# Balancing Hormones in the Menopause

## The HRT scandal vs. natural control

For many women approaching middle age, the most worrying aspect of the menopause is not the increased risk of illness - osteoporosis, breast cancer or heart disease. It's having to cope with the debilitating symptoms that will affect nearly half of them: hot flushes, fatigue, headaches, irritability, insomnia, depression and a decreased sex drive.

For years, doctors faced with women stressed out by feeling snappish, depressed or hounded by their own hot flushes handed out hormone replacement therapy, or HRT, as a kind of panacea. Many of these doctors promised that HRT would not only fend off disease and banish the symptoms, but even maintain sexual allure - although this wishful medical thinking had never been tested in proper clinical trials. In fact, by the 1970S HRT had become linked to a raised risk of endometrial cancer, and by the 1980s to breast cancer and blood clots.

Prescriptions plummeted, but HRT is still very much with us, and patients now have to juggle the risks: if you haven't got cancer in the family but are worried about osteoporosis, or suffering menopausal symptoms, is popping the pill worth the risk? Officially, doctors in the UK are now told that the risks outweigh the benefits, and not to prescribe it for osteoporosis prevention. But it is still commonly prescribed for this reason in other parts of the world.

## Oestrogen and progesterone: a balancing act

What is it that makes the menopause so potentially dramatic in effect? It happens when a woman's production of the hormones oestrogen and progesterone begins to decline because they are no longer needed to prepare the womb lining for pregnancy. As oestrogen levels fall, the menstrual flow becomes lighter and often irregular, until eventually it stops altogether. Even before the menopause, often when a woman is in her forties, many cycles occur in which an egg is not released. These are known as anovulatory cycles. Whenever this happens, levels of progesterone, produced from the sac that's left once the egg has been released, decline rapidly.

Progesterone is oestrogen's alter ego and you need to keep the two in the right balance. Too much oestrogen relative to progesterone - the so-called 'oestrogen dominance' - results in too many growth signals to cells of the breast and womb, raising the risk of cancer. Consequently, many women in their forties, although low in oestrogen, are in a state of oestrogen dominance because their progesterone levels are even lower.

Symptoms of oestrogen dominance can include water retention, breast tenderness, mood swings, weight gain around the hips and thighs, depression, loss of libido and cravings for sweets. The symptoms of progesterone deficiency overlap these, and also

include insomnia, irregular periods, lower body temperature and menstrual cramp.

Many of these symptoms also show up during menopause along with the usual hot flushes, vaginal dryness, joint pains, headaches and depression. So if your hormones are in real disarray, you can end up with a distressing burden of symptoms. There is much you can do about this, but women are rarely told by their doctors how they can help themselves to cope with the menopause naturally. The best way to start is to find out from the list below how well balanced your hormones are at the moment.

## How is your hormone balance?

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1. Have you ever used or do you use the contraceptive pill?
2. Have you had a hysterectomy or have you been sterilised?
3. Do you experience cyclical water retention?
4. Do you have excess hair on your body or thinning hair on your scalp?
5. Have you gained weight on your thighs and hips?
6. Have you at any time been bothered with problems affecting your reproductive organs (ovaries or womb)?
7. Do you have fertility problems, difficulty conceiving or a history of miscarriage?
8. Are your periods often irregular or heavy?
9. Do you suffer from lumpy breasts?
10. Do you suffer from a reduced libido or loss of interest in sex?
11. Do you often suffer from cyclical mood swings or depression?
12. Do you suffer from insomnia?
13. Do you experience cramps or other menstrual irregularities?
14. Do you suffer from anxiety, panic attacks or nervousness?
15. Do you suffer from hot flushes or vaginal dryness?

If you answered yes to:

- 4 or less: you have a few symptoms of hormonal imbalance.
- 5 to 10: you have a mild to moderate symptoms of hormonal imbalance. It's worth your while getting your hormone levels checked by a nutritional therapist.
- More than 10: you definitely have hormone imbalances. We recommend you see a nutritionist.

# HRT - hormonal hell?

## Raising the risk of womb cancer

The first generation of HRT gave women massive amounts of oestrogen, usually in the form of 'conjugated equine oestrogen's'. The equine stands for 'horse', since the oestrogen's are derived from horse urine. While their chemical structure is close to human oestrogen's, they are not identical. Premarin, one of the top selling brands, contains two - equilin and equilenin - that don't even occur in the human body.

The real problem, however, is the dose. Women vary a lot in the amount of oestrogen they produce. Some women are naturally low oestrogen producers, making 50 to 200mcg a day. Others make up 700mcg a day. HRT provides an oestrogen dose of between 600 and 1,250mcg a day. For most women, this is just too high.

Early trials of HRT, which contained only oestrogen, showed a vastly increased risk of endometrial or womb cancer because one of the jobs of oestrogen is to stimulate cell growth there, preparing the womb for a potential pregnancy. The increase ranged from 200 to 1,500 per cent, depending how long you had been taking it; and your risk would still be significantly raised several years after you stopped taking it. So a synthetic progesterone-like hormone called progestin was added to the mix starting in the 1960s. The idea was that, by counteracting unopposed oestrogen, the womb lining would be protected from excess cell growth.

## Inside Story: Oestrogens

Oestrogen is not one hormone but a family of three, namely oestradiol, oestrone and oestriol.

**Oestradiol** is the strongest, most often used in HRT preparations and most associated with side effects, including increased risk of breast and uterine cancer.

There is one HRT preparation, Hormonin, which contains all three oestradiol, oestrone and oestriol. Physiologically this is more balanced, as it provides what the body produces. For post-menopausal women with low oestrogen and progesterone level this, taken together with progesterone cream in equivalent amounts to those a woman produces, is a more logical way to restore hormone balance.

**Oestriol** only is available as a cream and in tablets as Ovestin. The cream is excellent for vaginal dryness, while the tablets often help women with hot flushes, with a fraction of the associated risk of oestradiol. It is best given together with natural progesterone cream.

**Phyto-oestrogens** are plant-based oestrogens that are very weak in comparison and appear to protect against oestrogen overload by occupying the same hormone receptor sites as oestrogen. These are found in beans, lentils, nuts and seeds and especially soya.

**Xeno-oestrogens** are environmental chemicals that mimic oestrogen and often attach to the same hormone receptor sites as oestrogen, triggering a growth message and potentially promoting cancer. These include alkylphenols, nonylphenols, octylphenols and bisphenol A, found in plastics and some detergents, PCBs and dioxins (which are industrial pollutants), and DDT, DDE, Lindane, Toxaphene, dieldrin, endosulphan, methoxychlor and heptachlor (used as pesticides and herbicides). One of the best ways to limit your exposure is to eat organic food.

Adding progestins to HRT did reduce the risk of endometrial cancer, although it didn't stop it. However, the new progestins had to have a slightly different chemical structure to natural progesterone, so they could be patented. This turned out to be a serious problem because only the exact natural progesterone molecule can trigger a precise set of instructions that maintain pregnancy, bone density, normal menstruation and other 'acts' of the hormonal dance that occurs in every woman. Natural progesterone also has, even at levels considerably higher than those produced by the human body, remarkably little toxicity.

Yet almost without exception, every contraceptive pill or HRT prescription, be it a pill, patch or injection, contains synthetic progestins (also called progestagens) - altered molecules that are similar to but different from genuine progesterone. They are like keys

that open the lock, but don't fit exactly - consequently generating a wobble in the body's biochemistry. They might be more profitable, but that profit comes at a high price in the form of an increase in the risk of breast cancer.

## Raising the risk of breast cancer

Breast cancer is a major concern for any woman. The average risk of developing breast cancer during one's life is one in ten and its incidence is going up, not down, unlike that for other cancers. Survival, fortunately, is improving.

The first major warning sign of a link between breast cancer and HRT came in 1989. A study by Dr L. Bergkvist and colleagues involving 23,000 Scandinavian women showed that if a woman is on HRT for longer than five years, she doubles her risk of breast cancer. But it also revealed that adding progestins to cut down the womb-cancer risk raised the risk of breast cancer. This was confirmed in a large-scale study, published in the *New England Journal of Medicine* in 1995, which showed that postmenopausal women in their sixties who had been on HRT for five or more years increased their risk of developing breast cancer by 71 per cent.

The longer you were on HRT, the greater the risk. Overall, there was a 32 per cent increased risk among women using oestrogen HRT, and a 41 per cent risk for those using oestrogen combined with synthetic progestin, compared to women who had never used hormones. Another study in 1995, carried out by the Emory University School of Public Health, followed 240,000 women for eight years and found that the risk of ovarian cancer was 72 per cent higher in women given oestrogen.

Evidence continued to accumulate year on year, but the real clincher came with the 'million women' trial in 2003. This trial, published in *The Lancet,* followed a million women aged 50 to 64, half of whom had used HRT. It was found that those who had used oestrogen and progestin HRT doubled their risk of breast cancer.

The conclusion of the paper written by Professor Valerie Beral from the UK Cancer Research Epidemiology Unit at Oxford, who was in charge of this study, was:

> ***'Use of HRT by women aged 50 to 64 years in the UK over the past decade has resulted in an estimated 20,000 extra breast cancers, 15,000 associated with oestrogen-progestagen; the extra deaths cannot yet be reliably estimated.'***

## The Dark History of HRT:

## 1940-1980

In the 1940's, Wyeth pharmaceuticals produced what they described as a 'natural' oestrogen replacement called Premarin, extracted from (pre)gnant (ma)res' *u(rine)*.

In the 1950's, oestrogen replacement therapy was being prescribed to women as an aid to easy and successful pregnancy and to help with 'women's problems' on the flimsiest of medical evidence. Millions of women, particularly in North America, were

prescribed DES, one of the first synthesised oestrogens. Although it was originally given as a contraceptive, it was eventually given as a 'miracle cure' for any female reproductive problem, even prophylactically to prevent miscarriage.

In the 1960's, sensing a billion-dollar market, pharmaceutical companies developed the argument that the menopause was a medical condition. HRT could, they suggested, relieve the adverse effects of menopause and return women to their younger sexual selves by resolving oestrogen imbalances, which occur naturally in women at menopause and also occur in women following surgical removal of their ovaries.

In the 1970's it became apparent that the use by menopausal women of HRT increased their chance of endometrial cancer. One study found that women using the treatment for seven years or more had a 14-fold increase in the incidence of this cancer. The drug companies' answer to this 'problem' was to add progestin to oestrogen in replacement therapy in the hope that this would suppress the action of the oestrogen. There was also a drive by some doctors and some pharmaceutical companies to get women to have their uteruses removed so that they could continue to take 'safe' oestrogen. In 1977, Drs McDonald, Annegers and O'Fallon reported the growing incidence of endometrial cancer in relation to exogenous oestrogen. Their paper cited long-term therapy with estrogens for menopausal symptoms as the usual history in such cases.

In the 1980's, there was a flow of studies linking hormone replacement therapy to a variety of conditions, the evidence for which became undeniable in the 1990's. Doctors also began to find a rare vaginal cancer in young women whose mothers had taken DES - a synthetic form of oestrogen. After a series of costly court cases, DES was taken off the market. Later research showed not only that the mothers who had taken DES had a slightly increased risk of breast cancer? But that thousands of 'DES sons' and 'DES daughters' had cancers and malformations of the genitals.

Also in the 1980's, a series of studies showed that synthetic human hormones, introduced into women's bodies as contraceptives or as hormone replacement therapies, even as anti-cancer drugs, had the capability to produce cancer, thrombosis and cardiovascular problems. The fact that HRT could cause cancer had been known by manufacturers since the 1950's in any case. A British study published in the *British journal* of *Obstetrics and Gynaecology* in 1987, which followed 4,544 women for an average of five and a half years, showed that breast cancer risk was one and a half times greater in HRT users, while the risk of endometrial cancer nearly trebled. In 1989 a study in the *New England journal* of *Medicine* showed that taking HRT for longer than five years doubles risk of breast cancer.

The following background is taken from Martin Walker's book *HRT - Licensed* to *Kill and Maim: The Unheard Voices* of *Women Damaged by Hormone Replacement Therapy* (see page 400 for further details).

Here's what happened in the 1990's:

- **1995 HRT for five plus years increases breast cancer risk by 71 per cent. *New England journal* of *Medicine.***
- **1995 Ovarian cancer risk is 72 per cent higher on oestrogen HRT. *American journal* of *Epidemiology.***
- **1997 Oxford University review of all research up to 1997 concludes 'HRT raises the risk of breast cancer by 25 per cent'.**
- **2002 Combined oestrogen and progestin HRT for five years increases risk of invasive breast cancer by 26 per cent, strokes by 41 per cent and heart disease by 22 per cent. *Journal of the American Medical Association.***
- **2003 Combined oestrogen and progestin HRT for five years doubles the risk of breast cancer. *The Lancet.***

- **2004 Combined oestrogen and progestin HRT doubles the risk of developing blood clots (venous thrombosis).** ***Journal of the American Medical Association.***

# Still limping on

It was the death knell for HRT. Sales plummeted by almost a third from more than £30 million a year as the government advised doctors to review the medication on a case-by-case basis - and sales have continued to drop as more and more press reports confirm associated risks.

Despite initial press coverage suggesting that HRT might reduce cardiovascular disease, for instance, the evidence now clearly shows that it doubles the risk of thrombosis, moderately increases the risk of strokes, and slightly increases the risk of cardiovascular disease although not all studies have shown this.

You'd think all this negative science would finish off HRT. But to this day, a rearguard action is still being fought to mitigate the damage of this highly profitable medicine that has clearly killed thousands of women prematurely. In his excellent book *HRT - Licensed to Kill and Maim: The Unheard Voices of Women Damaged by HRT,* the investigative writer Martin Walker states:

> '***One thing that could be seen with certainty following the publications of these critical studies was that, in the main, pharmaceutical loyal doctors used science to defend themselves only when it suited them. When science threatened the financial base of the pharmaceutical industry they suddenly cease to believe and put everything down to personal choice.'***

Over the period that the critical studies were published, all the research scientists, Department of Health officials, FDA staff, drug companies' representatives and general practitioners played the 'risk game'. They washed their hands of responsibility and suggested that it was patients who determined what happened, who 'make up their own minds', once they had been told all the facts by their physician.

Some medical experts did make plain statements about the catastrophe which science had begun to structure. In Germany, Professor Bruno Muller-Oerlinghausen, chairman of the German Commission on the Safety of Medicine, compared HRT to thalidomide, saying that it had been a 'national and international tragedy.' By March 2004, even WHO officials were making clear statements, distancing themselves from the treatment. On March 5th at a conference in Sydney, Australia, the co-ordinator of the World Health Organization said that hormone replacement therapy was 'not good for women', Alexandre Kalache said that science sometimes makes big mistakes and it had done so with HRT. Professor Jay Olshansky, a public health professor at the University of Illinois, said 'scientists now suggest that in most cases HRT should not be used. It's harmful for some and of no use to others.'

Even when the full truth is out about the number of premature deaths caused by different forms of HRT, there are still questions to be answered. These questions go to the very heart of the relationship between pharmaceutical companies and doctors, the prescription of pharmaceutical medicines in a socialised health-care system and even the very nature of science and its links with medicine.

# Does it work at all?

For a moment, let's put aside the considerable risks for cancer and circulatory disease laid on women who take HRT. And let's ignore the horrendous side effects that some women on HRT experience, which can include heavy or irregular bleeding if taken before the cessation of periods, water retention, weight gain, PMS-type symptoms and nausea.

Aside from these, just how effective is HRT as a treatment for menopausal symptoms, which is the main reason women choose to use it?

Hot flushes and night sweats are often cited by women as the worst of the menopausal symptoms. As a meta-analysis published in 2004 shows, there have been 24 good-quality trials of HRT for symptom relief, involving over 3,000 women, and they show that it comes up trumps. HRT reduces hot flushes or night sweats by 74 per cent compared to placebos, although quite a few on HRT in these trials dropped out because of side effects. Placebos themselves were also quite effective, reducing reports of hot flushes or night sweats by 50 per cent, showing how important placebo-controlled trials are in this area.

"When we look at the evidence for the effectiveness of HRT in preventing osteoporosis, however, it's a much less impressive record. In the Women's Health Initiative, a large trial involving over 16,000 women in the US on HRT for five years, researchers reported in 2002 that there was a small decreased risk of hip fracture. One study involving 670 women, of whom nearly a third were taking HRT, found that bone mass was only preserved in those who had been on it for seven years or more. But even when you take it for that long, bone mineral density rapidly declines once you stop taking it.

Younger women who use short-term HRT will probably gain little or no protection against fracture beyond the age of 70, according to a study from 1993. At 75, the women's bone mineral density was found to be only just over 3 per cent higher than that of women that had never taken HRT. So, unless you are prepared to take HRT for life, it is unlikely to protect you against osteoporosis - and the longer you take it, the greater your risk of developing breast and womb cancer.

If you don't have menopausal symptoms, don't go there. That's the conclusion of a 2004 review assessing the benefits versus the harms of HRT in the *British Medical Journal*. It concludes:

> ***'HRT for primary prevention of chronic diseases in women without menopausal symptoms is unjustified. Women free of menopausal symptoms showed a net harm from HRT use! If you are concerned about osteoporosis, research is showing that changes in diet and exercise are a lot more effective, and certainly safer, than HRT.'***

# The natural alternatives

Fortunately, you can balance your hormones naturally. The main way is through lifestyle changes and specific foods, nutrients and herbs, which can lessen the severity of menopausal symptoms, and improve bone health safely and effectively. We'll look at

those in a moment. But if you'd still like to go down the hormonal route, there is natural progesterone a safe and effective alternative to HRT.

## Natural progesterone ~ a safer way with hormones

If you still want to use a hormonal approach, 'natural' progesterone looks like a far better bet. A skin cream that must be prescribed by your doctor, natural progesterone is identical to the progesterone molecule your body produces. In France there is a prescribed progesterone pill called Uterogestan. Although this body-identical progesterone can be synthesised in a laboratory from diosgenein, which is found in wild yams, it is quite different from wild yam extract, which does not contain progesterone and is not effective - as was found in 2001 - against hot flushes.

Progesterone is given in amounts equivalent to that normally produced by a woman who is ovulating (between 20 and 40mg a day) and, unlike oestrogen or synthetic progestins, it has no known cancer risk - in fact, as the late Dr John Lee discovered over a decade ago, quite the Opposite.

Since the body can make oestrogen hormones from progesterone, as well as the adrenal hormones and testosterone, which is important for sex drive, a natural progesterone patch is more likely to prevent oestrogen dominance while maintaining your libido. It's also good for the other menopausal symptoms. In one double-blind trial from 1999, some 83 per cent of women on progesterone found that it significantly relieved or completely arrested menopausal symptoms, compared to 19 per cent on the placebo. As effective as HRT without the risks, it also has the pleasant side effect of improving skin condition and reducing wrinkles, according to a study published in 2005. If given with oestradiol, it works better at relieving symptoms compared to oestradiol plus progestins and is better for you.

Dr Lee's website (www.johnleemd.com). gives the full story on the use of natural progesterone, as do his excellent books, *What Your Doctor May Not Tell You About Menopause* and *What Your Doctor May Not Tell You About Breast Cancer* (both, Warner Books).

## Eat your isoflavones

Four trials published in 2003 have shown that the oestrogen-like, plant-derived substances known as isoflavones, found in high concentrations in soy and red clover, approximately halve the incidence and severity of hot flushes. While other studies have not found this effect (at least at a level of statistical significance), they have shown that the higher the isoflavone levels in the urine of the women studied, the lower the incidence of hot flushes. This suggests that a high intake of isoflavones from diet or supplements is likely to help reduce hot flushes in some women, but not all, and not to the same extent as HRT.

However, unlike conventional HRT, isoflavones have also been shown to protect against cancer. For example, we know that Asians who consume a diet rich in phyto-

oestrogens have much lower rates of breast, prostate and colon cancer than we do in the UK, elsewhere in Europe or the US. A 2003 review of the evidence by the Committee on Toxicology (COT), part of the UK's Food Standards Agency, also indicated that phyto-oestrogens may protect against breast cancer. According to the draft report of the COT Working Group on Phyto-oestrogens, 'Most epidemiological studies ... have reported an inverse association between soy consumption and breast cancer. In other words, the majority of research into the effects of one of the richest sources of phytooestrogens, soya beans or their products such as tofu, shows they reduce the incidence of breast cancer.'

Nor are men left out of this equation. An American study from 1998 involving more than1 12,000 men showed that frequent consumption (more than once a day) of soya milk was associated with a 70 per cent reduction in prostate cancer risk.

Our advice is to eat some tofu, beans or chickpeas every day. You probably need the equivalent of 50g a day for an effect. An ideal intake is equivalent to a 340ml serving of soya milk or a 113g serving of tofu.

Isoflavone supplements, either soya or red clover, are an alternative, although we favour food as the best source. The effective amount is the equivalent of 80mg of isoflavones a day, as instructed on the supplements. Isoflavones take time to work, so try these for a couple of months.

## Blood-sugar balance and vitamins

Research at the University of Texas at Austin, published in 2003, has proven what nutritionists have known all along. If you have dysglycemia - which means your blood-sugar level goes up and down like a yo-yo - you are much more likely to experience fatigue, irritability, depression and hot flushes. Specifically, the research found that when you have a blood-sugar low this can trigger a hot flush. By keeping your blood-sugar level even through 'grazing' rather than gorging, and by choosing low-GL foods, you can considerably reduce the number of hot flushes you have. The advice here is no different to that for preventing diabetes - eat a low-GL diet.

According to a 2003 study, other nutrients that may help during the menopause are vitamin C, vitamin E and essential fats (both omega-3 and omega-6). Choose a vitamin C supplement that contains berry extracts rich in bioflavonoids, as there's some evidence that these help, too. Vitamin E has been reported to help alleviate vaginal dryness.

B vitamins may also play an important role in preventing symptoms, including osteoporosis. Two surveys from 2004 found a doubling to quadrupling in the incidence of fractures in people with high blood levels of the amino acid homocysteine. As B vitamins lower levels of homocysteine, supplementing B6, B12 and folic acid, plus TMG, could be a good idea.

## Beyond Calcium – Bone Friendly Minerals

The story sounds good. Your bones are made of calcium, so the more calcium you have, the stronger your bones. However, research has shown mixed results from supplementing calcium. Similarly, some trials have found an increased - not decreased - risk of fractures in people with a high milk intake.

Vitamin D is also needed for your body to utilise calcium, and a meta-analysis of five trials involving patients with corticosteroidinduced bone mass loss showed that this combination of nutrients was effective. However, not all trials have tallied with this finding. A recent one involving more than 3,000 women at risk for osteoporosis found no protective effect from giving 1,000mg of calcium plus 800iu of vitamin D (as cholecalciferol).

Another, published in the *New England journal* of *Medicine* in 2006, found a mild improvement in bone mass density, but no significant reduction of risk for hip fracture from 1,000mg of calcium and 400iu of vitamin D. Personally, we still recommend that you supplement calcium (500mg) and vitamin D (400iu). But we'd do so by taking a bone-friendly formula that also provides magnesium (250mg), silica (30mg) and boron (1 mg) - all of which are needed for good bone health.

## Going for helpful herbs

The most promising of the herbs used to treat the symptoms of menopause is black cohosh, which can help reduce hot flushes, sweating, insomnia and anxiety. Three double-blind trials have been published. One showed no effect, the other was beneficial and the third showed reduced sweating but no reduction in the number of hot flushes. Also encouraging is new research that seems to indicate black cohosh neither increases cancer risk nor is anti-oestrogenic. It also helps relieve depression by raising serotonin levels. Even so, we'd recommend that you take black cohosh three months on, one month off, and avoid it if you are taking liver-toxic drugs or have a damaged liver. Take 50mg twice a day.

The other 'hot' herb for hot flushes is dong quai, whose scientific name is *Angelica sinensis*. In one placebo-controlled study from 2003, 55 postmenopausal women who were given dong quai and chamomile instead of HRT had an 80 per cent reduction in hot flushes. These results became apparent after one month. An earlier study didn't find this effect, however. If you want to try dong quai, which doesn't appear to have oestrogenic or cancer-promoting properties, we recommend 600mg a day for relief from hot flushes.

St John's wort, a herb renowned for its anti-depressant effects, has been demonstrated to relieve other menopausal symptoms, including headaches, palpitations, lack of concentration and decreased libido. In fact, a German study found that 80 per cent of women felt their symptoms had gone or substantially improved at the end of 12 weeks. The combination of black cohosh and St John's wort (300mg a day) can be particularly effective for women who are experiencing menopauserelated depression, irritability and fatigue.

## Side Effects

There are no known serious adverse effects from black cohosh. Dong quai may thin the blood and is therefore contraindicated for women on the drug warfarin. St John's wort, at this dosage, has no reported serious adverse effects, but be aware that it is best to consult your doctor if you are on an anti-depressant.

# Herbs for Premenopausal Hormonal Health

Another popular herb, Chasteberry, or *Vitex agnus-castus,* while less helpful for menopausal symptoms, is proving very helpful for menstrual irregularities, PMS, and especially for the symptoms of breast tenderness. It has been used for at least 2,000 years by the Egyptians, Greeks and Romans. Chasteberry's therapeutic powers, proven in a series of double-blind trials in 2005, are attributed to its indirect effects on decreasing oestrogen levels while increasing progesterone and prolactin. Raised prolactin is known to lower oestrogen levels. In most trials, 4mg a day of a standardised extract (containing six per cent agnusides - one of the active ingredients) was used.

## Exercise ~ and take a deep breath

Both regular exercise and learning how to breathe deeply have proven benefits for menopausal symptoms. According to a 2003 study conducted at Lund University in Sweden, if you stay active, you can reduce the impact of menopausal symptoms. Researchers interviewed nearly 4,500 women 58 to 68 years old about their sociodemographic, lifestyle and current health conditions. They found that women who did more vigorous physical exercise were less likely to suffer from hot flushes. Exercise also has profound effects on keeping your bones strong and protecting you from osteoporosis.

## Get Moving on the Menopause

The two main forms of exercise that boost the health of your bones and increase bone mass are weight-bearing exercise and resistance exercise. Note that the recommendations here are for both younger people and women in the menopause, as prevention is vital.

**A weight-bearing exercise** is one where bones and muscles work against the force of gravity. This is any exercise in which your feet and legs carry your weight. Examples are walking, jogging, dancing and climbing stairs.

**Resistance exercise** involves moving your body weight or objects to create resistance. This type of exercise uses the body areas individually, which also strengthens the bone in that particular area.

### For women before the menopause

You can either do all the following suggestions or a combination of them based on your level of fitness:

- Jumping or skipping on the spot (50 jumps daily)
- Jogging or walking for 30 minutes (five to seven days per week)
- Resistance weight training (two to three days per week)
- High impact circuit or aerobic style class (one to two times per week).

### For postmenopausal women (and men over 50)

You can either do all of the following suggestions or a combination of them based on your level of fitness:

- Weight training (one set of eight to 12 repetitions using maximum effort. If 12 can be reached on a regular basis then the weight is slightly too light)
- Jogging/walking for ten to 20 minutes (five to seven days per week) Stair climbing (ten flights of ten steps per day)
- Exercise classes such as yoga or aqua aerobics (one to two per week).

## Breathing from the belly

The basic principle of all breathing exercises is to use your diaphragm, rather than the top of your chest as we tend to do when we are anxious or stressed. If you're unsure where the diaphragm is, it's the dome-shaped muscle at the bottom of the lungs. Three trials have shown that this type of breathing can reduce the frequency of hot flushes by about 50 per cent.

Breathing in this way works best at the start of a hot flush.

Breathing from the diaphragm is part of many health systems such as yoga and the martial arts. While you can try any of these recommendations individually, a combination of all these herbs, nutrients, diet and lifestyle suggestions will yield the best results.

## Food or drugs? The verdict

Conventional HRT does relieve hot flushes in many women, although only as long as you take it, but are the long-term risks of HRT worth it? Many women think not. Natural progesterone, although under-researched, seems to help many women without the associated risks. Backed up with simple diet and lifestyle changes, as well as herbal and dietary supplements, the chances are you'll achieve an equivalent result, but sleep easy for the lack of risk of any problems in the future.

# What works

Eat beans, especially soya products such as tofu or soya milk, or chickpeas, every day. You probably need the equivalent of 50g a day for an effect. An ideal intake is equivalent to a 340g serving of soya milk or a 113g serving of tofu. Alternatively, have an isoflavone supplements, either soya or red clover, providing the equivalent of 80mg of isoflavones a day.

- Balance your blood sugar by eating a low-GL diet and possibly supplementing chromium 200mcg in the morning.
- Take a high-strength multivitamin, with an additional vitamin C supplement (1 to 2g) that also contains berry extracts, and an essential fat capsule with both omega-3 and omega-6.
- Check your homocysteine level. If it's high, supplement additional Bl2, folic acid, B6 and Bl2 accordingly.
- Consider using natural progesterone cream, prescribable by your doctor (see below).
- Try these herbs: black cohosh (50 mg a day) or dong quai (600mg a day) with 300mg St John's wort a day if you're prone to depression, or *Vitex agnus-castus* (4mg a day of a standardised extract).
- Get fit with frequent weight-bearing exercise to minimise your risk of osteoporosis.
- Learn 'belly breathing'.

# Working with your doctor

Your doctor may not be aware of the science behind natural progesterone, and they may not know they can prescribe it. The Natural Progesterone Information Society (NPIS) produce an information pack for doctors, so it is best to go armed with this information. If the combination of natural progesterone and the nutritional and herbal recommendations above don't solve your symptoms, then there may be some value in a more balanced oestrogen-based preparation such as Hormonin, provided it is taken with progesterone cream to avoid oestrogen dominance. For vaginal dryness, Ovestin cream can also be helpful.

If your doctor is not up on, or interested in, these more natural approaches, the NPIS can refer you to a doctor who is.