I use in my clinic is NHP's Meno Multi Support see www.naturalhealthpractice.com).

Omega 3 Essential Fatty Acids

Also take a good Omega 3 fish oil supplement as deficiencies of this nutrient can look like symptoms that may occur leading up to the menopause and beyond such as dry skin, lifeless hair, cracked nails, fatigue, depression, dry eyes, lack of motivation, aching joint, difficulty in losing weight and forgetfulness. If you have also tried to lose weight by going on a low-fat or no-fat diet, you are likely to be deficient in these essential fats. They need to be supplemented around the menopause because they can help with many of the symptoms. Furthermore, because they help to 'lubricate' the body in general, they can help with vaginal dryness.

Omega 3 fats also have anti-inflammatory effects and this is important because as your oestrogen levels start to reduce, for some women the main symptom can be painful joints. They also have a beneficial effect on hot flushes and have been shown to be three times more effective in reducing hot flushes compared to women taking a placebo.

Vitamin C

Vitamin C is also important at this stage in your life because it helps in the manufacture of collagen. Collagen gives skin its elasticity and helps to reduce the formation of wrinkles. It is also helpful in the prevention and treatment of vaginal dryness (which can cause discomfort when the vagina loses some of its 'stretch'). It can also help retain the elasticity in the urinary tract and so prevent leakage or stress incontinence, which is common at the menopause. Collagen is also important for your bones as it makes up 90% of your bone matrix.

Herbs

There are a number of herbs that are helpful for the menopause including soya, sage, flaxseeds, hops and red clover.

Giving soya in supplement form has been shown to decrease hot flushes and night sweats by a half.

Sage has been shown to decrease hot flushes by 50% after 4 weeks and by 64% after 8 weeks. It also helps with decreasing insomnia, irritability, anxiety, physical and mental exhaustion by up to 47% which can all be symptoms around the menopause. Hops have been shown to help with both hot flushes and night sweats.

Red clover is one of the most extensively studied herbs and research indicates that it significantly reduces vasomotor symptoms compared to a placebo. I use a combination of these organic herbs in my clinics called Meno Herbal Support available from www.naturalhealthpractice.com.

Lack of Sex Drive

Loss of libido is very common around the menopause, but it can also affect women of any age. Sometimes it is just connected with basically not having enough energy so that when you get to bed all you really want to do is sleep. It is the ovaries that produce testosterone, the 'male' hormone that gives us some of our drive and motivation, so women who have had their ovaries removed will often complain about lack of libido. It is important that your adrenal glands are not being overworked through stress or blood sugar fluctuations, because they produce androgens which are the male hormones.

Many factors can cause a drop in sex drive and these can include tiredness, stress, too much alcohol, depression and also low thyroid function. Also think about your relationship; is it fundamentally good and it is just that your sex drive seems to have diminished or do you feel that there are underlying issues that need to be resolved?

Your sex drive may be low because intercourse is painful so use a lubricant as many women I see in my clinic have almost developed a phobia to sex as they are tensing up every time they have intercourse.

You may not feel so sexy and attractive because your body has changed and you have put on some extra weight since the menopause. But remember that for most partners this is not an issue and will often be something that you think about and they don't.

If you don't feel healthy, it's extremely hard to feel sexy. So, as a first step, make sure you eat a healthy diet. A diet high in sugar, refined carbohydrates, saturated fats, additives, preservatives, processed foods and take-aways is going to make you feel tired so will have a negative impact on the energy you need for a good sex life.

Also certain nutrients can help improve your sex drive so take a good quality supplement containing:

Zinc - This nutrient is essential for hormone balance and sex drive, hence the old wives' tale of using oysters (which contain high amounts of zinc) as an aphrodisiac.

L-arginine - for normal blood circulation in those areas which are important to a healthy sex life

Vitamin B3 – helps to reduce tiredness and fatigue

Herbs which are useful for increasing sex drive and they include: Damiana, Maca and Ginger

(I use NHP's Libido Support specifically formulated for women in my clinics see www.naturalhealthpractice.com).

The Treatment Plan

The aim is to eat as healthily as possible throughout menopause, to encourage your body to balance itself. Choose foods that are known to have beneficial effects at the menopause and take herbs to help with the menopausal symptoms. Along with this, make sure that you get plenty of exercise. This is not only beneficial for your heart and weight, but it plays an important role in protecting your bones.

There are some tests that you may find useful around the menopause, including those that assess nutritional deficiencies and bone turnover (see The Next Step section).

The integrated approach

The dietary and supplement recommendations are important whether or not you are already taking HRT. Whatever choices you have made regarding HRT, you will need to take care of your body, so that you feel well (mentally and physically), have good levels of energy, sleep well and, in the long term, prevent heart disease, and osteoporosis. If you are on HRT, there will usually be a time when you decide to stop. Whenever that time may be, you will want to be as healthy as possible.

If you are not taking HRT

Follow all the dietary recommendations, take the nutritional supplements and make sure that you get are exercising regularly. If you are experiencing menopausal symptoms, use the herbs to help with the hot flushes and other problems, and add in the other supplements that might be useful for you.

If you are taking HRT and want to stop

There may be many reasons why you want to stop taking HRT. You may feel that you have been on it long enough, or you may be experiencing side-effects.

The best way to come off HRT is to take a gradual approach. Often women are simply told to 'stop'. This sudden stop can be uncomfortable and there can be something called 'rebound' effects. The symptoms such as hot flushes and night sweats can actually be worse than when starting HRT because of the sudden drop in hormones.

You need to speak to your doctor about giving up HRT. He or she may be able to give you a lower dose of the same HRT, or change the drug to another make with a lower dose. Allow yourself three months to ease your way off HRT (taking a lower dose if possible). Then put into place the nutritional recommendations, add phytoestrogens to your diet, start taking the supplements and begin a good exercise programme. At the end of the three months, stop the HRT and use herbs if you are getting hot flushes or night sweats.

If you are taking HRT and wish to continue taking it

All women need to be as healthy as possible in order to cope with the demands of everyday life and the menopause is no exception. Whether or not you are taking HRT, you need to eat well, exercise and take certain key nutrients that are contained in a multivitamin and mineral eg. calcium, vitamin D.

Your Supplement Plan

Your supplement plan should include:

- A good multi-vitamin and mineral capsule designed for the menopause
- Vitamin C with bioflavonoids (500mg twice a day)
- Omega 3 fish oils (providing 770mg EPA and 510mg DHA per day)

Herbs

Take a combination of phytoestrogens including soya, hops, flaxseeds and sage.

In Summary

- The menopause is not an illness, but there may be symptoms as you go through this transition. The best way to address these symptoms is to balance your hormones naturally
- Always investigate the cause of symptoms before taking any drugs (including HRT!), or beginning a natural treatment programme
- Stabilise blood sugar levels by reducing the amount of sugar and refined foods in your diet
- Increase your intake of unrefined carbohydrates and eat them in the form of small meals, taken frequently
- Avoid or reduce tea and coffee
- Ensure your diet contains sufficient essential fatty acids such as oily fish, nuts and seeds
- Make sure that you are eating enough fibre from good sources
- Increase your intake of phytoestrogens
- Make sure you are getting good levels of exercise to protect your bones
- Think carefully about HRT, and make a choice that suits you as an individual, carefully considering the risks versus the other benefits
- Continuing taking supplements, no matter how well you feel
- Take herbs for three months and if the symptoms do not improve, see a healthcare practitioner

Your Next Steps

If you would like to find out more information about this health topic, would like to order any of the supplements or tests mentioned above or if you would like to arrange a personal clinic or telephone consultation then please telephone or click one of the links below:

Supplements and Tests - Where to get the best:

[The Natural Health Practice](#) (NHP)

01892 507598 International: ++ 44 1 892 507598

help@naturalhealthpractice.com

www.naturalhealthpractice.com

Supplements

For individual supplements and supplement programmes especially formulated to help maintain your health at this time please [Click Here](#):

Health Tests – by post

For more information or to order any of the health tests mentioned in this e-report please [Click Here](#).

The Natural Health Practice (NHP) is my supplier of choice for all the supplements and tests mentioned in this e-report (and much more). NHP only carry products, tests and supplements that I recommend in my clinics using premium quality ingredients that are in the highest safe levels and in their correct and most effective form.

You can shop with confidence on this site and you don't even have to read the labels because I have read them for you.

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Consultations

Glenville Nutrition Clinics in the UK and Ireland:

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London

Harley Street

West Sussex

Shoreham by Sea (Satellite Clinic)

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Tunbridge Wells

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- Natural Solutions to Amenorrhoea (No Periods)
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- Natural Solutions to Cervical Abnormalities and Smear Tests
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- Natural Solutions to Fertility and Infertility
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- Natural Solutions to Health During Pregnancy
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- The 7 most common mistakes people make about their health and what you can do to avoid them
- The Foundation of Health
- Using Natural Medicine

For more information on the e-reports listed above please [click here](#).

About the Author

Dr Marilyn Glenville PhD is the UK's leading nutritionist specialising in women's health.

She is the former President of the Food and Health Forum at the Royal Society of Medicine, a nutritionist, psychologist, author and popular broadcaster who obtained her doctorate from Cambridge University.

For over thirty five years Dr Glenville has studied and practiced nutrition specialising in the natural approach to female hormone problems.

With a special interest in the female hormone cycle, Dr Glenville works in her clinics with women who suffer menstrual problems such as heavy periods, painful periods, PMS, fibroids, PCOS and endometriosis, and who wish to work on a nutritional approach to these problems.

Dr Glenville also helps couples who are having difficulty conceiving or having recurrent miscarriages and women looking for a natural approach to the menopause and prevention of osteoporosis.

The Glenville Nutrition Clinics are based in Harley Street, London; Shoreham by Sea, West Sussex and Tunbridge Wells, Kent; and also in Dublin, Cork, Kilkenny and Galway in Ireland.

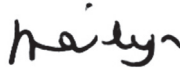
Dr Glenville is a popular international speaker. As a respected author on women's healthcare she gives regular talks on radio and frequently appears on television and in the press.

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2. Schmidt M et al, 2016, Consensus: soy isoflavones as a first-line approach to the treatment of menopausal vasomotor complaints. *Gynecol Endocrinol*, 32, 6, 427-30



Wishing you the best of health

A handwritten signature in black ink that reads "Marilyn".

Marilyn Glenville PhD



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