



The MenoMavens Menopause Manual

An owner's guide to your mature self



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www.menopausedsystem.com

The MenoMavens -This Is Not Our Mother's- Menopause Manual

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Introduction

~Two Sisters... Face to Face and Back to Back

It's 1991... I'm successful, self-assured, aware of my surroundings; the very picture of a fully competent adult woman. I'm standing in a boardroom preparing to make a presentation and I'm fully prepared and ready to go. I'm feeling cool, calm and collected.

So why am I suddenly sweating?

Instead of standing in this air-conditioned boardroom, I feel like I just walked out of the gym. I'm literally dripping with sweat. My face feels like a flaming torch. Waves of heat roll through my body like a river of fire. Then an odd thought comes to mind. This feels almost like what my mother described as a hot flash.

No. Wait. There's no way... Hot flashes only happen to older women. I'm only 35 years old!

So much for that theory. After a few weeks of daily tropical tsunamis and nights of torrential monsoons, I decide it's time to find out "what's wrong with me." I call up my doctor and she tells me to come in.

My doctor confirms my suspicions. I'm perimenopausal. I'm "going through the change." My childbearing years are over, and yet I've borne no children. This was definitely not the plan I had in mind.

A few weeks later, a meeting of daughter, mother and grandmother seals the deal. My mom informs me that early menopause runs in our family. I would have expected it – I might have prepared for it – if I had only known!

Within a few years it's the big sister's turn. She's 3 years older than me. She's had her kids and, after my experience, she's a little bit more prepared. Her experience isn't nearly as traumatic. It's no picnic either, but at least she has a better handle on things.

Through this whole process we find that, as with so many women, talking about it helps a lot. We commiserate; we start up conversations with our girlfriends and we discover that we're all in this together. We're all starting to feel changes, some minor, some major. It feels a little bit like being 13 again. Actually, it feels exactly like being 13 again! Our experiences are as mysterious, as traumatic, *and as individual*, as when we started our periods all those years ago. Talking about it helps a lot. Sharing information, coming up with ideas. Telling jokes and laughing. Suddenly we don't feel so weird, so lost... so alone.

That's when we realize that maybe we've found something. If trading stories, asking questions, and sharing information could help our small group of friends and family, couldn't it also be a help to hundreds, thousands, even millions, of women? Beginning with the resources and information that we've been gathering for ourselves and combining that with the thoughts, ideas, information and dreams of other women all over the world we decide that the struggles we had been through could serve to alleviate some of the struggles of other women, if only by giving them a place to talk, question, joke and laugh.

From that idea our company, Heart of Health, and the MenoMavens website is born.

Our motto, and our goal, says it all... Women Inspiring Women to Wellness.

This manual is just one piece of the larger puzzle we are putting together. The many pieces include a wide collection of informational resources, a place to learn and share your own experiences, and products designed by and for women specifically intended to help us in this process.

Our hope and dream for this, our first ebook, is that it will serve as a sort of road map for this journey we find ourselves on; a guidebook to this experience of becoming our true selves.

So... sit back, grab your fan and a cool glass of something nurturing and let's begin. If you have questions, comments, feelings, or tales of your own, please join the conversation yourself at www.menomavens.com.

In the meantime... buckle your seatbelts, it's gonna be a bumpy ride!

Jana Lynn



Chapter 1 - A Change is Gonna Come

~An overview of what's been (or will be) happening to you

The basic realities of menopause are the material of legends. We all know them, we've all heard them, from our grandmothers, mothers, sisters, cousins, teachers, and friends. We know about the hot flashes, night sweats, memory loss, ridiculously reduced sex drive, incredibly increased sex drive, fatigue, mood swings, heart palpitations, bone loss, insomnia, depression, the absolute surety that you are losing your mind! All that fun stuff. Not to mention that, if you are lucky enough to share your life with a partner or family, you get to look forward to subjecting them to it all (is that what passes for luck these days?).

Now that you know the words... the song is almost over

For many of us, our grandmothers (and maybe even our mothers) thought their lives were over... "all downhill from here." There were a lot of reasons for this, but mostly it had to do with the fact that, for our mothers and grandmothers, a great deal (perhaps all) of their personal identity and sense of value was based in their child bearing abilities. In the U.S. women have only had the VOTE since the Nineteenth Amendment was ratified in 1920. Women's roles were tightly restricted and a woman's identity, more often than not, came from birthing and raising children. The symptoms of menopause were like a big iron door SLAMMING shut on womanhood. The other side of the Great Divide was uncharted territory a literal *no man's land* where life simply wound it's way toward the end. Not a lot to look forward to there.

Not an ending but a BEginning

We may be our mothers' daughters, but this is not our mothers' menopause. For today's woman, between the age of 35 and 65, even with all the discomfort, weirdness and chaos, in the midst of hot flashes and forgetfulness, we are coming into our own. Sure menopause is an ending, but it is *not the end*. In fact, if played right, it just might be the biggest *beginning* of your whole life.

While your physical ability to conceive and bear children is waning (actually its been on the wane from the very beginning), your ability to conceive and bear new ideas, enterprises, hopes and dreams is coming into its own.

What's in a word?

The term “menopause” literally refers to a woman’s last period but the catch is that this is something that is determined a year after the fact. There are so many ups and downs along the way, so many false stops and restarts that when you finally know for sure that you have passed through menopause it’s a bit anti-climactic.

On the other hand, perimenopause - the period leading up to menopause – is the time, lasting anywhere from 2 to 10 years - when we experience the primary symptoms that we have come to identify as “menopause.”

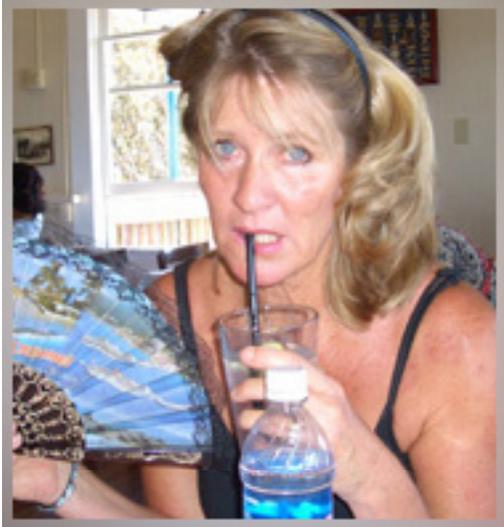
So how do you know if you’ve entered perimenopause? That one’s actually easy. Pretty much, if you’re asking the question, you probably have.

Exit... Stage Left

The girl who came on stage in fear and splendor and chaos back when you were 12, or 13, or 14 is preparing to exit the same way she came in, but you have to admit, she put on quite a show along the way. The amazing thing that we found upon embarking on our own menopausal journeys was the way all the symptoms we were experiencing seemed to be telling us something. The key to it all is in the act of listening; opening your heart, your ears and your mind (what’s left of it) and paying attention. The girl you were (and are) has some things to tell you before she leaves the stage.

It’s not like you *want* all these, often debilitating, symptoms, and a bit later we’ll be discussing how to mitigate their effects, but for now, let’s take a look at some of the more common manifestations of perimenopause and ask what’s going on. If they are going to be here anyway we might as well find out what they’re trying to tell us.

When I said I wanted to look hot, I didn't mean it literally!



Hot flashes usually begin as a sudden feeling of warmth that can quickly rise to a feeling of intense heat over the face, scalp and chest. This may be accompanied by redness, perspiration (oh come on... it's SWEAT!) and in severe cases, increased heart rate, tingling in the hands and feet, a creepy "skin crawling" sensation and nausea. Even with cute little fans and mint juleps for relief, this is no family picnic (except for the humidity and bugs).

No Sweat...

Close on the heels of the raging fires of hot flashes comes her evil twin, night sweats. Usually occurring in the early morning hours (between 2 and 4 am) night sweats are hot flashes with the added feature of waking you up in sheets so wet that your first reaction is to ask "How did I get in the swimming pool? I don't even have a swimming pool."

Both of these symptoms are affected by the hormonal changes beginning in your body, but they can also be triggered by outside factors including spicy foods, hot drinks and emotional reactions to tension, anxiety and stress. The intensity and frequency of hot flashes and night sweats can be significantly reduced with diet changes, herbal treatments, and various estrogen treatments (more on all of this later), but relaxation techniques and meditation have proven effective for a vast number of women with no additional treatments at all. This is because meditation and relaxation lowers your level of stress hormones. Turn down the stress... turn down the heat.

The Heart of the Matter

On the heels of night sweats and hot flashes, and pretty much related to them in both cause and effect, are heart palpitations that can range from slight to severe. Your heart skips a beat (not unlike those early feelings of falling in lust) or two and it can be scary as hell, but it's not likely to be truly dangerous. Such palpitations are generally the result of imbalances between the sympathetic and parasympathetic nervous systems and are triggered (as with hot flashes and night sweats) by the stress hormones generated by fear, anxiety and tension.



Again, there are a number of treatments that can be helpful to reducing these symptoms, but the first question to ask is “what is my heart trying to tell me?” Sit, wait, listen... rest. Much of the physical upheaval of menopause comes from the emotional upheaval of the life you have been living up to this point. Many times emotional experiences, even long passed, return with full emotional force at this time. Listen to these feelings, they may be offering you the opportunity to deal with issues you've kept at bay for a very long time.

Bang Bang... Maxwell's Silver Hammer

Another common effect of imbalanced hormone levels is the “menstrual migraine” that can occur during perimenopause. These headaches usually come before your period when both estrogen and progesterone levels are at their lowest point in your cycle. Such headaches can range from relatively mild, but very persistent, pain, to blinding, mind numbing – often localized – agony that halts all ability to think and act for the duration of the pain. At their most severe, these headaches can leave you staring silently at the wall, while those around you wonder if you have suddenly been taken over by aliens, or a cult of mimes.

Herbs, acupuncture, and progesterone cream are all quite effective for treating these often debilitating symptoms. At the same time, it is important not to discount these experiences. A severe migraine can be an unmistakable warning sign – a bright flashing sign – saying “Bridge Out... Road Closed!” Often, the best treatment is to STOP. Lie down in a dark room, close your eyes, and rest until the pain passes.

If the pain is your husband tell him to take the dog for a walk... and call you in a month.

Not tonight honey... I've got a headache

Speaking of husbands (partners, lovers, a rose by any other name, etc.) and headaches, a number of perimenopausal symptoms have a clear impact on your sexual interactions. These changes can range from a simple drop in desire, to a complete turnoff to sex. At the same time, for some women it can lead to the exact opposite experience (your partner probably won't complain about that).

Vaginal dryness can make what was previously normal and pleasant intercourse unpleasant and even painful. Major drops in estrogen levels can make women who used to feel like Niagra Falls when they would even think about sex begin to feel more like the Goby Desert. Sexual arousal can be slow to nonexistent. At its worst, the combination of reduced lubrication and the thinning of the tissue in the vaginal wall can lead to an increase in vaginal infections. A related collection of symptoms involves urinary tract issues like occasional incontinence and urinary tract infections. The reason for this is that like the vagina, the urethra is estrogen dependent and as these levels drop in the body the urinary tract loses tone in the same way as the vaginal wall. It's important to discuss these symptoms with your doctor as they can become more serious and persistent with inattention. Kegel exercises can be of help with both vaginal and urinary tract issues and are simple to do.

As with other symptoms, listening to what your body is telling you goes a long way to addressing, and solving such sex related problems. Many women find that changing some of the ways they approach sex can solve many of these problems without any “pharmaceutical enhancement.” As they say, the brain is the most important sexual organ, and conversation with your partner is a big first (second, third, fourth...) step to a full and satisfying sexual experience before, during and after menopause.

Could you PLEASE make up your mind!?

If it is indeed a “woman’s prerogative” to change her mind, then the phrase applies to the physical symptoms of menopause as well... in spades.

As mentioned earlier, the term menopause specifically relates to a woman’s last period. The problem with perimenopause, and its wide-ranging circus of symptoms, is that it’s never really all that clear what’s going on. This is especially true when it comes to your period.

Many women experience very heavy periods while others experience light, irregular, and intermittent periods that may stop for as many as several months at a time only to return by surprise just when you thought everything was under control.

If you can handle erratic periods accompanied by days and weeks of the various unpleasant feelings that seem to go along with them then the basic menopausal mantra that “this too shall pass” can be a great relief in and of itself. On the other hand, if the confusion and inconvenience of these ever fluctuating symptoms is too much for you, it is time again to seek the advice of your doctor.

As if that weren’t enough...

There is a whole laundry list of related perimenopausal symptoms that many women experience in various stages, and to varying degrees. Any one of them can leave you feeling like a shadow of your former self (or in severe cases, like the Creature from the Black Lagoon). Most of these are related to a fluctuating imbalance of hormones as the body attempts to cope with your system changing its metaphorical mind with the predictability and stability of Annie Hall.

Some of the more prominent symptoms include:

Breast swelling and tenderness – Even prior to the approach of menopause, many women have tender breasts just before their periods. During perimenopause this increases both in intensity and frequency. This tends to happen more often with “estrogen dominance,” a hormonal imbalance in which there is a comparatively higher level of estrogen to progesterone. These symptoms can be mitigated with nutritional supplements and changes in diet as well as certain lifestyle changes like stopping caffeine.

Fibroids – Approximately 40 percent of perimenopausal women develop benign fibroid growths in the uterus. These are almost universally benign (less than one-tenth of one percent of fibroids are malignant). They are stimulated by estrogen and while most remain relatively small, they can in fact grow as big as a grapefruit. If you don't mind looking a little bit pregnant (or you consider moo moos to be a highly evolved fashion statement) and you're not experiencing pain you can generally count on fibroids to shrink as you move closer to menopause and treat them like Little Bo Peep's sheep.

There are a number of surgical and non-surgical treatments for fibroids, so if you do experience pain, extremely heavy bleeding (some fibroids cause exceptionally heavy periods) you should speak with your doctor about these alternatives.

Many women take the manifestation of fibroids as an opportunity to learn something from the body. There is even a sense that your body is seeking to “give birth” during this time and paying attention to the thoughts and feelings that fibroids raise in your consciousness may provide an exceptionally fertile opportunity for personal growth. Once again, paying attention to what your *whole body* is telling you will go along way to helping you find your way through the menopausal maze.

Skin Problems - Bone Loss - Do you ever look in the mirror and wonder who the heck drew a London Tube map on your face while you were sleeping? Do you affectionately refer to the lines on your neck as the Tigres and Euphrates?

As estrogen, progesterone, and androgen levels in your body begin to fluctuate and drop, the collagen in your body drops as well. This means that the elasticity of our skin, as well as the strength of your bones, is being reduced. For your skin there are three recommendations...

Moisturize... Moisturize... Moisturize.

Of course these are the same three things you've been told (and have probably been telling yourself) since you started your period all those years ago. The thing is, right now the advice is even more important than all that time before. There are also skin, diet, and both natural and pharmaceutical treatments that can help keep your skin supple and effectively reduce lines and wrinkles in the skin.

Bone loss, and the risk of osteoporosis is also a concern with dropping collagen levels and, unfortunately, many bone loss issues are the result of lifestyle decisions (undereating, anorexia, over-exercise, and lack of proper nutrition among them) that go back many years. That is not to say that the book has already been written and there's nothing more to do. You can maintain, and even build, the collagen matrix in your bones through a combination of proper diet, vitamin D (from good



old sunshine) and by doing weight-bearing exercise. We're not saying you have to look like Arnold Schwarzenegger (even Arnold Schwarzenegger doesn't look like Arnold Schwarzenegger any more) or lie on the beach for weeks at a time (though, come to think of it, that would probably be a pretty good treatment!). What you need is balance. Once again, the best place to

start is to listen to what your body is telling you it needs.

Mood Swings – Brain Freeze – Forgetfulness and fuzzy thinking, mood swings and unpredictable emotions are not the exclusive territory of women approaching menopause, though at times you may feel like you should win a prize for raising these experiences to the level of high art – surrealist art! As with everything on this list, hormone shifts play a big part in the way your brain is working (and not working) at this time. In addition, and especially with the chaos of wide-ranging emotional states, it's really very important to pay attention to why you are having the feelings you are having.

Your body is not just changing physically, but you are changing mentally, emotionally, and spiritually as well. Your fear, anger, and confusion are a part of this change and it's important to ask yourself not only what is causing this, but why. Like Ebenezer Scrooge, your strange experiences and emotional visitations may indeed be caused by “a bit of underdone potato” or they may represent ways in which your inner wisdom is attempting to get your attention so that you can change your life.

Insomnia - If you weren't already having trouble sleeping you probably are after reading all of this.

The fact is, the causes of perimenopausal insomnia are about as diverse as the women who experience them. Many women would sleep just fine if they weren't inundated by night sweats waking them up believing they just ran a marathon in their dreams. Some women are simply kept awake by the fears and anxieties that arise in the night. Diet is another big factor, along with caffeine and alcohol consumption and, as if all that wasn't enough, your body's hormone shifts can also be playing havoc with your normal sleep patterns. You may find that right now you need more, or you need less, sleep. This will continue to change throughout perimenopause and most likely get better after menopause. In the meantime you can use some of the same techniques we have mentioned earlier to center yourself, rest and relax. Less tension almost always means more sleep.

Bring It On!

For all of these, and many more, symptoms there are many conventional and non-conventional treatments that can help "normalize" your system (and we will cover many of them in the coming pages, as well as in future publications). At the same time, it's important to remember that even when you feel like an alien baby is about to come exploding out of your chest and everyone is staring at you like the men in little white coats have already been called, all of these symptoms are, in fact, totally "normal."

As you move through this stage you can take heart in the fact that these often debilitating symptoms are, by definition, temporary. Things will indeed get better.

You aren't dying... You are being re-born!

The 35 Symptoms of Menopause

This list of common symptoms that occur during perimenopause and menopause was developed from the real-life experiences of hundreds of women. All symptoms were experienced by numerous women and were either cyclical in nature, or responded to treatments (both traditional and alternative) known to address hormonal imbalances.

1. Hot flashes, flushes, night sweats and/or cold flashes, clammy feeling
2. Bouts of rapid heart beat
3. Irritability
4. Mood swings, sudden tears
5. Trouble sleeping through the night (with or without night sweats)
6. Irregular periods; shorter, lighter periods; heavier periods, flooding; phantom periods, shorter cycles, longer cycles
7. Loss of libido
8. Dry vagina
9. Crashing fatigue
10. Anxiety, feeling ill at ease
11. Feelings of dread, apprehension, doom
12. Difficulty concentrating, disorientation, mental confusion
13. Disturbing memory lapses
14. Incontinence, especially upon sneezing, laughing; urge incontinence
15. Itchy, crawly skin
16. Aching, sore joints, muscles and tendons
17. Increased tension in muscles
18. Breast tenderness
19. Headache change: increase or decrease
20. Gastrointestinal distress, indigestion, flatulence, gas pain, nausea
21. Sudden bouts of bloat
22. Depression
23. Exacerbation of existing conditions
24. Increase in allergies
25. Weight gain
26. Hair loss or thinning, head, pubic, or whole body; increase in facial hair
27. Dizziness, light-headedness, episodes of loss of balance
28. Changes in body odor
29. Electric shock sensation under the skin and in the head
30. Tingling in the extremities
31. Gum problems, increased bleeding
32. Burning tongue, burning roof of mouth, bad taste in mouth, change in breath odor
33. Osteoporosis (after several years)
34. Changes in fingernails: softer, crack or break easier
35. Tinnitus: ringing in ears, bells, 'whooshing,' buzzing etc.

Chapter 2 - Madness and Mad-ness

~Riding the emotional roller coaster

With the possible exception of hot flashes, no perimenopausal symptom gets more attention, or is the brunt of more jokes, than the mood swings that leave you feeling like a raging female version of The Hulk.

There are many reasons for this, and there are just as many possible treatments. All sex hormones including progesterone, estrogens, and androgens affect mood, memory, and mental function and the ways they interact can make a Los Angeles freeway map look sensible. Because of this fact, many of the traditional – and non-traditional – approaches to hormone balancing can prove effective for the emotional and mental upheavals that you may be experiencing. However, right up front, it's important to take a step back and consider what these emotions, and mental lapses are trying to tell you about your life.

Your emotions, desires, and dreams are your inner guidance system. They alone will let you know whether you are living in an environment of health or distress. Regardless of what supplements, hormonal treatments, diet and exercise changes you follow you need to also take this opportunity to take inventory of your life. When anger rages through you like a bull in a china shop, ask yourself, “what am I really feeling right now?” Ask yourself who, what, when and why these feelings exist for you in the first place. As we have mentioned before, the transition of menopause is a time when your body is not only going through physical changes, but the deep inner womanly wisdom that resides in your physical being is also trying to send you messages that have been lying below the surface, sometimes for a very long time. While the chaotic experience of these emotions will likely subside as you pass through menopause, if the body's messages are left unheeded, the *issues* they represent will continue to rise to the surface, bringing with them further emotional struggles as well as potential health issues in later life.

There are many ways to mitigate your symptoms, but there is only one way to actually deal with the underlying issues and that is to face them and address them. In her book, *The Wisdom of Menopause*, Dr. Christiane Northrup makes the point that, “...regardless of what supplements you take and what kind of exercise regimen you maintain, when all is said and done it is your attitude, your beliefs, and your daily thought patterns that have the most profound effect on your health.” (Northrup: p. 57)

Darkness Visible



Closely allied with the tumultuous run of emotional upheaval that you may experience as part of perimenopause is the debilitating, and potentially dangerous, reality of serious depression. Estrogen, in particular, has been shown to increase mood enhancing beta-endorphins and it has been shown, in some studies, to raise both serotonin and acetylcholine levels in the brain. When you are younger these chemicals come flooding into your brain like a crew of “scrubbing bubbles” at almost any opportunity... a good joke, a pleasant meal, a nice walk, great sex... good sex... even mediocre sex. The endorphin party is ready to go. What this means on the flip side is that as estrogen, progesterone, and androgen levels drop as we approach menopause, some of your brain’s smiling happy people go to sleep, or vacate the property altogether.

Serious depression however can be deeply disturbing and potentially life-threatening and if you are feeling any of the common symptoms of serious depression it would be a good idea to consult your doctor.

Some women have attested to the positive effect of a small amount of estrogen treatment in raising their mood and mental acuity. That said, the general medical consensus tends to be that HRT is *not* a proper primary treatment for depression in perimenopausal women.

Symptoms of Depression

If you've been experiencing some combination of the following emotional or physical symptoms for more than two weeks, it is important that you discuss these issues with your doctor:

- Sadness throughout the day, nearly every day
- Loss of interest in or enjoyment of your favorite activities
- Feeling of worthlessness
- Excessive or inappropriate feelings of guilt
- Thoughts of death or suicide
- Trouble making decisions
- Fatigue or lack of energy
- Sleeping too much or too little
- Change in appetite or weight
- Trouble concentrating
- Aches and pains
- Restlessness

Mother's Little Helper

Antidepressant drugs such as Prozac, Paxil and Zoloft tend to be the standard line of first defense in the battle against modern day depression. They function by increasing the availability of serotonin to the neuro-transmitters of the brain and they can be very effective.

Despite their popularity and relative effectiveness it is important to remember that these medications display a wide array of side effects that can sometimes make the cure worse than the disease. Prozac and other SSRI (selective serotonin reuptake inhibitors) can cause nausea, nervousness, lowered libido, headache, insomnia and more (sound familiar?). Another class of anti-depressants, Tricyclics, can cause blurred vision, dizziness, dry mouth, heart rate disturbances and memory problems and that's really tough when you're experiencing that already. All that said, it is important to check with a therapist and/or medical doctor if you are feeling the symptoms of severe depression. As mentioned above it is also very important to listen to the deeper parts of you and seek to learn what your depression might be telling you about your life.

In addition to more conventional medical treatments there are many natural and lifestyle changes that can assist in relief of depression.

These include:

Stop Drinking – Alcohol is a well known depressant and can add substantially to feelings of depression, especially if used as a way of suppressing the feelings you need to be paying attention to.

Get Some Air and Exercise – Aerobic exercise is one of the most effective ways to raise endorphin levels and lift mood and both aerobic and nonaerobic exercise has been shown to be very effective in combating mood disturbances of all types, especially depression (in some studies, 50% of people with depression were cured with exercise alone).

Go To The Light – Sunlight and the vitamin D it contains is a particularly strong mood elevator. Many people suffer from Seasonal Affective Disorder (SAD) which occurs during the shortened daylight hours of the winter months. Symptoms of SAD can be alleviated with treatment from full-spectrum light bulbs which simulate the vibrant natural light of the sun.

Do What Mama Told You and Take Your Vitamins – A well-balanced multi-vitamin in combination with a proper diet that includes protein (at least three times a week) and essential fatty acids (omega-3 fats in particular) will help raise levels of serotonin in the brain and alleviate depression. The increased health benefits of just eating and feeling better will also go along way to lift your mood and stabilize random emotional swings.

She's A Natural – Both vitamins and nutritional supplements have been shown to be effective for all of the symptoms we have been describing.

We will be discussing the use and effectiveness of much of these supplements in chapter 6, but for now, some of the more common mood, and emotion related supplements include the following:

St. John's Wort is an herb that has been studied to a great extent with regard to depression. In some cases, St. John's Wort has been shown to be as effective as Prozac in treating depression and it can serve as a general mood elevator and stabilizer.

Valerian has been shown to be effective for anxiety and a combination of St. John's Wort and Valerian can be a great help to those who combine anxiety and depression. Valerian can also be of help with anxiety driven insomnia.

5-HTP – Naturally produced in the body and derived from the amino acid tryptophan (it's the same chemical that causes everyone to fall asleep in front of the TV on Thanksgiving). 5-HTP is widely available as a supplement and has been widely used in Europe for both depression and as a sleep aid. However, if you develop a sudden urge to watch football you should probably discontinue use (kidding... sorry).

For additional detail (and additional natural ingredients see the discussion in chapter 6).

The most important thing to remember as your emotions rise and fall is that you may think you're losing your mind, but in fact you're safe. In our society, a huge proportion of women have spent a huge proportion of their lives *stuffing* their feelings, hiding their emotions, and playing along nicely and quietly since girlhood. The emotional fluctuations, even the dark depressions, that can come on at perimenopause are a way for your higher woman self to take back these feelings, bring them into the open and clear the decks.

It's not an easy task, but it's one with a **BIG** upside that's called the rest of your life.

Chapter 3 - If I Only Had A Brain

~It's here somewhere

I had it when I walked in the door

A close runner up for nomination to the Great Hall of Menopausal Indignities would be the regular brain lapses that leave you feeling like you left your mind on the seat of the cab you took in from the airport. They are sort of the opposite end of the pole from the emotional swings we discussed in the last chapter. Mood swings leave your family and friends wondering who you are, mental lapses and brain freezes leave *you* wondering who you are.

In the morning you can't find your keys, in the evening you can't find those papers that you need to bring home. You go to the hall closet only to stop as you open the door in order to ask yourself "Why am I standing here?" You forget names of people you have known all your life, sometimes even your husband, and while this can occasionally be an advantage it generally leaves people peering at you with a vacant eyed expression that seems to suggest that *they* are the ones who have misplaced their cerebrum.

Pay No Attention To The Man Behind The Curtain

It's pretty likely that if it hasn't already happened to you it will at some point in the relatively near future. You're driving down the road, or walking into the kitchen, and suddenly you feel like dancing down the yellow brick road with Dorothy and Toto, straw billowing off behind you, not a care, or a thought, in your mind.

At moments like this you may worry that there's something truly serious going on.

But let's be clear here. This is likely *not* the beginning of Alzheimer's. It might not even be related to menopause.

If you've gotten this far, you've been using those brain cells for a good long time and like the file cabinets in the MenoMavens office, and the hard drive of the computer where I'm presently typing this page, they are stuffed with information that you've been storing up since before you came kicking and screaming into the world. Sometimes it takes that memory chip inside your skull a few extra seconds to locate the right file. It might be nice if we could call tech support and have

someone come out and “de-frag” our brains, but do you really want one of those geeky guys messing around between your ears?

The fact is that our brains reach their maximum size somewhere around the age of 20. From then on, little by little, our brains are getting smaller and various brain cells are in fact dying off. *However* this is really not the important part. The other thing that happens as we age is that the interconnections – the neural highways and connecting points that relay information – are actually growing, becoming more robust and more effective as we become, with age, more capable of making more numerous and more complex associations. The older you are... the more experienced you become... the more efficient and complicated becomes your brain. The brain lapses and memory missteps that occur at midlife and beyond are the natural result of an ever-expanding repertoire of mental possibilities.

As they say in the software biz... it’s not a fault, it’s a feature!

But Seriously Folks...

That said, Alzheimer’s disease does affect approximately 4 million Americans and is the leading cause of institutionalization of the elderly.

In addition, it affects a higher percentage of women than men and appears at an earlier age. Some studies even suggest that between 28 and 50 percent of people over 85 have some form of dementia. Considering these statistics, its easy to see why our midlife memory problems bring about a high level of concern.

A number of studies have shown a positive association between estrogen use and the delay and/or prevention of Alzheimer’s. In some cases, estrogen, progesterone and androgen have even been shown to stimulate the regeneration of damaged neurons in the brain. This however is by no means conclusive and the 2006 Women’s Health Initiative study actually showed an increased risk with the use of Premarin and Prempro (two popular HRT formulas). Dr. Christiane Northrup, in her book, *The Wisdom of Menopause* states that, “a small amount of bioidentical estrogen (and/or progesterone and testosterone) definitely helps the brain function of some women.” She goes on to state, “But hormones shouldn’t be prescribed simply for this reason.” (Northrup: p. 334).

Such issues, and evidence, certainly warrant a discussion with your doctor.

Nature's Brain Boosters

There are of course a large number of dietary, behavioral, and natural supplement solutions to both the problem of memory lapses and losses and the possible danger of Alzheimer's.

Some of these include:

Brain Food – As with most dietary issues, a fast food diet high in refined sugars and hydrogenated fats spells disaster for heightened brain function. A diet of fruits, vegetables, and whole grains and supplemented zinc, B vitamins, selenium, and especially the antioxidant vitamins C and E is a brain food field day. The better you eat, the better you think, the better you eat... and so on.

A number of herbal supplements are also particularly effective for boosting memory and brain function. These include:

Ginkgo Biloba is the number one prescription herb in Europe. It is regularly recommended for increased brain function and seems to work by actually increasing the flow of blood in the brain.

Gotu Kola is a stimulant that works, like Ginkgo, by increasing blood flow in the brain.

Omega 3 primarily from "fatty" fish (such as salmon) has been shown to radically improve memory. It may seem counter-intuitive to be suggesting the consumption of fat, but small amounts of high quality fat (we aren't talking drive through french fries here!) are truly necessary for the maintenance of good brain function.

We're Not Talking About The Chicago 7

Free radicals are not living on a commune in Oregon or hiding out from the FBI in San Francisco, they are instead highly unstable molecules that have lost an electron and roam about the body seeking a replacement. They are created as a natural byproduct of normal metabolic action, but they are also formed from exposure to environmental pollutants like tobacco smoke, car exhaust, ozone, and even overexposure to the sun.

A number of body functions, including brain function are adversely affected by the production of free radicals and the best way to protect against their deleterious effects is through consumption of antioxidants like vitamin C and E, A and D3. The best source for these are fresh fruits and vegetables, but dietary supplements can also be highly effective.

Stop Smoking... Start Sweating

All the things that you already know... Stop smoking, drink in moderation, exercise regularly. All provide high good pathways to brain health. A Swedish study even found that people who exercise at least twice a week reduced their risk of dementia by more than 50% and their risk of Alzheimer's by 60%.

Think with your heart

A number of studies have shown that DHEA acts as a neurotransmitter in the brain and promotes brain health. DHEA, which is related to progesterone and pregnenolone, can best be augmented naturally.

A natural approach to increasing DHEA would include focusing more on loving thoughts and less on stressful thoughts. Do more things that bring you pleasure and make you laugh. Do less things that feel like obligations. Spend more time with people who make you feel good and less time with people who are draining. Dwell more on what you like about yourself and less on what you see as your limitations.

In short, get out and have some fun!

Your brain will thank you for it.... And you might even remember where you put your car keys.

Chapter 4 - You Are What You Eat, And Drink... And Do ~Suggestions for coping with the daily grind

Okay... Let's take a pause for the cause here. We know that talking about how you can learn from listening to your body, and how lightening up emotionally, meditating, getting clear of stress (as much as that is possible) and that's all well and good... BUT when you're peeling off clothing in the middle of a romantic dinner in a nice restaurant, or your schlubbing through the grocery store in your baggiest outfit because you happen to feel like the Goodyear Blimp, all this nice touchy feely, incense and peppermints mind over matter stuff is basically a whole lot of hooley!

There are a whole lot of women who cruise through menopause with little to no symptoms at all, but if you were one of those women you probably wouldn't be reading this book, so let's cut to the chase. The likelihood is that, to varying degrees over varying amounts of time, you are going to experience many of the symptoms that we've been discussing. So... what can you do to feel cooler, sexier, more enthusiastic, more whole during the next two to ten years on the road to menopause?

Well... quite a lot, frankly.

If You Are What You Eat...

Do You Really Want to Be A French Fry?

Whether you're dealing with perimenopausal symptoms like cramps, heavy bleeding, extreme PMS, emotional swings, and insomnia, or you're simply concerned about weight gain and fatigue, you can go a long way toward improving the way you feel by making certain adjustments to how and what you eat.

Besides the general exacerbation of symptoms like the ones we mentioned above, the consumption of refined carbohydrates (including French fries, mashed potatoes, cookies, soda, bread and alcohol) leads to a nearly immediate increase in blood sugar and the exhilarating feeling that goes with it (hence the addictive nature of these foods). It also leads to an excess blood sugar condition known as glycemic stress. This causes inflammation of the blood vessels throughout the body, and ultimately leads to a condition known as insulin resistance that can result in weight gain, obesity and even type2 diabetes.

The solution to this problem is as close as the produce section of your local grocery store. A diet high in fresh fruits, vegetables, and whole grains, and low in refined foods will provide the body with a much more balanced source of energy and sustenance. Such a low glycemic diet can, in and of itself, reduce perimenopausal symptoms and midlife weight gain.



You still need to incorporate a good source of protein into your diet three or more times a week as well. Healthy sources of protein include, tofu and other soy products, fatty fish (fish such as salmon or albacore tuna have the added heart healthy benefit of Omega 3 oils). Lean chicken and other meats can also provide this source of protein without the high fat, high carbohy-

drate disadvantages of the common processed food diets that so many Americans subsist on.

Soy, besides being a terrific source of protein, has been shown to be a significant and safe alternative to hormone replacement. As a regular dietary component, soy has been shown to lessen the intensity of hot flash symptoms as well as their frequency. It has even been shown to have a beneficial effect on bone mass problems and to decrease the risk of breast and endometrial cancer.

We know it can seem daunting to have to pay close attention to your food choices in addition to everything else you are dealing with at this point in time, but healthy foods do not have to be difficult to prepare, and the extra benefit of higher energy and better health that they provide more than compensate for the added attention that they may require.

Are You A Coffee Achiever?

It is undeniable that coffee, and other caffeine based drinks are the basic fuel of every day life for many Americans. What you may not realize is that your Vente No-Fat Double Cappucino Macademia Nut Moca at 7:30 a.m. may be what's keeping you awake at 2:00 a.m. the following night. Caffeine is cleared from the body at a much slower rate in women than in men and after midnight, while Joe may be snoring away beside you, you may still be wide awake thanks to your morning

Cuppa Joe. In addition, caffeine is a bladder irritant and is known to increase the urinary excretion of calcium.

It isn't necessary to give up caffeine altogether though. Both black and green teas, while being somewhat lower in caffeine, also contain vital phytoestrogens and have been shown to actually build bone mass. Green tea has also been shown to aid in weight loss.

Wine, Women and Song (or... Karaoke Anyone?)

There's no denying that having a little nip now and again takes the edge off of some of the frustrating chaos of perimenopausal life. By now, most of us have heard of the infamous "French Paradox" and understand the advantages of moderate consumption of red wine for cholesterol levels and heart health, and the same chemicals in red wine that provide this benefit also provide powerful antioxidants that aid in the free radical battle we mentioned before.

However, as our mothers used to say, especially if they were Baptist, "all things in moderation." For most women one glass of wine, or one drink per day is considered a safe amount and the avoidance of excessive amounts of alcohol will help you with everything from hot flashes, to alcohol induced sleep disturbances that wake you (and keep you awake) in the middle of the night.

You can regulate your alcohol intake in social situations with clever little gimmicks like switching off between alcoholic and non-alcoholic drinks, or simply engaging in other activities (like singing *Louie Louie* at the top of your voice while people laugh and cheer).

We Can Work It Out

What you put in your body is one part of the perimenopausal equation. What you put out (in the form of energy) is another part. As we get older our tendency is to become more sedate, but what our bodies need most, especially as we move toward menopause, is *more* exercise. As mentioned earlier, aerobic exercise has been shown to be one of the most effective solutions for depression and mood changes. Weight-bearing exercise, as little as two or three times a week, can seriously improve bone density and help fight osteoporosis. It's also a great confidence booster and will do wonders for your self-esteem.

You may be someone who has had an active exercise regimen for some time only to now find that you have less energy and are less enthusiastic about activities that you once found easy and exhilarating. This is not a signal to stop, but perhaps to adjust your activity levels. There are many exercise routines that are less stressful on the body but which provide the same healthful benefits.



For example... walking provides the same heart healthy benefits as running, but with less wear and tear on the bones and joints. Yoga and/or Pilates can provide good quality stretching while also providing some additional aerobic conditioning and, at the same time, taking it easy on the joints. Weight-bearing exercise doesn't mean you're practicing to be a Russian Olympic hopeful, it simply means that you are doing exercises (generally with the addition of relatively light weights) that provide resistance in such a way as to work your muscles and joints and thereby building strength in both muscles and bones.

Benefits of Exercise:

- Increased Energy
- Better Sleep
- Reduces Stress & Anxiety
- Relaxation
- Raises Self-esteem/Improves Self-image
- Provides Opportunities for Social Interaction

• MenoMavens Tip •

One of the healthiest forms of exercise is simply good old, energetic walking. An aerobic exercise at it's base, walking also provides "weight-bearing" exercise benefits as you lift those legs and put them back down again. Why not organize a group of women (it would be pretty hard to find someone who *doesn't* need more walking) for regular walking jaunts. This provides motivation, support, and community.

Chapter 5 - Love... Sex... and oh yeah, Them ~Men comes second in menopause ME comes first

It's all well and good to talk about how "you're growing into a new self," or how "you're not getting older, your getting better," but at some point or another you are bound to be feeling that things are not working the way you want them to work. Issues that involve more than what to eat, or drink, or do.

Sex is likely one of those issues.

As your hormone levels begin to shift you may be surprised and dismayed at what happens. For some women there is a distinct drop in libido, a loss of interest in sex that is both mental and physical. The changes that your body is going through aren't exactly the official top ten on how to feel hot and sexy and they take their toll on all aspects of your sexual response system.

Physically, the unpredictable nature of your period, the fluctuating emotions, hormone changes, the vaginal dryness and discomfort, the hot flashes and night sweats, and the energy shifts and drops of perimenopause, all serve to discourage interest in sexual activity. You and your partner could be raging sexual infernos and these physical distractions and discomforts would stand in the way of sex like a scowling head mistress in a girl's school dormitory.

Mentally, anxieties, distractions, loss of focus and the basic sense that you are not the girl you used to be can be absolutely debilitating to desire. If you don't *feel* sexy, it's a lot harder to *be* sexy. As you move toward menopause the cultural cult of youth and the myths about menopause are hard to put behind you. You may know in your heart that you are alive and hot and sexual, but when you're in the deepest throws of perimenopausal feelings nobody is going to convince you that you're Paris Hilton (but then... do you really *want* to be Paris Hilton!?).

Emotionally, when your hormone changes have you feeling like your life has been reduced to a permanent state of PMS and your partner is wondering who kid-napped you and left a body double (and not a very good one either), you are not going to be feeling really sexy and this can become a sort of self-fulfilling prophecy that creates an endless loop of low self esteem, low libido, sexual frustration, and back again.

Let's face it... this is not your beautiful life!

At the same time, recent research has shown that there is actually very little correlation between menopausal status and sexual functioning. Instead, your perception about your life and how it is affected by menopause as well as your basic relational satisfaction have as much (or perhaps more) to do with sexual health and satisfaction during perimenopause.

MEN-o-PAWS

The saying “why can't a woman be more like a man and a man less like a racehorse” has never been more appropriate than when it comes to love and sex at midlife. With the advent of “the little blue pill” and all of its derivations, men's midlife sexuality has received a boost that many women wish they could find for themselves, but so far the “woman's Viagra” has not appeared on the event horizon. Instead, the issues surrounding perimenopausal sexual issues for women, tend to be the same issues that have surrounded women's sexuality from puberty. Your openness to, and response during, sexual interaction is inevitably going to have a lot to do with how you feel about yourself, how you feel about your partner, and how you feel your partner feels about you. Despite (and because of) the physical and emotional symptoms of menopause the issues of communication, touch, relaxation and comfort – the very issues that are *always* at the forefront of women's sexual response – are central to sexual enjoyment now.

Men at midlife are experiencing their own set of confusions, frustrations and changes and while you may be feeling insecure about his response to you, he is probably feeling insecure about his response to you as well. In this area, believe it or not, as women, we are actually the ones standing on the more solid ground. While men's sexuality begins to decline on the morning after the senior prom, women's sexuality reaches it's peak in the late 30s/early 40s and then levels out, continuing well into midlife and beyond.

For women, the brain has always been the most important sex organ, as we approach menopause and beyond, this has never been more important. Conversation and personal engagement are the best way to address the sexual/relational issues that *both* men and women are facing.

Can I Play with Your Toys?

For some couples midlife sexuality provides the opportunity to “change-up” the bedroom routine. Exploring vibrators and dildos for both vaginal and clitoral stimulation can be a lot of fun and can bring a whole new dynamic to sexual interaction with your partner. Exploring the various types and styles of toys can also be a great way to engage each other in the larger conversation of sexual response at this new point in your sexual life. At the same time, you will find these items are of course excellent for self-pleasuring and this can be a great help to maintaining and improving sexual health during perimenopause.

In addition to such toys you will also find a wide variety of lubricants that can be helpful for overcoming vaginal dryness and discomfort. While there are hormonal creams and lubricants a regular water or silicone based lubricant may be enough to do the trick without the added issues and questions posed by estrogen (and other hormonal) vaginal creams. When considering different types of lubricants, it is important to remember that silicone based lubricants should not be used with latex condoms. There are, however, some very good water-based lubes available.

Regular sexual stimulation, whether through fantasizing, talking, self-stimulation or sex with a partner is a great boost to maintaining and promoting sexual health by increasing blood flow to the vagina and genital area and encouraging the glands that provide lubrication to continue working. Regular stimulation also helps maintain the flexibility and elasticity of the vaginal wall.

Kegel exercises are also a good way to keep your sexual muscles in tone. This will provide a benefit for both sexual responsiveness as well as for strengthening the PC (pubococcygeus) muscle as a preventive to occasional incontinence.

Hubba-Hubba

Before, during, and especially after menopause, some women (dare we say most women?) can indeed discover a renewal of interest and a surprising sex drive that they thought had disappeared long ago. For many women, the passage through menopause leaves them more confident, more relaxed, and more impassioned. This can bring its own share of blessings and curses (though, most likely, more blessings). Many women at midlife are newly returning to the “dating scene” and it is important to remember that even though you are experiencing interruptions in your normal cycle, it is, for most women, still possible to become pregnant up until your last period. In addition, protecting yourself against sexually transmitted diseases (STDs) is as important as it has ever been. As you come through menopause and you no longer experience the concern and distraction that the possibility of pregnancy can create, you still need to maintain safe sex practices.

As we mentioned earlier, some of the most significant issues around sexuality and menopause have very little to do with all the classic images of women becoming tired and bored with sex as they grow older. As with so many other aspects of the menopausal passage, sexual and relational problems at midlife may have as much (or more) to do with long held feelings of anger and/or resentment. It is important to pay attention to those feelings, to dialogue with your body and with your partner.

In the area of relationships and sex, listening to the long silenced voice of your inner wisdom can open you up to a whole new life.

Kegel Exercises

Find the muscles by imagining trying to control passing gas. Or, think of the muscles you use to try to stop the flow of urine.

- Squeeze the muscles and hold for 3 seconds. (Women should get a lifting feeling in the area around the vagina. Or a “pulling in” of the rectum.)
- Then completely relax the muscle for a count of 3. (It’s important to control both the tightening and relaxing of the muscle.)
- Do this 10 times at first. If this is very easy, try holding for 5 seconds. Rest between contractions for the same amount of time.
- Work up to holding contractions for 6 to 10 seconds. Then rest for 10 seconds.

Try to do at least 30 to 50 Kegel exercises per day. Exercise in sets of 10 at first. As you get stronger, you can do more sets fewer times a day. Exercising each day is best, but 3 or 4 times a week will still help.

The more you perform these exercises, the stronger your pelvic floor muscles will get. And the faster you’ll improve. Alternate between lying down, sitting, or standing when doing the exercises. This will help you to have more control.

MENOMAVENS TIP: Set a time for doing your Kegel exercises every day—like in the car on the way to work, on your lunch break, or at night while watching TV. If someone asks what you’re doing you can just wink and say, “I’m exercising.”

Chapter 6 - What's Up Doc?

~HRT... Natural Treatments... Medical Issues... and more

For our mothers, it used to be that with the advent of menopausal symptoms women assumed that their only option was an ongoing, sometimes problematic, and potentially dangerous, regimen of hormonal treatments for the rest of life.

The old idea that life was over with menopause is no better illustrated than by this rigid pharmaceutical intervention, a clear extension of the anti-female misogyny of the culture of the time. Women's bodies were considered deficient and in need of repair. Big business was more than happy to supply the tools. With new developments in both medical treatment and new research and discoveries with alternative therapies, our choices today are as numerous and varied as those of us experiencing perimenopausal symptoms.

What's Up Doc?



The variety of possible treatments and the individuality of every perimenopausal woman makes it extremely important to know and truly trust your doctor. You want a physician who listens, a physician who is as open as you are to the idea that your body has something to tell you that is important for you to hear. You want a physician that wants to hear it as well.

To succeed in finding (and/or maintaining your relationship with) a physician who you can trust you need to open up and talk with your doctor. If you don't like the answers you receive, or don't like the way you're

doctor responds, get another opinion – find another doctor. Unlike the way our mother's faced menopause, our possibilities for dealing with symptoms are abundant and life-affirming. Finding a physician who will work with you openly and creatively as you explore your options is a vital part of your menopausal adventure.

Better Living Through Chemistry... Not!

In 1966 Dr. Robert Wilson authored the book “Feminine Forever” and therein painted a graphic – and rather depressing – picture of the post-menopausal woman’s downhill slide into a sexless, arid and prunelike existence. Kind of like the witch in Hansel & Gretel, hanging out by the path and waiting to bake up a new batch of kiddy cookies. As an alternative he proposed a seemingly miraculous estrogen treatment that he suggested would keep women moist, youthful, sexual, and desirable in later life. With a set of black and white choices like that, what woman could possibly refuse Wilson’s miracle cure for menopause?

Dr. Wilson’s plan... was a hit!

The problem is... Dr. Wilson’s plan wasn’t all it was cracked up to be (gee... what a surprise!) and as sales of Premarin - a drug derived from the urine of pregnant mares, and the first estrogen drug to be mass marketed – soared, women began to find that the promised feminine nirvana of lifelong fecundity wasn’t all it was cracked up to be.

First of all... Who wants to be all that fecund anyway!?

Secondly, and more importantly, as the 70s rolled on, study after study began to show up demonstrating that taking estrogen resulted in a huge (sometimes up to four times) increase in uterine cancer. At the same time, the birth control pill – the other estrogen heavy “miracle drug” – was showing up in studies as a source of increased risk for stroke, pulmonary embolism, and heart attack.

Being “Feminine Forever” was starting to look like a death sentence.

The Baby and the Bathwater

Not long after the “estrogen scare” of the late 70s, came another set of studies suggesting that estrogen therapy could help prevent osteoporosis. In addition, it was shown that estrogen therapy seemed to be effective in the prevention of heart disease in women.

At the same time, lower dose estrogen therapies were beginning to be developed. With the help of studies that showed that the increased chance of endometrial cancer could be prevented by combination doses of progesterone (generally the drug Provera) and estrogen, Premarin began to make somewhat of a resurgence... sort of.

It didn't take long after the resurgence of Premarin therapy for a series of studies to appear on the horizon supporting an incontrovertible link between estrogen therapy and breast cancer. This was followed by a series of studies that showed that hormone replacement with Premarin and Provera not only did not decrease the risk of heart attack in women, but actually *increased* the risk during the first year of treatment.

The trump card in the Battle of HRT came in 2002 when a Women's Health Initiative study was canceled by the National Institute of Health because those on active treatment had an increased risk for breast cancer in excess of the safety threshold and had an increased risk for cardiovascular disease. The ultimate point here was not that there was an enormous danger, but rather that while the absolute risks associated with active treatment in the WHI study were small, they *outweighed the even smaller benefits*.

To E or Not To E... That Is The Question

Okay... so by now you're standing like Hamlet on the wall of his beach house in Denmark going, "yeah yeah... right right, so what do I do now?"

The real point is that after several decades of medical attempts to convince women that menopause was everything from a grave disease that could be cured with pharmaceuticals to the end of feminine life as we know it, we finally know the truth – the truth our bodies knew all along – there is no miracle cure, no magic bullet, no female medical Nirvana.

If it ain't broke... ya can't fix it! Because it doesn't need to be fixed.

Today's medical choices and varying hormonal treatments are something that every woman should at least give attention to and discuss with her doctor, and this is why it's vitally important, as we mentioned above, to know and trust the doctor with whom you have the discussion.

There remain a number of medically viable reasons why a woman (particularly a younger woman) might wish to make use of one or more of the many available hormone treatments and an equal number of reasons why not. A full-tilt discussion of all of those reasons is beyond the scope of this manual, however the MenoMavens House of Hormones can at least give you a good beginning point for further research, consideration and discussions with your physician.

Decisions... Decisions

The first thing to remember in the process of making a decision about HRT is that you have options. The pharmaceutical industry's attempt to suggest that you need, can or even *want* to turn back time is simply their attempt at narrowing your focus at a time when your best options are made manifest by widening that focus.

For many women menopause is a most difficult transition, and not simply because of the physical effects. The move through middle-age to later life, the move from "maiden" to "wise-woman" is not one that our culture has cheered enthusiastically. If you are experiencing the emotional struggle of this transition, HRT is not going to solve that problem, in fact, it could actually make you feel worse. By paying attention, asking questions (of yourself *and* your doctor), and listening to your body and your soul you can better consider options that may or may not include HRT. It could likely include various herbal and alternative treatment possibilities and it will probably include options for changing your lifestyle in the ways you eat and live.

The point is not to return to the lost days of youth. The point is to move fully into the treasure trove that is the rest of your life.

Your (Not So) Secret Garden

When considering natural alternatives (or supplements) to pharmaceutical HRT, it is important to understand that alternative treatments aren't simply a different type of hormone treatment, they are a whole different way of looking at, and dealing with, the issue.

First of all, herbal “alternatives” aren't really alternative at all. For thousands of years, long before pharmaceutical researchers began experimenting with chemistry and genetics, women were going to the woods and fields to find the comforting and healing plants that could enhance the comfort and health of their families and themselves. These women knew intuitively what recent scientific investigation has confirmed, that plants contain an amazing array of ingredients – essential fatty acids, phytoestrogens, and antioxidants among them – which taken individually and in combination serve to relieve perimenopausal symptoms of every type, from hot flashes and insomnia to headaches, depression and irregular cycles.

Secondly, the basic approach of pharmaceutical treatment is to pick a symptom and attack it (it's a very masculine approach to a feminine issue). Herbal treatments typically follow a more wholistic approach, blending complimentary combinations of ingredients in order to balance the various parts of the system simultaneously. Instead of a singular focus on estrogen to relieve hot flashes and insomnia, an alternative approach might combine soy isoflavones for estrogen support, black cohosh to reduce hot flashes and night sweats, and wild yam for hormone balancing and bone strengthening.

Thirdly, alternative approaches to perimenopausal relief don't just stop with a pill. As we have already presented earlier in this manual, a “natural approach” to menopause includes a look at diet and exercise as vital elements in a systemic approach to healthy living. Wild Yam can help strengthen the bone matrix to help prevent osteoporosis, and weight-bearing exercise builds additional strength and support over time. Melatonin will assist with sleep, while meditation and yoga help to relax the body and the mind making sleep easier and more restful. Damiana can be used to heighten sexual desire, while conversation and exploration with your partner adds a positive and explorational dynamic.

All these things work together and, when considering alternative treatments, it's important to remember that every woman's menopausal experience is unique.

Unlike the cookie-cutter nature of much pharmaceutical medicine, a natural approach of symptom relief seeks to find the balancing wisdom that we already hold in our bodies and in our collective unconscious, ancient wisdom that we can all gain access to if we will only allow it to rise.

What's In It For Me?

The following list is by no means exhaustive, but represents a solid foundation in some of the most effective and beneficial natural supplements available.

Wild Yam is a phytoestrogen that has been used for centuries because of its hormone balancing and bone strengthening properties. As a precursor to progestin, wild yam was first used in birth control pills. Studies performed at the University of Maryland Medical Center show it "treats inflammation, osteoporosis, menopausal symptoms such as vaginal dryness and other health conditions".

Damiana is an herb that has been used by the native people of Mexico (including the Mayan Indians) and South America to heighten sexual desire, enhance sexual performance and balance hormones. Damiana has a long history of traditional medicinal use with no harmful effects reported. It has also been used to relieve anxiety, nervousness and mild depression. Its main reputation is that of a natural aphrodisiac.

The highest concentration of isoflavones are found primarily in soybeans, a virtual cornucopia of menopausal relief. **Soy Isoflavones** represent the most investigated subgroup of phytoestrogens, and numerous scientific studies have shown benefits including relief of hot flashes and night sweats, reduction of headaches, and enhancement of brain function. In addition, there is evidence that soy isoflavones protect bone strength, lower bad cholesterol and increase good cholesterol, thereby significantly supporting heart health.

The North American herb, **Black Cohosh** used widely by Native Americans, is one of the most widely researched components utilized to support the normal transition into menopause. It promotes hormone balance and effectively reduces hot flashes and night sweats. Studies have shown the herb to have increased benefits when used with Wild Yam, Soy Isoflavones, and Chaste Tree berry.

Chaste Tree berry is a fruit source of phytoestrogen that has been found to reduce the severity of perimenopausal symptoms by supporting hormone balance throughout the transition from perimenopause to menopause. Clinical trials have demonstrated increased benefit when combined with Soy Isoflavones.

L-theanine is an amino acid most notable for influencing mental and physical relaxation without inducing drowsiness. Clinical studies show it increases brain serotonin, dopamine and GABA levels that produces a deeply relaxing effect, reduces stress, anxiety and depression. L-theanine is also reported to provide memory enhancing properties and to help support the body's immune system.

Quercetin is an antioxidant known to significantly decrease inflammation. It possesses anti-aging and heart health benefits, and is known to support hormone balance in conjunction with Soy Isoflavones and Turmeric. It has potent antioxidant properties and may have additional positive effects in relieving allergy symptoms, enhancing brain activity and relieving inflammatory conditions.

Another powerful antioxidant, **Turmeric**, contains curcumin, which is reported to have the ability to block inflammation, purify blood and improve heart health. It reportedly balances estrogen in combination with Soy Isoflavones and Quercetin. In addition to its hormone balancing properties Turmeric provides anti-inflammatory benefits to joints and is known to be helpful as a pain reliever. It is reported to have effect on depression, memory and cognitive function.

Magnolia bark has been used since 100 A.D. to treat the "stagnation of qi" or "lower energy" in Chinese medicine. Also known to reduce anxiety, it appears to have benefits in weight loss, and has been shown to reduce allergic reactions.

Melatonin is found in all living creatures and is known as a pervasive and extremely powerful antioxidant. Melatonin's role in regulating sleep-wake cycles (circadian rhythms) is well documented. In addition to being a renowned sleep aid, it reportedly prevents depression associated with menopause, and is an effective treatment for migraines and cluster headaches. Studies report many benefits "similar to eicosanoid balance including more energy, better sleep, reduced risk of heart disease, and immune function improvement... which is the real key to anti-aging".

The amino acid **5-HTP** is an important precursor to serotonin production in the brain. Serotonin is known as the "feel good" chemical; a neurotransmitter associated with mood, hunger and sleep. Increased levels of serotonin in the brain have been shown to result in reduction of sugar and carbohydrate cravings, headaches, depression, and muscle aches and pains.

Valerian is an herb with historical use as a sedative, migraine treatment and pain reliever. It has been widely studied in its use as a sleep aid, with beneficial reduction with restlessness and anxiety.

GABA is an amino acid that is classified as an important inhibitory neurotransmitter in the brain, helping to induce relaxation and sleep. Studies show it not only promotes relaxation and helps reduce anxiety, but can additionally enhance immune function under stressful conditions. Other medical studies have proven GABA to be effective for insomnia.

Motherwort is an herb that has been used for many years for the treatment of symptoms associated with the reduced estrogen production that occurs in perimenopausal and menopausal women. It is reported to have benefit in reducing hot flashes, to relieve nervousness and anxiety, and depression. It also helps to restore vaginal elasticity.

Lignans are plant substances that break up into two vital chemicals, enterodiol and enterolactone. **Flaxseed** is the best available source of these elements, containing more than a hundred times the level of these compounds. In addition, Flaxseed is an excellent source of both fiber and omega-3 oils.

Licorice root has been extensively studied and widely used because of its high concentration of both isoflavones and lignans. It is helpful in the regulation of estrogen and progesterone ratios, as well as possessing anti-inflammatory, anti-allergy and anti-cancer capabilities.

Dong Quai has been referred to as the “female ginseng” because it increases energy and the sense of well-being. As if that wasn’t enough, it is also used for irregular periods and excessive uterine bleeding. It also possesses analgesic and anti-allergy qualities, can stabilize blood vessels and serves as a smooth-muscle relaxant. It is one of the most widely used herbs in China.

As mentioned above, this is by no means an exhaustive list of the natural herbs and compounds that can provide relief for perimenopausal symptoms, but it does represent a well researched and highly recommended list of some of the most important natural ingredients available on the market.

Conversations with your doctor, as well as with a natural herb practitioner, can help you understand and develop the combinations that work best for you.

Chapter 7 - A Map of the Territory Ahead ~Or How Can You Be In Two Places At Once When You're Not Anywhere At All?

So... what do you do when you're embarking on a new journey and you don't really have a clue where you're going? Do you stop by AAA and get a pile of books and maps that would make a mule groan under the weight, or do you grab a loaf of bread, a jug of wine, and a thou to join you and just strike out with no plan?

As we've been saying for the last 50 pages, it's kind of like that with menopause. There are as many ways to deal with "the change of life" as our mothers used to call it, as there are women changing. The one constant, the one thing you can absolutely know for sure is that you *are* changing and that things will indeed never be the same again.

The zen saying that you can never step into the same river twice is particularly appropriate to menopause. No two women have exactly the same experience of this transition. For that matter, any single woman is likely to experience the same thing in the same way during the menopausal transition. Everything is up for grabs and very little is predictable.

That's the catch... *and* the fun.

It's Elementary My Dear

Perhaps the most important thing to remember in this process is that you are not alone, and never have been. At any given moment, all over the world, a woman is entering the process that is menopause. This has been the case for millions of years and is likely to continue to be the case as long as there are humans on the earth. For all that time women have been accompanied by companions – mothers, sisters, grandmothers, and cousins – and have been taught to listen by the animals and the elements.

In both the external and the spiritual world, the four elements of earth, fire, water and air travel with us on this journey, and show us the way.

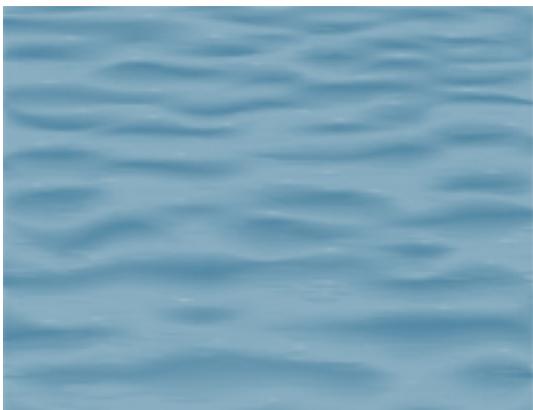


Earth – The groundedness of the mother of us all is something that we cannot possibly do without, particularly during menopause. The changes in our bodies – the shift in hormones, the accompanying fatigue, lowered libido, and occasional pains in our feet are all ways that our bodies are calling us back to the ground, back to our origins, and back to ourselves.

Fire – The element of heat and anger, is also the element of creative energy, risk taking, and initiative. The heat burning us up in the middle of the night, sweating us out of bed, or driving us to strip off our clothes in near panic is also asking us something. Where are you in your life? What do you need to, hope to, and want to change?



The emotional roller coaster, the anger that gives way to tears. These are Fire paths that are being burned up and cleared away. Your psyche is preparing you for new challenges, new accomplishments, and new dreams.



Water – The coolness, softness, and fluidity of water is the place where, at midlife, you are given a new place to start. Water is the place from which we have come, the place where we spent the first nine months of life, and our bodies, minds and spirits continue to yearn for the safety and the comfort that the oceans, lakes and streams provide. It is the water side of your spirit that calls you to slow down, take time out, relax and let go.

Air – Perhaps most important of all, the element of air is our the force of life that moves through us, energizes us, and empowers us. Simple slow breaths can relax you at tense moments, help you to move through a stressful situation, relieve pain, and open your heart.



These are the lands you will travel (spiritually, emotionally, and physically). They are also your companions in spirit, and in the elemental make up of the foods, herbs, medicines and actions that you take. You get to be the one who decides where the journey leads.

The map is in your hands. Bon Voyage!

Afterword
~Don't Forget to...



More Resources are available at
www.menopausedsystem.com/resources.html

And one more thing... As we have researched and studied the various bits and pieces of information that make up this ebook, it has been our primary goal to find ways to help other women through the process of menopause.

One of the ways we have sought to do that is with the personal development of our primary product, Heart of Health's Menopausal AM and PM. Please visit the product page at www.menopausedsystem.com/products.html for more information on this and other products designed especially for women like you.



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