Syllabus

Menopause

Intro

Many of the doctors are not trained in the subject, so in most case you can only rely on yourself and make your research to improve symptoms. You may look for a naturopath, and may one who is also a doctor.

Till just a century ago wome life expectancy was fourty fifty year, they hardly experienced any menopause. But today, with a woman's life expectancy at eighty-four years, it is reasonable to expect that she will not only live thirty to forty years beyond menopause, but be vibrant, sharp, and influential as well. The menopause you will experience is not your mother's (or grandmother's) menopause. Many people will have two different careers over their life span. They'll likely have their first career in their thirties and forties and another in their fifties and early sixties. Many of them had a major peak of creativity beginning at about age fifty and, in many cases, lasting for twenty-five to thirty years.

Menopause is a transition to a higher consciousness level, which happens which everyone. Those who are already prepared emotionally and phisically the transition is easier and with less sympthoms, those who have not made the necessary changes to adjust their life probably will be met with more problems.

A research study showed that more than half of American women between the ages of fifty and sixty-five felt happiest and most fulfilled at this stage of life. It does not mean we stop operating as ladies, it just means that our menstruation shuts down and we are no longer able to bear a child, as these functions can be cumbersome to an elderly body. But many women experience her finest expression of feminity around or after menopause. In other words we have to change our preconception that menopause it is the beginning of the end of our life and rethink it, as it is a transition to a higher quality, more fullfilig area full of wisdom and blessing.

Biologically, at this stage of life you are programmed to withdraw from the outside world for a period of time and revisit your past. You need to be free of the distractions that come when you are focusing your mothering efforts solely on others. Perimenopause is a time when you are meant to mother yourself.

It may be no accident that the word menopause invites the association "pause from men." We don't really need to withdraw from men per se. We need, rather, to put our focus on ourselves instead of spending so much time and effort pleasing them! In truth, you are being urged, biologically, to pause from everyone—from mankind in general—in order to do important work on yourself. As a result of this, one of the most common threads running through women's descriptions of how they feel during the menopausal transition is the longing for time alone, for a refuge that provides peace, quiet, and freedom from distractions and demands.

It's a wistful dream, seemingly out of reach in this busy age of multidirectional tugs-of-war. But those who have the yearning know deep within that their uncomfortable menopausal symptoms would simply dissolve if only they had the luxury of shutting out the world so they could tune in to the growth process occurring within themselves. This wistful dream is real. It comes from your soul. You can trust it and believe in it—and to remain healthy, you must do its bidding.[1]

The bad reputation of the menopause is attributed to the crazymaking effects of the hormonal shifts occurring in a woman's body at this time of transition. What is rarely acknowledged or understood is that as these hormone driven changes affect the brain, they give a woman a sharper eye for inequity and injustice, and a voice that insists on speaking up about them. In other words, they uncover hidden wisdom—and the courage to voice it. As the vision-obscuring veil created by the hormones of reproduction begins to lift, a woman's youthful fire and spirit are often rekindled, together with long-sublimated desires and creative drives. Midlife fuels those drives with a volcanic energy that demands an outlet.

If it does not find an outlet—if the woman remains silent for the sake of keeping the peace at home or work, or if she holds herself back from pursuing her creative urges and desires—the result is equivalent to plugging the vent on a pressure cooker: something has to give. Very often what gives is the woman's health, and the result will be one or more of the "big three" diseases of postmenopausal women: heart disease, depression, and breast cancer. On the other hand, for those who choose to honor the body's

[1] Christiane Northrupe: The wisdom of menopause

wisdom and to express what lies within, it's a good idea to get ready for some boat rocking, which may put longestablished relationships in upheaval. Marriage is not immune to this effect.[2]

Every marriage or partnership, even a very good one, must undergo change in order to keep up with the hormonedriven rewiring of a woman's brain during the years leading up to and including menopause. Not all marriages are able to survive these changes. If this makes you want to hide your head in the sand, it is understandable. But for the sake of being true to yourself and protecting your emotional and physical health in the second half of your life —likely a full forty years or more—then it is ineviatble taking a good hard look at all aspects of your relationship (including some previously untouchable corners of your marriage) may be the only choice that will work in your best interest in the long run, physically, emotionally, and spiritually.

From the standpoint of physical health, for example, there is plenty of evidence to suggest that the increase in lifethreatening illnesses after midlife, which cannot be accounted for by aging alone, is partly rooted in the stresses and unresolved relationship problems. The health of your significant other is also at stake. Remaining in a relationship that was tailor-made for a couple of twentysomethings without making the necessary adjustments for who you both have become at midlife can be just as big a health risk for him as it is for you.

This is not to say that your only options are divorce or heart attack. Rather, in order to bring your relationship into alignment with your rewired brain, you and your significant other must be willing to take the time and spend the energy to resolve old issues and set new ground rules for the years that lie ahead. If you can do this, then your relationship will help you to thrive in the second half of your life. If one or both of you cannot or will not, then both health and happiness may be at risk if you stay together.[3]

The human body can tolerate unresolved hurts without physical harm until about age fifty. After that, if not resolved, this unfinished business forms the basis for physical illness.

One very common physical problem in the years leading up to menopause, for example, is fibroid tumors in the uterus. Forty percent of all perimenopausal women in our culture are diagnosed with one or more fibroid tumors, and many of them will undergo midlife hysterectomies to deal with the problem. Doctors are content to explain that fibroids occur so frequently in women in their forties

[2] Christiane Northrupe: The wisdom of menopause

[3] Christiane Northrupe: The wisdom of menopause

because of changing hormone levels, with too much estrogen being produced compared to progesterone.

Perimenopause

For some women the perimenopause goes almost unnoticed while for others can be like PMS ten times. It depends how a woman lived her life till that point. If she has taken care about her feminity, gave herself enough rest and was on an adequate diet, while lived her life in sync with her cycle, or practiced yoga and meditation at least 5 – 10 years before perimenopause it is likely she will hardly suffer from any symphtoms. While at the other hand if she was always overworked, running on high cortisol, eating a diet rich in animal product and high GI carbs, while drinking alcohol, staying up late at night and enduring a lot of stress then she is destined to have a hard time during this epoca of her life. It will remain so unless and until she is able to implement some changes in those areas of her life that need work. The result may be a tumultuous midlife transition, fraught with her own individual combination of symptoms—from headaches, hot flashes, bloating, and fading libido to mood swings and sleep disturbances.

Given the effect of the continuosly changing hormone levels and blood sugar metabolism, it is clear that any unresolved physical or emotional issues will be magnified and prolonged during this shift. The more emotional baggage, anger or sadness a lady carrying, more physical pain she will experience.

These symptoms are the body's wisdom, pleading yet again that unresolved life issues be attended to. As we were discussing in chapter Menstruation, each period is a progress report about the previous month. How is her physical health and nutrition? How are her emotions? What's happening in her relationships and her career? Is she scheduling pleasure into her daily life on purpose or putting herself last? As an avarege women is blessed with approximatelly 500 reports, these were all opportunities to resolve those issues … or sweep them under the rug. At perimenopause the process escalates. The earnest, straightforward inner self, which has tried for years to get our attention, makes one final hormonally mediated attempt to get us to deal with our accumulated needs, wants, and desires. This is likely to turn into a period of great emotional turmoil, as each woman struggles to make a new life, one that can accommodate her emerging self. Externally and internally, this period is a mirror image of adolescence, a time when our bodies and brains were also going through major hormonal shifts that gave us the energy to attempt to individuate from our families and become the person we were meant to be. At menopause we pick up where we left off in adolescence. It is now time to finish the job.

It should be no surprise, then, that research has documented that those women who experience uncomfortable—even severe—symptoms of PMS are often the same women who have a tumultuous perimenopause, with physical and emotional symptoms that become increasingly impossible to ignore. [4]

Perimenopause and hormone level

The main thing to keep in mind about perimenopause is that it's a completely normal process, not a disease to be treated. But in order for her body to continue producing levels of hormones adequate to support health, a woman must be optimally healthy going in—physically, emotionally, spiritually, and situationally. In other words, her future wellbeing depends not only on the health of her physical body, but also on her nonphysical support system, both of which are a reflection of how she cares for herself today and how she has lived up to this point. Because perimenopause occurs at the midpoint of our lives, it is a very good time to take stock and make sure that we are doing everything possible to restore or build our health.

Despite with all the hassle on media with supplemental hormones, many women dont need to take hormones at all. We forget that our body is fully equipped to produce all the hormones we need even after menopause. The ovaries only slows down, but still produce some hormones, as well as the liver, adrenals, peripherial nerves, skin and the brain. But whether or not adequate production occurs depends on what else is going on in a woman's life.

What is important that inactive hormones gets activated with the help of the liver. If your liver is damaged or sluggish, there may no will be enough active hormone available in your body. Bad news that after 40 almost all of us has liver issues. Good news that liver is an easily regenerated organ, not like the kidney. Good quality of milk thistle products, loads of raw veggies and green turmixes all can go a long way to rejuvenate your liver.

Another important thing to bear in mind that sex hormones (estrogen, progesterone, and the androgens) are manufactured from the same ubiquitous precursor molecule—cholesterol. We need to take adequate level of essential fatty acids daily to cater this need.

In addition, our bodies also have the ability to convert one type of sex hormone into another. So, for example, estrogen can be converted into testosterone, and progesterone can be converted into estrogen. Whether or not these conversions actually take place depends upon our body's minute-to-minute needs, our emotional state, our nutritional state, and so on.

[4] Christiane Northrupe: The wisdom of menopause

Given the nature of our current culture, with its overaccelerating pace of life, about 75 percent of perimenopausal women have symptoms of menopause that are uncomfortable enough to cause them to seek relief, whether through supplemental hormones, dietary change, exercise, or alternative therapies. If a woman finds that she needs supplemental hormones in order to reestablish a physical and emotional comfort zone, this should not be seen as a personal failure. Rather, it is a wake-up call and an opportunity to implement much-needed change. At the same time she would also be wise to pay attention to the messages her body is sending. It is asking for more than just a prescription or a supplement.

The healthy body is equipped to produce all the hormones a woman needs throughout her life. This natural ability can be supported or thwarted, depending on lifestyle patterns and the state of a woman's health— physically, emotionally, spiritually, and situationally.

The bottom line is this: before you take something to relieve menopausal symptoms, acknowledge and listen to your body's inner wisdom in creating those outward symptoms. They are uniquely yours. How your hormones behave during perimenopause and how your body and mind respond to hormonal changes is as personalized as your fingerprints.

From about 35, but many times at earler age the progesteron level starts decline, which in many women cause a realtive estrogen dominance as these two hormones counterbalance each other and estrogen level goes unopposed. Progesteron can drop due to adrenal fatigue, excess stress, or skipping ovulation. Estrogen excess is also exacerbated by high insulin and stress hormones. Unfortunately, however, there's a great deal of overlap in the symptoms of various hormone imbalances, and it's not uncommon for a woman experiencing symptoms of estrogen or stress hormone excess to be given a prescription for more estrogen or even antidepressants. Not surprisingly, her mild symptoms can worsen as a result. When premenopause kicks in estrogen level is radically changing sometimes hour by hour. The estrogen highs occur because the ovaries have begun to allow entire groups of follicles to grow and mature during successive menstrual cycles, instead of only one at a time, as though attempting to hurriedly "spend" those remaining eggs. (This is the reason why the incidence of twin pregnancies increases with age.) The progesterone decline occurs because fewer and fewer of those maturing eggs actually complete the entire ovulation process. Levels of the hormones FSH and LH, which the pituitary gland in the brain normally releases in precisely metered amounts to stimulate controlled follicular growth and ovulation, become erratic as our ovaries start to skip ovulations. Closer to menopause, hormonal levels start to stabilize. FSH and LH levels smooth out and climb to their new, higher cruising altitude, where they stay for the rest of our lives.

Symptoms of decreased progesterone and estrogen dominance

- Decreased sex drive
- Irregular or otherwise abnormal periods (most often, excessive vaginal bleeding)
- Bloating (water retention)
- Breast swelling and tenderness
- Mood swings (most often irritability and depression)
- Weight gain (particularly around the abdomen and hips)
- Cold hands and feet
- Headaches, especially premenstrually

Symptoms

In the months or years leading up to menopause (perimenopause), you might experience these signs and symptoms:

Weight gain as the metabolism slows down, combined with adrenal fatigue and thyroid may not working properly.

Common diets: Keto, Plant based diet, intermittent faster (8 hour eating 16 hours fast), Paleo, Weight watchers

You should find which diet suits you best. May giving up sugar, bread and starches, pork and cheese. No sugar, no carbohydrates, ice cream, cheese, meat (only fish).

As we age we loose muscle mass quicker. Muscles are important as they burn calories quicker.

Some of the exercise which is working for you: walking, running, yoga, pilates, Hiit, weight training.

Hair gets thiner and we start to loose hair. Bioten sumplement, Collagen, Herbal oils, Jojoba oil, Nutrafol

Hot flashes and mood swings

Besides hormonal changes other external factors also can influence the severeness and and duration of hot flashes.

Diet high in sugar, animal product and refined carbohydrates such as those found in fruit juices, cakes, cookies, candy, white bread, wine and beer, and so on. Coffee—even decaf—also triggers them in some women. Excess weight and cigarette smoking have been identified as other risk factors.

Yam root 2 pills daily Zein Pharma, Swanson, One ways, DHEA 10 – 25 mg daily or progesteron cream as well as estrogen therapy can be effective. Each women react differently for this mild solution, you should investigate which method suits you the best, before trying and HRT.

Another option may be meditation and relaxation techniques, such as slow, deep, abdominal breathing started when each flash begins. Studies show meditation can cool hot flashes in 90 percent of women, without any hormonal therapy at all. This is because meditation lowers stress hormone levels.

Many women also find relief when they improve their diets. Soy foods (a total of 45–160 mg of soy isoflavones per day) provide relief, as do many herbs, such as black cohosh, dong quai, yam, chasteberry, maca, sage, milk thistle, ground flax seed, Omega 3, CBD oil, Fenugreek, Brisdelle 7, 5 mg, Evening primrose oil or Pueraria mirifica. Iodine can also reduce hot flashes and heavy bleeding. Acupuncture can also be very effective.

Mood swings Insomnia Fuzzy thinking

The difference between the postpartum period and perimenopause is that during perimenopause you're giving birth to yourself. It often feels as though the logical side of the brain goes to sleep for a while as a way to force us to become more intuitive and more in tune with our emotions and inner wisdom. Herbs such as ginkgo, valerian and St. John's wort can help keep your mind clear. So can following a diet that keeps blood sugar stable. Some women find that soy isoflavones or hormones such as progesterone, DHEA or estrogen are also helpful. The main thing to remember is that you're not getting Alzheimer's. You're just rewiring your brain for a whole new way of thinking.

Heart Palpitations

"It's like all of a sudden I'm aware of my heartbeat, whereas before my heart just did its job without me noticing it." Like hot flashes, palpitations can range from mild to severe. They are rarely dangerous, though they can sometimes be very frightening. They are the result of imbalances between the sympathetic and parasympathetic nervous systems triggered by stress hormones and are often related to fear and anxiety. If they persist, see your doctor.

Migraine Headaches

Many ladies suffer from so called menstrual migrane around period and in perimenopause and menopause due to the rapidly changing hormone level. Progesteron capsules and cream can be a remedy. Acupuncture and herbs (e.g., feverfew) also often help migraines.

Breast pain

Many women have tender breasts just before their periods. (More on it in chapter I. and VI.) This is often because of iodine deficiency or estrogen dominance. To remain healthy, the breasts require as much as 6 mg of iodine per day. During perimenopause, you may notice that your breasts feel tender or swollen much more often. Relief can often be achieved by following a hormone-balancing diet, ensuring an adequate intake of B vitamins, making sure you get enough omega-3 fats such as EPA and DHA (1,000 to 2,000 mg once or twice daily), stopping caffeine, and using progesterone products.

Irregular or Erratic Periods – Fibroids

Around menopause more than 50 % of the ladies develop beningn fibroids, which usually shrinks after menopause, however it can be large and can cause heavy bleeding depending upon their position in the pelvis. Their growth is stimulated by estrogen, extra fat, low progesteron and iodine deficiency. They do not usually require surgery or other treatment, especially if they don't produce symptoms. Small ones can be removed through lap-aroscopic surgery or sometimes by surgical removal through the vagina. Weight loss, yoga, accupuncture, herbs, dietary change, and natural progesterone are all effective alternatives in many cases.

Heavy Bleeding

Many women develop heavy and irregular bleeding in the years before menopause because estrogen dominance causes the lining of the uterus to overgrow. Stress of all kinds—whether emotional, dietary, or physical (including not getting enough sleep) —can make this worse. Instead of the normal monthly buildup and shedding of the uterine lining, too much endometrial tissue builds up and then breaks down in a disordered way that results in spotting or irregular heavy bleeding.

For betterment first you should ask yourself whether you are leaking your life's blood into any dead-end job or relationship that doesn't fully meet your needs. Are you giving more than you are receiving in return? Is someone or something draining your energy by being a kind of Dracula? Take some time alone, sit right down on the earth, and pray for guidance and a boost of energy for yourself.

Among physical causes can be fibroids that may impede the normal uterine contracctions, or adenomyosis or endometriosis. Since both fibroids and adenomyosis are associated with excess estrogen, minimal progesterone, too much prostaglandin F2-alpha, and frequently too much insulin, hormonal and physical factors are often present at the same time.

As a treatment you may follow hormon favorable diet, take iodine to control estrogen and reduce inflammation. You may go for a physical check up (Pap smear, STD, HPV etc.) to rule out more serious

condition. Take a nonsteroidal antiinflammatory drug, such as ibuprofen (Motrin, Advil) daily starting one to two days before your period, and continue it regularly through your heaviest days. Use the lowest dose that gives you results. The NSAIDs have definitely been shown to decrease menstrual blood loss because of their ability to interrupt excess prostaglandin F2-alpha.

Loss of Sexual Desire

Many ladies experience lower sex drive after 40 years and around menopause. There is nothing about a normal menopausal transition that lowers sex drive. Reasons can be adrenal exhaustion, fatigue, vitamin deficiencies, low sex hormones. But many women experience decreased libido as their attention turns inward toward themselves. Still, a healthy woman experiencing loss of sex drive should have her hormones checked. Supplementation with DHEA will sometimes restore libido to normal levels. For some women, libido problems are related to lack of estrogen or thinning of the vaginal tissue. Women who've undergone removal of their ovaries surgically, or whose ovarian function has been compromised by illness, chemotherapy, or radiation, have lost a major source of their normal hormone production. A variety of safe alternatives, such as high-dose soy isoflavones, pelvic floor strenghtening, Aviva, progesteron and estrogen cream, can often help in situations such as these.

Vaginal Dryness and/or Painful Intercourse

The lining of the outer one-third of the urethra and the lining of the vagina are estrogen-sensitive. Symptoms may arise from a lack of estrogen, as well as from decreases in muscle tone and subsequent blood supply in the urogenital area. For many women, the first sign of perimenopause is a decrease in normal vaginal discharge. This is a direct result of decreasing estrogen levels. Some may need to use a vaginal lubricant during intercourse because arousal and full lubrication take longer. Pelvic floor strenghtening, Aviva, estrogen cream, vitamin E suppositories, systemic estrogen therapy, or increasing intake of phytoestrogens such as soy can be very helpful.

Sleeping problem: Mg, Black cherry juice, Melatonin, Valerian

Fatigue: Mg, B complex (Highland), Resting

Supplements: D vitamin, Omega 3, Collagen, Primose oil, B complex, Glucosamin, Progesterone,

Urogenital symptoms

The health of the vaginal lining and urethral tissues is highly influenced by the hormonal milieu in our bodies. Women may seek relief from stress incontinence (they leak urine when coughing, sneezing, laughing, or lifting heavy objects), urge incontinence (they have difficulty making it to the bathroom without leaking), recurrent vaginal yeast infections, vaginal dryness and/or discomfort during intercourse, recurrent bladder infections, or urinary frequency (they need to urinate more than eight times during the day, or one or more times during the night). Taking estrogen (by mouth or applied locally) and/or androgen hormones (by mouth or applied as a skin patch or as a cream formulated for vaginal application) helps maintain healthy vaginal and urethral tissue, even when relatively small doses are used. As little as 1 to 2 mg of natural testosterone in a cream base, applied to the vagina two to three times per week, for example, is often all that is necessary. And sometimes the phytoestrogens found in herbs, soy, or flaxseed can restore vaginal tissue to its premenopausal moistness and resilience. Kegel exercises can also increase blood flow to the area and help with stress incontinence. Some studies from the late 1990s found that systemic oral conventional hormone therapy actually increases the risk of urinary incontinence for reasons that aren't at all clear.
What is clear is that urinary problems often clear up on their own with no treatment at all.[5]

Skin

The collagen layer of our skin becomes thinner as our hormone levels fall. A wide variety of highly effective skin treatments is now available that help build collagen, resurface the skin, and prevent wrinkles. Systemic or topical hormones, foods rich in phytoestrogens, such as soy and antioxidant supplements such as vitamin C, fisetin, vitamin E, glutathione, and proanthocyanidins (from grape seeds or pine bark) also help build collagen and rejuvenate the skin.

Bone loss and joint rigidity

So when a woman turns forty and her hormonal levels begin to shift, her bone density may already be compromised. When estrogen, progesterone, and androgen levels start to shift, the collagen matrix that forms the foundation of healthy bone may start to weaken, especially when a woman's nutrition and exercise regimens are lacking. You can maintain the collagen matrix in your bones and also help rebuild healthy bone in a variety of ways, which include getting adequate phytohormones from foods such as soy, taking herbs, pueraria mirifica, using bioidentical hormone therapy, cutting down on animal product, cut back on coffe and alcohol and doing weightbearing exercise. Make sure your daily supplemet program includes Magnesium 400mg, Calcium 500–1,200 mg Vitamin D3, K2 2,000–5,000

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IUVitamin C 1,000–5,000 mg Boron 2–9 mg Zinc 6–50 mg Manganese 1–15 mg Copper 1–2 mg Vitamin K2 0–140 mcg.

When you experience any problem with the joints you should start with liver and kidney cleansing. Supplements as glucosamine sulfate 1000 mg twice daily, healthy oils to lubricate the joints like flaxseed oil or nigella sativa morning one two tablespoon with hot water, turmeric in the evening to clean the joints and the liver all are beneficial if you implementing them in a long term.

Psichology of Menopause

Brain Rewiring

Due to hormonal changes as a woman enters menopause, she steps out of the primarily childbearing, caretaking role that was hormonally scripted for her. This is not to say that the postmenopausal woman is no longer an effective nurturer. Rather, she becomes freer to choose where she will direct her creative energies. Many of the issues that had become blurry to her when the hormones of puberty kicked in may suddenly resurface with vivid clarity as those hormones recede. This is why so many midlife women recall and decide to confront and resolve past abuses. The concern with social injustices, the political interests, and the personal passions that were sublimated in the childbearing years now surface in sharp focus, ready to be examined and acted upon. Some women funnel this heightened energy into new businesses and new careers. Some discover and cultivate artistic talents they never knew they had. However they channel it, there's a wonderful sense of living from the inside out![6]

Embracing The Message Behind Our Menopausal Anger

It is very common for women to become more irritable, even downright angry, about things that were more easily overlooked before. Long before we begin to feel hot flashes from changing hormonal levels, our brains undergo changes in the hypothalamus, the place where GnRH is produced. This same brain region is key for experiencing, and ultimately expressing, emotions such as anger. It is well known that hormones modulate both aggression and anger. Our midlife bodies and brains fully support our ability to experience and express anger with a clarity not possible prior to midlife.

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Changing levels of hormones may also help to bring up old memories, accompanied by strong emotions, especially anger. This is not to say that anger is caused by hormonal change. Rather, it means that the hormonal changes simply facilitate remembering and clearing up unfinished business. Many women are disturbed or frightened when they feel this anger arising.

If we look to hormone replacement therapy for relief without addressing the underlying issues, then even appropriate doses of hormones may not help much. The women who are most vulnerable to the effects of hormonal swings and have the most difficulty finding relief from hormone replacement regimens and other medication are those who have had problems with mood during menarche, postpartum, and during perimenopause. If the emotional issues in their lives are not attended to, if their midlife losses are not fully grieved and released (if, in other words, they don't listen to the need fueling their anger and take action), they may end up with full-blown depression— which is sometimes described as anger turned inward.

Depression, in turn, is a very well-documented independent risk factor for heart disease, cancer, and osteoporosis. Emotional turmoil affects the brain and all its functions. Continuing in the same upsetting situation virtually guarantees that a woman's hormones will stay unbalanced. The longer she allows negative situations to persist, the more out of whack her hormones will become, and the more physically uncomfortable she will feel. A prescription for estrogen may stop this cycle temporarily, but the body will eventually demand that its message be heard.[7]

How Menopausal Emotions Affect Our Health

Imbalances between the sympathetic and parasympathetic nervous systems, combined with the changing hormonal milieu of menopause, can increase our body's susceptibility to symptoms or disease. The thymus (which creates your immune system's T cells), the lymph nodes (which create your immune system's B cells), and the bone marrow (which creates your red and white blood cells) are all innervated by the autonomic nervous system. Therefore, each area that creates immune system cells has both a gas pedal (sympathetic tone) and a brake pedal (parasympathetic tone).

Why is this important? Because it is via this system that your body records and processes your emotions and the hormones and neurochemicals they promote. As I've noted, if you have a backlog of unprocessed emotions from past trauma or unmet needs, they are going to surface around the time of menopause. As a result, your susceptibility to illness may increase. Over time, if the fear-driven fight-orflight response is triggered again and again, you may fall victim to diabetes, hypertension, or possibly even an autoimmune disease such as lupus or rheumatoid arthritis. Where you are affected will be

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determined by the weakest link in your body, the place where your genetic structure plus your childhood programing and beliefs have made you most vulnerable.

The bottom line is that whatever goes on in your mind has well-documented effects on every cell in your body via either parasympathetic or sympathetic nervous system activity. Every thought and every perception you have change the homeostasis of your body. Will it be the brakes or the accelerator, a health account deposit or a health account withdrawal? This, in a nutshell, is how your autonomic nervous system translates how you view your world into the state of your health.

First of all, there is nothing to be gained by categorizing emotions as "good" or "bad." Instead, think of them as guidance. The emotions that feel good are guiding you toward health, while the ones that feel bad are trying to get your attention so that you can change either your perception or your behavior. It truly is as simple as that. Emotions can also become toxic if they are allowed to persist unresolved, rather than being worked through fully and released.

The ill health and pain you may experience at midlife are caused not by difficult emotions per se, but rather by a willingness to let those emotions and the needs behind them persist unresolved—or by a misperception of what they mean in your life. Unresolved, "stuck" emotions keep setting up the same body biochemistry over and over again.

The effect of negative emotions on our bodies can be likened to water in a river. Our bodies stay clean and fresh as long as our emotions keep flowing, triggering changes in our perception and behavior. The minute that water stagnates, all manner of decay and germs start to flourish.[8]

How Thoughts Affect Hormone Levels at Menopause

The "language" spoken by your autonomic nervous system is translated to the rest of your body by hormones. The primary messengers of the sympathetic nervous system are hormones called norepinephrine and epinephrine, which are often referred to together as adrenaline. They are produced in the brain and in the adrenal glands. Every time adrenaline levels go up, levels of another adrenal hormone, cortisol, also go up.

If you persist in the perception that events and demands in your life are stressful and uncontrollable, you are adopting the mindset that continually whips your adrenals into producing more and more cortisol. Over time, your adrenals may become exhausted, losing their ability to keep up with the demand for increasing amounts of this hormone. This is often coupled with suboptimal nutrition, impaired digestion, and poor assimilation of nutrients, all of which go hand in hand with a stressful life.

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Insomnia is also very common in this situation. The resulting immune system incompetence increases susceptibility not only to infectious diseases, but also to autoimmune disorders and all cancers. The overstimulated sympathetic nervous system also causes an imbalance in a group of hormones known as eicosanoids, resulting in impairment of the cells' ability to metabolize fatty acids. This is associated with weight gain, as the body tends to break down muscle and replace it with stored fat and excess fluid. Imbalanced eicosanoids are also associated with tissue inflammation, which is now known to be the cause of nearly all chronic degenerative diseases, such as heart disease, diabetes, and cancer. Tissue inflammation also increases the discomfort felt in a host of chronic diseases such as lupus and rheumatoid arthritis, and has been shown to increase the speed of tumor growth in individuals already harboring cancer.[9]

Powerful Feelings, Powerful Healing

In order to take a new path, you must leave the old path behind. This can be one of the most terrifying aspects of the midlife transformation—leaving behind what is familiar and embracing what is unknown.

Your empty nest, your altered living space, your disrupted life focus, that directionless feeling—all must first be acknowledged and experienced, with the attendant emotions, in order for the healing process to begin. In the interim, while we experience the upheaval and wait for the new path to become clear, we have to hang out in the "underworld" for a while, allowing our fears and grief and confusion to be fully experienced. Then, and only then, will the fog begin to lift, revealing hints of new doors, new directions, and a new focus for that shining new life.

Finding A Larger Meaning

In some cultures, such as that of Hindu India, midlife is a time associated with the serious pursuit of the spiritual dimensions of life.

With our childrearing years behind us, our creative energies are freed. Our search for life's meaning begins to take on new urgency, and we begin to experience ourselves as potential vessels for Spirit.

Around age forty, the universal energy known as kundalini (which is depicted as a snake in many ancient healing traditions) begins to rise naturally and gradually from the base of our spines, activating each energy center (or chakra) of our bodies as it does so. Sometimes the resulting sexual energy that is released at this time can be quite intense, driving some women to have affairs or to channel this

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energy into painting, building a new home, or some other creative pursuit. Energy centers will determine the type and severity of symptoms we will experience in that area.

When we reframe our symptoms and see them as our inner guidance knocking on the door of each emotional center, asking us to allow more light, wisdom, and fulfillment into that particular area, then we don't feel victimized by our bodies. Instead, we have the opportunity to feel empowered by the life energy that is coursing through us at midlife.

The need and desire to assume more dominion over our lives becomes a burning issue at menopause. Suddenly we find ourselves questioning the meaning and value of many of the relationships that we'd never dared to look at too closely before. Although we all want to maintain the relationships that support us at the deepest levels, we often discover that our old ways of feeling or behaving with those closest to us—whether parents, children, spouses, friends, or bosses—need updating. And anytime we update our lives, we have to grieve for the old life that has been lost. Having the courage both to embrace the necessary changes of midlife and to feel the loss that is associated with those changes is a crucial part of creating a firm foundation for health in the second half of our lives.[10]

The Empty-Nest Syndrome

You don't have to be a mother to experience the empty nest, that aching sense of personal loss, loneliness, and limbo that so often results when your life undergoes significant change. No matter how secure and settled a woman may feel prior to midlife, the transformative passage into the second half of life almost invariably involves an exodus of some kind. Whether it's the final breakup with a husband from whom you have long been estranged, career changes or reversals, the departure of children who have come of age and left home to start lives of their own—lives that no longer include you as an everyday presence or necessity—or all of the above, when your once-bustling home becomes quiet and/or your daily routine suddenly changes and leaves you feeling at loose ends, the experience is not unlike the unexpected death of a loved one. And even if you saw it coming and thought you were prepared for it—even if, in fact, you are the one doing the leaving—it's painful. This is because it's impossible to fully prepare for the kind of upheaval that is so profound, it holds the potential to completely transform you from the inside out.[11]

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Breaking the Chain of Self-Sacrifice

Every one of us makes choices every day. For every choice we make, there will be consequences. The more honest we are with ourselves about the motivation that drives our choices, the healthier we will be. This is as true for caregiving as it is for any other area of our lives, perhaps even more so. The following steps are designed to help you consciously care for yourself while caring for others if and when the need arises.

Acknowledge that women have inherited a cultural and personal legacy of self-sacrifice that has been passed down to us for generations. If you routinely sacrifice yourself for others, relax. You're normal. We've been socialized to value our contribution to our family or social group—our social worth—more than we value ourselves and our relationship with our soul.

Learn the difference between care and overcare. True care of others, from a place of unconditional love, enhances our health, in part because it's associated with oxytocin, the bonding hormone. That's one reason why volunteering and community service feel good and are associated with improved health. Overcare and burnout result from not including ourselves on the list of people who require care. Burnout destroys our health and runs our batteries down. Overcare is often motivated by guilt and unfinished business, for which we hope to somehow compensate through the caregiving role. The way to tell the difference between the two is to be aware of how caring for another makes you feel. You must also be 100 percent honest about what you're getting out of excessive caregiving.

Learn the health benefits of benign self-interest. Here's a basic scientific truth: our health is best served by participating in those activities that are in our own highest and best interests and that bring us the most pleasure. This is not selfish. It is the very basis for a healthy life. There is not a single cell in our bodies that flourishes through sacrificing its own health for the health of the surrounding cells. It simply doesn't make sense. Instead, cells communicate with one another constantly. The health of one affects the health of them all. The more fully you are participating in the work and activities that brings you the most joy, the healthier you and your entire group become.

Understand that caring for parents or aging relatives inevitably brings up unfinished business from our family past.

Learn to delegate and ask for help. Caregiving at midlife is yet another opportunity to learn how to establish healthy boundaries, set limits, and get clear about the ways that other family members can assume some of the burden or pay for your help.

Plan ahead. Don't wait until a parent or relative is in need of care before discussing a potential plan with your siblings. That way you can avoid the emergency caregiving that seemingly "just happens" to us but in reality was set in motion by our beliefs and choices years before.

Learn how to say no. The art of saying no with grace and ease is one of the most important skills you can ever develop. The beauty of midlife is that you've now paid your dues and have had enough life experience to know what is likely to drain you and what will replenish you. [12]

Hormonal Changes

Menopause is officially defined as that point in time when our periods stop permanently. A woman undergoing natural menopause really has no way of knowing whether any given period is truly her last until a year has passed. As menopause approaches, cycles can become quite erratic, and it's not uncommon for several months to go by between periods. By the age of forty some of the initial hormonal changes associated with perimenopause are well under way. Research has shown, for example, that by age forty many women have already undergone changes in bone density, and by age forty-four many have begun to experience periods that are either lighter and/or shorter in length than usual, or heavier and/or longer. Perimenopausal transition lasting between two and eight years.

Contrary to the standard belief, our estrogen levels often remain relatively stable or even increase during perimenopause. They don't wane until less than a year before the last menstrual period.

Testosterone levels usually do not fall appreciably during perimenopause. In fact, the postmenopausal ovaries of many women (but not all) secrete more testosterone than the premenopausal ovaries.

On the other hand, progesterone levels do begin to fall in perimenopause, often long before changes in estrogen or testosterone. This is the most significant perimenopausal issue for the majority of women.

The prevailing message appears to be this: although reproduction is no longer the goal, there continue to be important roles for these so-called reproductive hormones— vital, health-enhancing roles that have nothing to do with making babies. Evidence for this can be seen in the fact that steroid hormone receptors are found in almost every organ of our bodies. Estrogen and androgens (like testosterone) are important, for example, in maintaining strong and healthy bones as well as resilient vaginal and urethral tissue. And both estrogen and progesterone are important for maintaining a healthy collagen layer in the skin.

Symptoms of estrogen deficiency

- Hot flashes
- Night sweats
- Vaginal dryness

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- Mood swings (mostly irritability and depression)
- Mental fuzziness
- Headaches, migraines
- Vaginal and/or bladder infections
- Incontinence; recurrent urinary tract infections
- Vaginal wall thinning

Symptoms of estrogen excess

- Bilateral, pounding headache
- Recurrent vaginal yeast infections
- Breast swelling and tenderness
- Depression
- Nausea, vomiting
- Bloating
- Leg cramps
- Yellow-tinged skin
- Excessive vaginal bleeding

Progesterone

A decline in progesterone is the first hormonal change to cause symptoms in a woman approaching menopause— sometimes years before she suspects she may be nearing the change. Because the body is designed for progesterone and estrogen to be present in a dynamic counterbalance with each other, the result is estrogen dominance, with symptoms of both progesterone deficiency and relative estrogen excess. As a woman reaches her mid-thirties to early forties, the follicle is more likely (at least in this culture) to fail to ovulate, which means the corpus luteum does not form. Over time, this contributes to an increasing deficiency of progesterone.

Symptoms of progesterone deficiency

- Premenstrual migraine
- PMS-like symptoms
- Irregular or excessively heavy periods
- Fibroids, breast irritations

Menopause And Thyroid Function

The ovaries are the organs that we focus on most commonly at menopause, but the physical foundation of a woman's menopausal experience actually rests on the health of all her endocrine organs. Thyroid problems are very common during the perimenopausal and postmenopausal years. While many women with these problems are completely asymptomatic, others may have a wide variety of symptoms. Among the most common symptoms are mood disturbances (most often seen in

the form of depression and irritability), low energy level, weight gain, mental confusion, and sleep disturbances.

Thyroid problems are intimately intertwined with menopause, and not just because of the epidemiological fact that about 50 percent of women in or near perimenopause are diagnosed with hypothyroidism. According to the late John R. Lee, M.D., a noted clinician and author, there appears to be a cause-and-effect relationship between hypothyroidism, in which there are inadequate levels of thyroid hormone, and estrogen dominance. When estrogen is not properly counterbalanced with progesterone, it can block the action of the thyroid hormone, so even when the thyroid is producing normal levels of the hormone, the hormone is rendered ineffective and the symptoms of hypothyroidism appear. In this case, laboratory tests may show normal thyroid hormone levels in a woman's system, because the thyroid gland itself is not malfunctioning. It is no surprise, then, that this problem is compounded when a woman is prescribed supplemental estrogen, leading to an even greater imbalance. In that circumstance, a prescription for supplemental thyroid hormone will fail to correct the underlying problem: estrogen dominance. Estrogen dominance and also glycemic stress are very often accompanied by high adrenaline levels. And this metabolic situation can exacerbate thyroid problems. Here's what happens. Adrenaline stimulates the sympathetic nervous system, as does glycemic stress. This includes increasing the heart rate and blood pressure, which can lead to palpitations. But it also causes estrogen to be metabolized into substances known as catechols—estrogens that themselves have adrenaline-like effects. The main thyroid hormone, thyroxine, also stimulates the heart and the sympathetic nervous system. To adjust to the already too-high level of adrenaline in the system, the thyroid gland often shuts down a little to lower thyroxine stimulation—which is reflected in slightly high levels of thyroidstimulating hormone (TSH).[13]

Menopause And Adrenal Function

The two thumb-sized adrenal glands secrete three key hormones that help us withstand many of the stresses and burdens of life. However, if a woman has lived for a long time with the perception that her life is inescapably stressful, or if she is chronically ill, then chances are she has asked too much of her adrenal glands and has not given them adequate time to replenish themselves. She may be one of the many today who enter menopause in a state of adrenal exhaustion.

To understand what chronic exhaustion may do to the body and how it affects your menopausal experience, it's important to know what the adrenal glands do for you on a day-to-day basis, through the effects of three distinct but complementary hormones they secrete.

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NOREPINEPHRINE (adrenaline) is the fight-or-flight hormone, produced when something is threatening you (or when you think that something is threatening you). It makes your heart pound, your blood rush to your heart and large muscle groups, your pupils widen, your brain sharpen, and your tolerance for pain increase, so you can be at your best in battle. In modern-day life your battles are likely to consist of daily challenges such as pushing your body to keep going when it's fatigued, dealing with a stressful job, and reacting with quick reflexes to avoid a traffic accident. Think of these adrenaline surges as withdrawals from a bank, to help you get through life's rough spots. If you have gotten into the habit of withdrawing adrenaline from your account too often, you'll eventually be overdrawn. Your adrenal glands will be overwhelmed, and you'll have too little adrenaline when you really need it.

CORTISOL increases your appetite and energy level while taming the allergic and inflammatory responses of your immune system. It stimulates the liberation and storage of energy in the body, helps the body resist the stressful effects of infections, trauma, and temperature extremes, and helps you maintain stable emotions. Synthetic versions of cortisol—prednisone and cortisone, for example—are prescribed often inhuman and veterinary medicine to help the patient perk up and feel better so he/she will eat, drink, and move around more and therefore be better able to fight off illness or heal from an injury. Ideally, cortisol is released into the system only on an occasional basis, rather than in response to chronic stress. Undesirable side effects can occur if cortisol levels become too high for too long. These include loss of bone density, muscle wasting, thinning of the skin, decreased ability to build protein, kidney damage, fluid retention, spiking blood sugar levels, weight gain, and increased vulnerability to bacteria, viruses, fungi, yeasts, allergies, parasites, and even cancer. If you've ever seen anyone on high-dose prednisone, you've seen how this drug can adversely affect the body.

DEHYDROEPIANDROSTERONE, also known as DHEA, is an androgen that is produced by both the adrenal glands and the ovaries. In both women and men, DHEA helps to neutralize cortisol's immune-suppressant effect, thereby improving resistance to disease. (Cortisol and DHEA are inversely proportional to each other. When one is up, the other goes down.) DHEA also helps to protect and increase bone density, guards cardiovascular health by keeping "bad" cholesterol (LDL) levels under control, provides a general sense of vitality and energy, helps keep the mind sharp, and aids in maintaining normal sleep patterns. Like norepinephrine and cortisol, DHEA also improves your ability to recover from episodes of stress and trauma, overwork, temperature extremes, and so forth. And if a woman is experiencing a decline in libido due to falling testosterone levels, often it is declining DHEA levels that are at the root of the testosterone deficiency, as DHEA is the main ingredient from which the body manufactures testosterone. There is a price to pay for making too many demands on your adrenal glands. Excessive exposure of the body to adrenaline and cortisol can result in mood disorders,

sleep disturbances, reduced resistance to disease, and changes in vital circulation, all of which are common complaints in today's living-on-the-edge lifestyle. And because these side effects are not uncomfortable enough to be intolerable, the self-destructive lifestyle often continues. DHEA, which helps the body recover from this sort of chronic abuse, finds itself on duty full-time instead of only episodically. Gradually the adrenal glands become seriously exhausted, with the first and most profound effect being their waning ability to produce DHEA. As levels of this restorative hormone fall, cortisol and adrenaline levels begin to fluctuate as well, as the adrenal glands attempt to fill increasingly impossible orders for more support. One of the cardinal signs of adrenal exhaustion—relentless, debilitating fatigue—becomes a prominent complaint. Though this fatigue is often accompanied by depressed mood, irritability, insomnia, and loss of interest in life, this doesn't mean that the adrenal problem is necessarily the cause of the mood change, any more than similar problems are always caused by thyroid malfunction. That is why these emotional symptoms do not always go away with treatment—the underlying issues remain unresolved.

A woman in a state of adrenal exhaustion is likely to find herself at a distinct disadvantage when entering perimenopause, because in the simplest terms perimenopause is another form of stress. Furthermore, adrenal exhaustion suggests that there are long-standing life problems in need of resolution. These issues will loom all the larger when seen with the no-nonsense mental clarity of perimenopause, but not only will adrenal exhaustion make the transition needlessly unpleasant, it also can deprive a woman of the resources she needs to address those issues and to take full advantage of the creative promise of the second half of her life. [14]

The following stressors can lead to fatigue and, ultimately, adrenal dysfunction—which may, in turn, make some stressors worse:

- Excessive, unremitting worry, anger, guilt, anxiety, or fear
- Depression
- Excessive exercise
- Chronic exposure to industrial or other toxins
- Bad eating habits, alcohol, smoking, addictions
- Chronic or severe allergies
- Overwork, both physical and mental (this applies only if you're doing work that doesn't fulfill you)
- Chronically late hours or insufficient sleep
- Unhealed trauma or injury
- Chronic illness
- Light-cycle disruption: shift work

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- Surgery

How to Restore Your Adrenal Function

If, after testing, you find that you are producing inadequate levels of adrenal hormones, there are several available routes for increasing either DHEA, cortisol, or both.

DHEA: DHEA is available as tablets, transdermal creams, or sublingual tinctures. Though DHEA is available over the counter in natural food stores, quality varies widely.

DIET: Be sure to get enough protein; every meal or snack should contain some protein. Remember that caffeine whips your adrenals into a frenzy; avoid it altogether. Also avoid fasting or cleansing regimens.

NUTRITIONAL SUPPLEMENTS: Be sure you're taking plenty of vitamin C (1,000 to 2,000 mg a day in divided doses), a B complex (25 to 50 mg a day), zinc (15 to 30 mg daily), and magnesium (300 to 800 mg per day in divided doses—in fumarate, citrate, glycinate, or malate form).

SLEEP: Sleep is the most effective approach to achieving high adrenaline levels. Sleep restores adrenal function better than almost anything else.

EXERCISE: Regular light to moderate exercise, but not so much that you feel depleted afterward.

SUNLIGHT: Exposure to sunlight not only is good for your adrenal glands, but it boosts vitamin D as well.

HERBAL SUPPORT: Because one of the components of Siberian ginseng is related to a precursor for DHEA and cortisol, taking this herb can be very helpful in restoring proper adrenal function. Try one 100 mg capsule two times a day. It can have a stimulating effect, though, so if it interferes with your sleep, take it before 3:00 p.m. Licorice root can also help your adrenals because it contains plant hormones that mimic the effects of cortisol. Take up to ¼ teaspoon of 5:1 solid licorice root extract three times a day. Licorice tea is another good alternative.

The Hormone-Balancing Diet and Herbs

All heat-producing foods and substances should be eliminated. Caffeine, alcohol, refined sugar, food coloring, preservatives, and additives (including antibiotics and hormones fed to animals during the production of most meat, chicken, and eggs) will cause excess heat and yin depletion. Red meat should be consumed in small quantities, but being a complete vegetarian (vegan) is not recommended. It is also helpful to limit spicy, pungent foods, such as curries or chilies, and greasy, fried, or oily foods.

Foods should be lightly cooked, not raw or cold. The body has to work much harder to digest raw food, which creates heat and chi stagnation. Cold food, contrary to popular belief, doesn't cool the body in a

balanced way. Instead, cold and ice create blockages in the chi channel, which creates chi stagnation. The following foods are especially cooling and helpful: melons, bean sprouts, tofu, white ocean fish, celery, apples, asparagus, and grapes.

Midlife weight gain results from a series of metabolic changes that actually begin decades before but then reach critical mass during perimenopause. Rapid changes in hormonal levels along with increased stress hormones also exacerbate midlife weight gain. Thankfully, there are ways to negotiate the metabolic shifts that manifest at midlife and rebalance your hormones without any significant weight or fat gain.

Accordingly, there are many different herbs or foods that one might use to regulate the menstrual cycle or as overall perimenopausal tonics, including soy foods, ground flaxseed, dong quai, Pueraria mirifica, or chasteberry, to name just a few. All contain substances that help balance the endocrine system in slightly different but synergistic ways.

All plant foods contain what are known as phytonutrients. (Phyto- means “plant.”) These are unique substances produced during the natural course of growth and are specific to a particular plant’s genes and environment. In addition to providing taste and nutritional value, phytonutrients can play therapeutic roles by modifying physiological processes in our bodies. This is the basis for botanical medicine. An example of this is the phytochemical indole-3-carbinol, found in cruciferous vegetables such as broccoli. This substance appears to convert the most potent estrogens in the body into weaker, less carcinogenic forms. High consumption of cruciferous vegetables is associated with a decreased risk for breast cancer, breast tenderness, and bloating, all of which are related to estrogen levels that are too high.

The common menopausal herbs include yam root, pueraria mirifica, belladonna, blue cohosh, lobelia, and poke root.

Phytoestrogens, the natural hormones found in plants, are not the same as the hormones found in the female body, although they may have somewhat similar beneficial effects. Phytoestrogens are found in more than 300 plants, such as apples, carrots, oats, plums, olives, potatoes, tea, coffee, and sunflower seeds. Soy and flaxseed are particularly rich in these substances. They also have antioxidant and antiproliferative activity that is still being elucidated. This means that they have the ability to prevent free-radical damage to cells, the number-one cause of premature aging of tissue, and they also help prevent abnormal cell growth. Like other estrogens, phytoestrogens bind to estrogen receptors throughout our systems. (Research has shown that estrogen receptors are found on the surface of nearly every cell of our bodies, not just those of the vagina, uterus, and breast tissue.) When they bind, they exert a balancing, or “adaptogenic,” effect. This means that if your estrogen levels are low, the

herbs will have an estrogenic effect, but if your estrogen levels are too high, they will block the stronger estrogens. That's why the same herb—dong quai, for example—can be used both for conditions in which there is too much estrogen (such as PMS) and for those in which there is too little (hot flashes).

Herbs such as black cohosh, yam and chasteberry have also been shown to reduce menopausal symptoms by acting on the pituitary gland.

Flaxseed: Super Source of Lignans, Fiber, and Omega-3 Fats

Flaxseed is the best available source of anticancer and phytoestrogenic compounds known as lignans—with a concentration more than a hundred times greater than other lignan-containing foods, such as grains, fruits, and vegetables. Lignans are plant substances that get broken down by intestinal bacteria into two chemicals, enterodiol and enterolactone. These substances then circulate through the liver and are later excreted in the urine. Flaxseed is also an excellent source of fiber and of omega-3 fats.

A deficiency of omega-3 fatty acids, which is quite common, can result in fatigue, dry skin, cracked nails, thin and breakable hair, constipation, immune system malfunction, aching joints, depression, arthritis, and hormone imbalances. Omega-3s are also linked to healthier weight and body composition.

Bioflavonoids

Another rich food source for phytoestrogens are the bioflavonoids contained in many herbs and fruits. Bioflavonoids compete with excess estrogen for receptor sites and are therefore also helpful for balancing menopausal hormones and tonifying the pelvic organs. The white spongy inner peel of citrus fruits is a very rich source, so eat some of it along with your orange or grapefruit. (I usually just take the orange peel and eat the inner white part directly—the same as I would an artichoke leaf.) Other rich sources of bioflavonoids include cherries, cranberries, blueberries, bilberries, many whole grains, grape skins, and red clover. In supplement form, 1,000 mg of bioflavonoids with vitamin C daily has been shown to relieve hot flashes.

Principles

- **Maintain Normal Blood Sugar and Insulin Levels**

Many women to operate under the delusion that the reason we tend to gain weight at midlife is because our metabolism slows down, our bodies become more efficient at storing energy in the form of fat, and falling estrogen levels result in increases in appetite. As it turns out, these metabolic changes, though real enough, are not the result of menopause, but are instead the natural progression

of a process that begins much earlier: glycemic stress (from blood sugar that is too high due to too many refined carbohydrates (in the form of french fries, mashed potatoes, cookies, ice cream, soda pop, white bread and rolls, etc.), and adrenal overwork) and resulting insulin abuse. Excess blood sugar over long periods of time eventually leads to insulin resistance.

Most perimenopausal symptoms, such as heavy bleeding, cramps, fibroids, and PMS, will respond to a diet that keeps your blood sugar and insulin levels stable—a diet that will also help prevent cellular inflammation and if you manage to reduce daily stress.

A diet high in refined carbohydrates makes all perimenopausal problems worse because of its adverse effect on hormone balance. It reinforces the tendency toward excess fat around the waist and belly (central obesity), which in turn favors production of estrogen and androgens. Central obesity and high insulin levels—which can occur even in women of normal weight and BMI—are also associated with higher blood triglyceride levels and low HDL cholesterol. (A low HDL level is one of the first signs of insulin abuse. I had this in my early thirties!) This, of course, has a negative effect on heart health, but it also interferes with the normal mechanism by which the body deactivates free estradiol. A relative increase in the amount of metabolically active estradiol in the bloodstream can target estrogensensitive breast and endometrial tissue, resulting in possible excessive growth of these tissues. This is one of the reasons why hyperinsulinemia (excess insulin in the blood) with insulin resistance is a significant risk factor for breast cancer as well as polycystic ovary syndrome. High insulin levels also increase tissue sensitivity to a protein known as insulin-like growth factor (IGF-1), which is known to stimulate the growth of breast and other tissues. Skeletal muscles are designed to burn blood sugar effectively, which is why maintaining adequate muscle mass and exercising regularly are important keys to maintaining stable blood sugar. But as women age, they often stop exercising as much as they did in their teens and twenties. Lifestyles become increasingly sedentary, so by the time they hit perimenopause, many women have replaced their muscle mass with fat and years of insulin abuse have stored excess energy as fat—particularly abdominal fat. (Fat weighs less than muscle but takes up more space. This is the reason why so many midlife women notice that their clothes don't fit well anymore even though they haven't gained any weight!) One of the earliest signs of insulin resistance is increased belly fat—that spare tire around the middle. Body fat is loaded with insulin receptors, and the fatter you get, the more insulin it takes to get blood sugar into the cells. Type 2 diabetes will often disappear simply with weight loss alone. Glycemic stress and insulin resistance are also associated with heartburn, insomnia, swelling, sugar cravings, fatigue, and excess daytime sleepiness—all of which are associated with tissue inflammation that is the result of the complex interaction between insulin, blood sugar, stress hormones, and essential fatty acids. People with

excess body fat, from years of eating high-glycemic-index meals, actually produce high levels of inflammatory chemicals such as IL-6 (interleukin 6) from their body fat. They are prone to aches and pains, estrogen dominance, and PMS as a result. Ultimately, glycemic stress leads to insulin resistance and, later, diabetes and/or heart disease, if left unchecked.

- **Eat at Least Three Meals a Day**

Most perimenopausal women do best when they keep their blood sugar stable throughout the day by eating frequent, smaller meals, so the liver has time for detoxification and other function. You need to think of your new metabolism as something that will require a new way of living and eating, not another quick-fix diet.

- **Eat Protein at Each Meal**

Cut Down on Refined and High-Glycemic-Index Carbohydrates and Sugar, Including Alcohol

Your success will be contingent on eating foods with a low glycemic index (GI). Eliminate as many refined carbohydrates from your diet as possible. That means cutting out foods made with refined white flour, such as muffins, rolls, bagels, biscuits, French bread, breadsticks, crackers, snack foods, and pretzels. Actually alltogether you should drastically go low on carbs and implement more veggies, protein and healthy fat in your diet. However I do not recommend Keto diet as the brain and body still continue needing a certain amount of carbs to function properly.

- **Take the IGG Food intolerance test**

Avoid food which came out with high risk in your test. These foods can damage your immune and digestive system, your microbiom and can be a trigger cause for autoimmune diseases.

- **Eat a Wide Variety of Fresh Fruits and Vegetables Daily**

You want to shoot for at least five servings a day, but it's easy, at least in the summer, to get in more. The healthiest fruits and vegetables are the ones that are the most colorful. That's because the pigments in these foods, such as the carotenes or carotenoids, are very powerful antioxidants. Go for broccoli; red, yellow, and green peppers; dark green leafy vegetables such as collards, kale, and spinach; and tomatoes. Pigmentrich blueberries have been found to have the highest concentration of antioxidants compared to forty other fruits and vegetables.

- **Eat Healthy Fats Each Day**

Good sources of omega-3 fats include pumpkin seeds, walnuts, chai seeds, nuts, sunflower seeds, flaxseed or flaxseed oil, hempseed or hempseed oil, organ meats, cold-water fish or fish oil supplements. Our brain and hormonal system need helathy amount of fatty acid for optimal functioning.

- **Trans Fats: The Bad Actors of the Fat World**

The most dangerous fats by far are the trans fats—the partially hydrogenated fats and oils that aren't found anywhere in nature. They are present in shortening and margarine, which are made by blowing hydrogen into liquid vegetable oil at very high temperatures and pressures.

Trans fats contribute directly to the overproduction of proinflammatory eicosanoids and have therefore been found to contribute to the development of cancer and heart disease.

Unfortunately, trans fats are added to just about every type of packaged baked good because they don't get rancid nearly as quickly as unprocessed fats. This prolongs the shelf life of the product. Since such products are also invariably high in refined carbs, it's best to simply eliminate them from your life. The good news is that food manufacturers must now add information about trans fat content to labels.

- **Protect Yourself with Antioxidants**

Every day, more and more research is showing the benefits of vitamins and minerals, especially those known as antioxidants. Antioxidants combat cellular damage from free radicals, which is one of the key underlying mechanisms leading to chronic conditions such as heart disease, cataracts, macular degeneration, and many cancers.

Perimenopause Supplement Program

For many women helped this good supplement program listed below. Following this program means that you'll have to give up the idea of getting everything you need in one tablet. You'll probably end up taking ten or more capsules or tablets per day. Think of them as food, not medicine.

Antioxidants

Vitamin C 1,000–5,000 mg
Vitamin D3 2,000–5,000 IU
Vitamin A (as betacarotene) 25,000 IU
Vitamin E (as mixed 200–800 IU tocopherols)
Glutathione 2–10 mg
Alpha-lipoic acid 10–100 mg
Coenzyme Q10 10–100 mg

Omega-3 Fat

DHA 200–2,500 mg
EPA 500–2,500 mg
(total of 1,000–5,000 mg)

B Complex Vitamins

Thiamine (B1) 8–100 mg
Riboflavin (B2) 9–50 mg
Niacin (B3) 20–100 mg
Pantothenic acid (B5) 15–400 mg

Pyridoxine (B6) 10–100 mg
Cobalamin (B12) 20–250 mcg
Folic acid 1,000 mcg
Biotin 40–500 mcg
Inositol 10–500 mg
Choline 10–100 mg

Minerals

Calcium 500–1,200 mg (amount depends on calcium content of diet)
Magnesium 400–1,000 mg
Potassium 200–500 mg
Zinc 6–50 mg
Manganese 1–15 mg
Boron 2–9 mg
Copper 1–2 mg
Iron 15–30 mg
Chromium 100–400 mcg
Iodine 3–12.5 mg
Selenium 50–200 mcg
Molybdenum 10–20 mcg
Vanadium 50–100 mcg
Trace minerals—usually from marine mineral complex

What To Do About Bloating

During perimenopause there is a shift toward fat accumulating hormones (cortisol and insulin) and away from fat-mobilizing hormones (estrogen and growth hormone). If your body is under stress of any kind, this shift will worsen. In addition, your abdominal fat cells have more cortisol receptors on them at midlife, so fat is preferentially directed toward them. This often results in fluid retention and bloating. Try the following to reduce bloating.

- Start the day with green smoothy.
- Use inozitol, DIM, Indol 3 carbiol supplements
- Decrease consumption of high-to moderate-glycemicindex carbohydrates. Yet another symptom of cellular inflammation and too much insulin is excess stomach acid. A diet lower in carbohydrates and higher in fat and protein very often results in complete and fast relief of heartburn and indigestion.
- Eat three to five small meals per day. Consuming large quantities of food elevates insulin levels and makes bloating worse—even when the foods are healthy.
- Include some protein, healthy fat, and low-glycemicindex carbohydrates in every meal or snack. However, fruit is best eaten alone. Consuming it with fat causes bloating and indigestion in many women.
- Eliminate all breads and baked goods for at least a week. See if this makes a difference. Many women are sensitive to gluten.
- Drink plenty of water. It helps the body rid itself of toxins.
- Take probiotics. Every course of antibiotics you take disrupts normal gut flora. Over time, excess yeast can colonize the entire gut, causing allergies and indigestion. Taking a good probiotic regularly helps prevent problems. (Yogurt, by the way, generally doesn't contain enough bacteria to be helpful—unless you make the yogurt yourself.)
- Leave at least three hours between your last meal and bedtime. Going to bed on a full stomach can cause acid reflux.
- Stop or cut way back on alcohol. Alcohol is a gastric irritant.
- Use enteric-coated peppermint. This supplement can be very soothing for digestion problems. Take 2–3 capsules between meals. If rectal burning occurs, reduce the dose.

- Take digestive enzymes. Digestive enzymes are naturally occurring catalysts that help the body process sugars, starches, proteins, and fats. Taking the proper enzymes can dramatically improve bloating and gas as well as a host of other health problems stemming from faulty digestion.

Exercise

If you don't already exercise, there is no time like the present to start. Your muscles are loaded with insulin receptors. The more muscle mass you have and the more heat you generate from your muscles on a regular basis, the more efficiently you'll burn carbohydrates and body fat. You'll also be protecting your bones and your heart and boosting your health-related quality of life in a number of ways.

Relax, Meditate, Do yoga

When you start to built into in your day some kind of relaxation routine, you will not only find that you can bear more stress, but also you will feel that your day are more harmonized, you feel less anxiety, you want to eat only the right food and your general state of wellbeing will improve. Regular meditation program will enable you that you can live your life in harmony with your feminine energy and experience the outer world from a deeper more menaingful perspective.

Quell Cellular Inflammation

The number-one reason for cellular inflammation—and all the diseases and symptoms associated with it—is a refinedfood, high-glycemic-index diet and unremitting stress.
When you start to adopt in your daily routine all the things from this chapter, you will be well on your way to quelling cellular inflammation.

The Final Frontier: Accepting Our Bodies

Ultimately, our digestive, food, and weight problems will not be healed completely until we have accepted our bodies unconditionally. Part of creating health at midlife is to regain the body acceptance and self-esteem that most of us lost when we entered adolescence. This is not inconsistent with wanting to make changes—and in fact may facilitate them.

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