

READE'S REVIEW

JAMES D. READE, D.C., PLLC

MENOPAUSE, HOT FLASHES AND MUCH MORE

Special points of interest:

- Symptoms of Menopause and Perimenopause
- Adrenal Glands and Cytokines
- Hot Flashes
- HRT
- Other Effects of Menopause
- Treatment

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By definition, menopause occurs when a woman has not menstruated for a period of 12 months. The average age when menopause occurs is 51, but the typical age range is from 40 to 58 years old. This is a natural process and does not occur suddenly but usually over several years. The time period prior to menopause is called perimenopause. Perimenopause can occur in some women in their 30's but more often in their 40's. During this time most women experience heavy or light bleeding or irregular cycles or periodic skipping of menstruation.

Some of the more immediate symptoms sometimes associated with perimenopause and menopause are:

1. Mood swings, general irritability, depression.
2. Memory loss, loss of previously enjoyed activities
3. Hot flashes, night sweats
4. Insomnia
5. Fatigue, decreased/increased libido

6. Thinning hair
7. Weight gain especially around the abdomen
8. Thinning and loss of elasticity of skin, loss of breast fullness
9. Vaginal dryness, general dryness, painful intercourse
10. Bladder control problems
11. Headaches
12. Heart palpitations

Some of the longer term effects of menopause:

1. Poor brain function, increased risk of dementia
2. Osteoporosis
3. Arthritis
4. Increased risk of heart disease
5. Poor skin elasticity
6. Poor muscle power and tone
7. Poor bowel and bladder function
8. Decreased vision, cataracts, macular degeneration

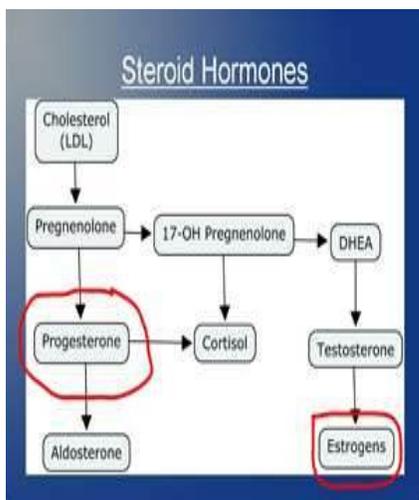
MOOD SWINGS CAUSED BY THE MENOPAUSE AREN'T HELPED BY SUGGESTIONS



9. Some of the short term symptoms can also persist for years

This list seems overwhelming, but not everyone will experience all these symptoms and will experience them to varying degrees. It does appear that a larger percentage of women are experiencing these symptoms. This is probably due to our lifestyles, weight, stress levels and more importantly has to do with adrenal gland function. If the adrenal glands are functioning efficiently and producing adequate sex hormones a lot of these symptoms can be avoided or minimized.

THE ADRENAL GLANDS AND CYTOKINES



As the ovaries decrease their production of estrogen and progesterone during perimenopause the adrenal glands normally step up their production of sexual hormones. In a sense the adrenals are the “backup hormonal system” and supply the needed hormones to provide a smoother transition into menopause. It is estimated that the adrenal glands supply about 90-95% of the hormones required during menopause and post- menopause. Your

adipose (fat) cells supply most of the balance of these hormones.

Having proper adrenal function is vitally important and avoids the rapid shifts especially in estrogen. These rapid changes in estrogen effects the immune system, the microglial cells in the brain and many other cells to release surges of inflammatory protein compounds called cytokines. The three cytokines involved are interleukin 1, interleukin 6 and

tumor necrosis factor alpha (IL1, IL6, TNF α).

In order to evaluate the function of the adrenals we run a salivary hormone analysis called the Adrenal Stress Index and also via applied kinesiological analysis. This test also gives valuable information not only with adrenal function, but also brain regulation of the adrenals. Often brain/hypothalamic/pituitary regulation is overlooked.

Research points to dysregulation of an area of the brain called the hypothalamus that regulates core body temperature

It is estimated that about 70% of women experience hot flashes and night sweats going through menopause and is probably one of the more common symptoms experienced. In a study listed by The American College of Obstetricians and Gynecologists about 87% of women experienced one or more hot flash per day.

The exact mechanism of hot flashes is not completely understood, but research points to dysregulation of an area of the brain called the hypothalamus that regulates core body temperature. The drop or rapid change in estrogen levels seems to cause an inflammatory and neurochemical imbalance leading to dysregulation. The hypothalamus incorrectly interprets that the body is colder than it is and sends signal to the autonomic nervous system which results in blood vessel dilation and

stimulation to the sweat glands.

Hot flashes are described as intense warmth in the upper body and head, followed by skin redness (flushing), drenching perspiration and finally a cold, clammy feeling. They can be accompanied by heart palpitations, a pressure feeling in the head, dizziness, faintness and weakness. The hot flashes generally begin in the head and move downward to the chest. They also often disturb sleep when they occur at night. Hot flashes last 30 seconds to 5 minutes in length. Sometimes they are divided into “standard flashes” or “slow ember”. The “standard” are rapid and intense, last about a minute and then fade. The “slow ember” can come on rapidly are not as intense but can last 30 minutes. Often the “slow ember” flashes can go on and off for years after

experiencing the “standard” type.

Some things patients can do to help prevent or diminish hot flashes: Drink cool water, avoid caffeine and alcohol, cut down on red wine, chocolate, aged cheeses, avoid smoking, wear loose comfortable clothing, dress in layers, vigorous exercise, relaxation, deep breathing and mental imagery of an area that is cold or cool, like being on a mountain.

From an alternative medicine perspective there are many different things that can help:

Black cohosh, Chasteberry, licorice root, Dong quai, wild yam, Vitamin E, evening primrose oil, flaxseed oil, Panax ginseng, soy isoflavones, Rhapontic rhubarb, folic acid, B12, magnesium, pyridoxal-5-phosphate and others.



HORMONE REPLACEMENT THERAPY (HRT)

Why not just replace the body with needed estrogen to avoid all these menopausal problems? Well the answer is not that simple and HRT contains synthetic hormones foreign to the body and most bioidentical hormones are derived from other sources and truly are not identical to normal human estrogens. You should also be aware that human estrogen is made up of three main hormones, estradiol, estriol and estrone. The body carefully balances these three and sub-

stitution from other sources may throw this balance off. However, in some circumstances these hormones may be needed to help achieve symptom relief and some better hormonal balance. There are also increased risks of uterine and particularly breast cancer with HRT. A salivary hormone profile can help reveal your risk.

The FDA has stated, "Hormones should only be used to relieve moderate to severe menopausal symptoms.

Women should take the lowest dose for the shortest period of time." From a study of 16,000 women by The Women's Health Initiative, July 2002, concluded that HRT with estrogen increases the risk of breast cancer, heart disease, stroke and blood clots.

Furthermore, research has found that estrogen usage somewhat reduces the proinflammatory cytokine surges. So, many of the other complications of menopause are not corrected by HRT alone!



Research from the American Cancer Society has conclusively shown Hormone Replacement Therapy to lead to an increased chance of Breast & Uteran Cancer.

source: The National Cancer Institute, Cancer.gov

OTHER EFFECTS OF MENOPAUSE

The effects on the body due to estrogen changes are widespread and have huge effects on body physiology. To begin with the shift in estrogen causes a huge surge of inflammatory cytokines. However, what also happens is that the cells throughout your body increase the number of receptors on the cell surface for these cytokines and the response of the cells is amplified. So, the inflammatory response becomes like a tsunami. Just taking estrogen or balancing estrogen production does little to change the already physiological changes by the cytokines. So, just taking estrogen is like lifting only one domino and all the other dominoes are still lying flat.

What also happens is that the bodies ability to produce adequate levels of natural antioxidants such as glutathione, superoxide dismutase (SOD),

catalase and peroxidase is inhibited. This allows free radicals and other potentially toxic materials to cause damage to your tissues and allow further aging or degeneration.

Another interesting biochemical change also occurs with this cytokine surge which leads to more inflammation. The cells are stimulated to produce more inflammatory prostaglandins and decrease the anti-inflammatory prostaglandins. If you remember from an earlier newsletter the "good" or anti-inflammatory prostaglandins come from omega 3 fats like fish/krill oil, flaxseed and walnuts. So, even though someone could be eating a lot of fish and taking fish oil, they may have to take even larger amounts to combat these cytokine induced changes.

There is another change that

also occurs. There is an increase in a compound called iNOS that also increases inflammation, has an effect on blood vessel tone and is involved with rheumatoid arthritis and autoimmune diseases.

These cytokine shifts, poor antioxidants, increased inflammatory prostaglandins, increased iNOS and poor adrenal gland function with increased stress hormone cortisol leads to a lot of degenerative changes in the body. In the brain it can lead to "brain fatigue" where you tire out more quickly from activities such as reading, driving or lose your tolerance of everyday activities. The bones in your body often show huge changes in density due destruction of bone and not just strictly due to a lack of calcium absorption or lack of Vitamin D.

So, the inflammatory response becomes like a tsunami.





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Bringing you Natural Healthcare Information

Our mission is to help inform and educate the public about alternative treatments that are less invasive and employ more natural therapeutics. We in no way are suggesting that regular medical treatments should not be sought and with some conditions we will suggest a referral to the appropriate specialist.

We wish to provide hope to those people suffering and especially to those with chronic conditions. It is our purpose to provide you with knowledge that is helpful and can provide better health.

TREATMENT OF PERIMENOPAUSE AND MENOPAUSE

Most of the classical treatment of menopause has to do with hormone replacement along with treating most of the related symptoms caused by subsequent inflammatory cytokine surges. Often antidepressants are used for depression and hot flashes. Gabapentin an anti-seizure medication also is used for hot flashes, Clonidine for elevated blood pressure and hot flashes, bisphosphonates like Fosamax and Boniva for osteoporosis, Evista for bone density and topical hormone creams for vaginal dryness.

At our office we try to balance the body naturally by address-

ing the inflammatory changes, restoring better balanced brain, neurotransmitter activity, balancing adrenal function and supplying the body with the correct nutrients to help with bone density.

For general reduction of inflammation we recommend a number of antioxidants, fish oils, vitamin D complex. For proper brain function we use products that help to reduce neural degeneration, decrease microglial activity, increase blood flow to the brain and others to help with balancing neurotransmitter activity of the brain.

Stress related and adrenal im-

balance can be addressed by specific products to support the adrenals. Helping with brain regulation of the adrenals via adaptogenic herbs and phosphatidyl serine and choline is very important. Also regulating blood sugar, elimination of allergens contributing to adrenal dysfunction and stress reducing compounds all need to be balanced to achieve better health.

Bone can be addressed by supplying proper minerals such as calcium, magnesium, boron, silica, vitamin D complex, proper adrenal, thyroid balance and other compounds.



"Can you give me something to make my hot flashes hotter? Hot enough to melt fat, burn calories and ignite passion!"