

Menopause, Part I

By Elaine Stillerman, LMT

After spending most of my career treating pregnant and postpartum women, I decided to explore the next stage of a woman's reproductive life for this first article: a topic near and dear to many of us aging (gulp!) female baby-boomers - perimenopause and menopause.

We are not alone.

Every day in the United States, about 4,000 women start menopause. Its symptoms read like a Stephen King horror novel: irregular periods (when menstruation ceases for over a year, menopause has been firmly established), hot flashes, flushes and night sweats (although some women experience cold flashes instead), heart palpitations, vaginal dryness and decreased libido, weight gain - especially in the midsection - mood swings and depression, memory lapses, bone-density loss, elevated cholesterol levels, gastrointestinal distress, insomnia and fatigue, the list goes on and on. As if menstrual cramps and labor weren't enough, we now have to suffer this final insult to our gender. (If it's any consolation, men undergo their own changes, called andropause. It is caused by a decrease in male hormones, particularly testosterone, growth hormone and DHEA. Men often experience decreased libido, lack of energy, fatigue and muscle weakness accompanied with loss of muscle tone.)

Why all the "Sturm und Drang" associated with menopause? Because it is a time of bewildering physical, hormonal, emotional and spiritual changes in a woman's mind and body.

Menopause is a normal part of the aging process, which usually occurs naturally in 25 percent of women by age 47; 50 percent by age 50; 75 percent by age 52; and 95 percent by age 55. It can also be brought on earlier as a result of chemotherapy or other medical interventions, such as hysterectomy, which accounts for 30 percent of menopausal women in the U.S. over the age of 50. As part of the aging process, it happens when the woman's eggs cells, the oocytes, are used up and menstruation ceases. As menopause nears, the

ovaries stop making estrogens; these low hormone levels cause most of the discomforts associated with menopause.

Estrogen is also called the "female hormone" since it is essential to the development and maturation of the female reproductive system. It is the hormone that gives us our feminine shape and prepares our bodies for the unique expression of pregnancy. It also stimulates skeletal growth and helps maintain healthy bones. Estrogen plays an active role in protecting the heart and veins by increasing HDL (high-density lipoproteins, the "good" cholesterol) levels. Estrogen influences the brain and is thought to be important in memory and healthy functioning of nerve cells in the brain.

Estrogen is not one hormone, however. There are at least three major estrogens of which 90 percent are predominantly produced in the ovaries, although small amounts are manufactured in the adrenal glands, liver and kidneys. This explains why there are still low measurable levels of estrogen in menopausal and postmenopausal women. Fat cells can also produce small amounts of estrogen. Women who are overweight tend to have fewer hot flashes and osteoporosis.

Estradiol, produced in the ovaries, is the leading estrogen found in a woman's body during her reproductive years. It helps relieve menopausal symptoms, protects against osteoporosis, heart disease and possibly Alzheimer's disease. Estradiol has been shown to enhance mental alertness and memory. It also increases serotonin and endorphin levels, so it is easy to understand how a decrease in this estrogen results in insomnia and mood swings.

Estriol, manufactured in large quantities during pregnancy, promotes urogenital health and has been shown to provide protection against the production of some cancer cells. (A study by Dr. H.M. Lemmon, reported in a 1966 issue of the Journal of the American Medical Association, found that higher levels of estriol correlated with the remission of breast cancer; in addition, women without breast cancer excreted less estriol in their urine than women with breast cancer. Dr. Lemmon also noted that women without breast cancer have naturally higher levels of estriol, compared with estrone and estradiol. Vegetarians and Asian women also produce higher levels of estriol and have a lower risk of developing breast cancer. Estriol has the most benefit to the vagina, cervix and vulva.

Estrone, the weakest of the three estrogens, is more prevalent in postmenopausal women, thus providing a modicum of estrogen's benefits. The body manufactures it from hormones stored in fat cells and it is comparable to estriol's function in the body but is not nearly as effective.

Editor's note: Part II of this article will appear in the December 2004 issue.

Resources

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