Menopause e-Book

Vers.1
INDEX

1. What is Menopause?
2. Peri-menopause
3. Get past Peri-menopause
4. 34 Menopausal Symptoms
   - Common Symptoms
     1. Hot Flashes
     2. Night Sweats
     3. Irregular Periods
     4. Loss of Libido
     5. Vaginal Dryness
     6. Mood Swings
   - Changes
     7. Fatigue
     8. Hair Loss
     9. Sleep Disorder
    10. Difficult Concentrating
    11. Memory Lapses
    12. Dizziness
    13. Weight Gain
    14. Incontinence
    15. Bloating
    16. Allergies
    17. Brittle Nails
    18. Change in Odor
    19. Irregular Heartbeat
    20. Depression
    21. Anxiety
    22. Irritability
    23. Panic Disorder
   - Pains
     24. Breast Pains
     25. Headaches
     26. Joint Pain
     27. Burning Tongue
     28. Electric Shocks
     29. Digestive Problems
     30. Gum Problems
     31. Muscle Tension
     32. Itchy Skin
     33. Tingling Extremities
   - Other
     34. Osteoporosis
5. Treatments for Menopause
   a) Lifestyle Changes
   b) Alternative Medicine
   c) Drugs & Surgery
1. What is Menopause
Menopause is a normal, natural event—defined as the final menstrual period and usually confirmed when a woman has missed her periods for 12 consecutive months (in the absence of other obvious causes).

Menopause is associated with reduced functioning of the ovaries due to aging, resulting in lower levels of estrogen and other hormones. It marks the permanent end of fertility. Menopause occurs, on average, at age 51. The years between puberty (when periods start) and menopause are called pre-menopause.

2. Peri-menopause
Physical signs of menopause begin many years before the final menstrual period. This menopause transition phase is called peri-menopause (literally meaning “around menopause”). It can last 6 years or more, and by definition, ends 1 year after the final menstrual period.

Peri-menopausal changes are brought on by changing levels of ovarian hormones such as estrogen. During this transition time, estrogen levels gradually decline, but they do so in an erratic fashion. Sometimes they can even be higher than during the reproductive years. Irregular menstrual periods, hot flashes, sleep disturbances, and mood swings are common, normal signs of peri-menopause.

Some women experience low libido (sex drive) and/or vaginal dryness. During peri-menopause, a woman may be able to conceive, although fertility is very low. If pregnancy is not desired, contraception is necessary until menopause is reached.

3. Get past Peri-menopause
When a woman suspects she is experiencing peri-menopause, it is an excellent time to have a complete medical examination by a qualified health professional. The diagnosis of peri-menopause can usually be made by reviewing a woman’s medical history, her menstrual history, and her signs and symptoms.

In most cases, testing hormonal blood levels is not recommended because in menstruating women hormone levels are changing all the time. However, in younger women (below 40) menstrual irregularity is infrequently a sign of menopause, so hormone testing may be a useful tool to test whether menopause has occurred.

Testing blood hormone levels can also be helpful in assessing a woman’s fertility and potential for pregnancy. Results can help women make decisions about beginning or adjusting medications and help them understand their personal biological clock.

For some women, it may make sense to test for other causes of symptoms that can mimic peri-menopause, such as thyroid disease.

Some healthcare practitioners recommend testing a woman’s saliva for estrogen levels, but there is no conclusive evidence that this test provides useful information around menopause. So, check the calendar, the tests, and the health providers' opinions.

4. Menopause Symptoms
   Common Symptoms

   1. Hot Flashes
      Hot flashes are one of the most common symptoms experienced by women around the time of menopause. In fact, approximately half of all peri-menopausal women and 75 to 85%

Manna Menopause e-Book
of all post menopausal women experience hot flashes.

While the onset, duration, frequency and severity of hot flashes varies greatly between women, **hot flashes often begin one or two years before a woman's last period** and last anywhere from six months to fifteen years.

Hot flashes are caused by hormonal fluctuations that occur during the menopausal transition. Fortunately, treating this underlying hormonal imbalance naturally and making simple lifestyle changes can greatly help a woman manage this symptom.

The following are the most common signs and symptoms of hot flashes:

- **Sudden, intense feelings of heat** in the face, neck, arms, torso, and sometimes the whole body.
- **Rapid or irregular heartbeat and pulse**, including heart palpitations.
- **Flushing**, or reddened face and neck, particularly in lighter skinned women.
- **Perspiration** ranging from mild to profuse.
- **Cold chills often follow hot flashes**, though sometimes women only experience the chill.
- **Sleep disturbances** are characteristic of hot flashes that occur at night, also known as night sweats.

Estrogen levels are often lowest at night, which is why women often experience nocturnal hot flashes.

**Other Symptoms:** Nausea, Dizziness, Anxiety and Headaches.

**Causes of Hot Flashes**

**Hormonal Causes**
The most common cause of hot flashes in menopausal women is **changing levels of estrogen in the body**. Diminished amounts of estrogen have a direct effect on the hypothalamus, the part of the brain responsible for controlling appetite, sex hormones, sleep, and **body temperature**.

**Other Causes of Hot Flashes**
Certain medical conditions and medications can sometimes cause a person to experience hot flashes. For this reason, women for whom menopause is unlikely or women with other unexplained symptoms should consult a doctor to rule out these other potential causes of hot flashes.

<table>
<thead>
<tr>
<th>Diseases that can cause hot flashes:</th>
<th>Medications that can cause hot flashes:</th>
<th>Common Triggers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Panic disorder</td>
<td>• Raloxifene (osteoporosis drug)</td>
<td>• Warm environments (i.e. hot weather, rooms, beds, saunas, and showers).</td>
</tr>
<tr>
<td>• Infection</td>
<td>• Tamoxifen (cancer drug)</td>
<td>• Heat makers (e.g. fireplaces, hair dryers, heaters)</td>
</tr>
<tr>
<td>• Cancer</td>
<td>• Gonadotropin analogues</td>
<td>• Stress and anxiety.</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>(leuprolide, goserelin and nafarelin)</td>
<td>• Hot and spicy foods and drinks.</td>
</tr>
<tr>
<td>• Thyroid disease</td>
<td></td>
<td>• Smoking cigarettes.</td>
</tr>
<tr>
<td>• Obesity</td>
<td></td>
<td>• Overconsumption of caffeine, alcohol, and sugar.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diet pills.</td>
</tr>
</tbody>
</table>

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

While night sweats, the nocturnal cousin of hot flashes, can be uncomfortable and disruptive, they don't usually signal a more serious underlying condition.

In fact, night sweats are one of the most common companions of menopause which typically begins in a woman's late 40s to early Manna Menopause e-Book
50s. Scientific studies suggest that as many as 75% of menopausal women experience night sweats.

When a woman approaches menopause, she may have many questions about the potential symptoms, including night sweats. Understanding what to expect, why these symptoms occur, and how to manage them can help a woman better prepare for and manage this transitional time period.

**Night sweats,** medically termed "sleep hyperhidrosis," are episodes of night time sweating, which can range from mild to profuse. Night sweats are similar to the hot flashes that can affect menopausal women during the waking hours.

Oftentimes, night sweats can be so intense that they interrupt a woman's sleep, which can affect many aspects of her daily life.

Common symptoms of night sweats include sudden and intense heat, irregular heartbeat, nausea, flushing, chills, and headaches.

Women with menopause-related night sweats may experience anywhere from mild to severe symptoms of these night sweats, of both infrequent or frequent duration, during their usual sleeping hours.

**Who is Affected?**

Many women in their 40s and 50s develop night sweats, which often begin before the actual cessation of a woman's menstrual cycle.

One study found that approximately 19% of women aged 40 to 55 who still had regular periods experienced night sweats. Most women begin to develop symptoms three to ten years before actual menopause, a span of time called peri-menopause.

Research shows that not all women are affected the same. Age, race, and other factors can influence how likely a woman is to develop night sweats during menopause.

**Causes of Night Sweats**

Many women who experience night sweats wish to know the reason behind this symptom of menopause. While the exact cause of night sweats is unknown, most experts point to **hormonal imbalance** as the primary culprit.

**Hormonal Causes**

During menopause, levels of the hormone estrogen become erratic and eventually begin a steady and permanent decline. This **change in estrogen levels affects** the hypothalamus in the brain, which is responsible for the regulation of body temperature. As a result, the hypothalamus often prompts a series of physiological reactions, which women experience as hot flashes or night sweats.

**Other Causes**

While hormonal imbalance is by far the most common cause of night sweats in menopause, there are rare medical causes, such as diabetes, anxiety, neurological conditions, sleep apnea, cancer, and thyroid disorder.

**Night Sweat Triggers**

Certain factors can intensity night sweats or make them more frequent. Avoiding these triggers can help many menopausal women alleviate both hot flashes and night sweats.

<table>
<thead>
<tr>
<th>Environmental Triggers</th>
<th>Emotional Triggers</th>
<th>Behavioral Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Excess bedding</td>
<td>• Stress</td>
<td>• Hot or spicy foods</td>
</tr>
<tr>
<td>• Close proximity to bed partner</td>
<td>• Anxiety</td>
<td>• Alcohol or caffeine</td>
</tr>
<tr>
<td>• Hot rooms</td>
<td>• Disturbing dreams</td>
<td>• Diet pills</td>
</tr>
<tr>
<td>• Warm weather</td>
<td></td>
<td>• Smoking</td>
</tr>
<tr>
<td>• Saunas, tubs, hot showers</td>
<td></td>
<td>• Drug use</td>
</tr>
</tbody>
</table>

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

Irregular periods are often one of the first signs that a woman is approaching menopause. Though the exact symptoms of irregular periods vary depending on a woman's unique cycle, virtually all women will experience irregular periods for three to ten years before periods stop completely.

In fact, only 10% of women reach menopause without any irregular periods.

Manna Menopause e-Book
Menopause occurs only after a woman has not had her period for one year.

As menopause approaches, women´s hormones become imbalanced, and because the menstrual cycle is entirely dependent upon hormones, irregular periods often occur. Read on to learn more about irregular periods and their symptoms, common causes, and treatment options.

**About Irregular Periods**

In order to discuss irregular periods, it is helpful to first understand what a "normal" period is. While every woman is different, normal periods are typically described as having an interval of 25 to 31 days from period start to period start, with bleeding lasting approximately five days. The average amount of blood loss during a normal period is two to eight tablespoons.

While this is a "textbook" definition of normal periods, some women may experience menstruation differently. Thus, irregular periods might be characterized by symptoms that are unusual for them.

Irregular periods, then, are alterations in a woman´s typical menstrual cycle that persist for several months. Irregular periods are those characterized by abnormal bleeding and/or unusual cycle lengths.

**Common symptoms of irregular periods:**

- Infrequent/too frequent periods
- Missed Periods
- Painful cramping
- Abnormal duration of bleeding
- Changes in blood flow
- Blood clots
- Fertility and Irregular Periods

**Causes of Irregular Periods**

Several factors can cause irregular periods, but for women approaching menopause, the most likely cause is fluctuating hormonal levels experienced typically between the ages of 45 and 55. A woman´s menstrual cycle cannot be separated from her hormones, because her hormones, particularly estrogen and progesterone, drive the process. When hormone production begins to taper off, periods often become irregular.

To better understand the hormonal cause of irregular periods, it´s helpful to read below and learn what functions the hormones play during menstruation.

On average, a women has 500 menstrual cycles throughout her lifetime, between the time of her first period at about age 12 to her last period just prior to menopause.

**Role of Hormones During Menstrual Cycle:**

While menstruation is orchestrated by many hormones, progesterone and estrogen are the primary hormones responsible for irregular periods.

**Estrogen:** Estrogen is responsible for thickening the uterine lining before ovulation. As levels of estrogen become erratic in menopause, this lining is often shed irregularly and can lead to heavy bleeding.

**Progesterone:** Progesterone is responsible for triggering the shed of the uterine contents after ovulation when fertilization hasn't occurred. It is also responsible for controlling the intensity and duration of menstrual bleeding. When it declines in menopause, it can lead to irregular periods. During an ovulation, which is common with irregular periods in menopause, progesterone is not produced. This can lead to estrogen build-up. As production of these two hormones so integral to the menstrual cycle begins to decrease prior to menopause, periods are usually affected. Before decreasing to a constant low level, estrogen and progesterone will often fluctuate wildly and cause irregular periods.

**Other Causes of Irregular Periods**

Manna Menopause e-Book
Although hormonal imbalance is the primary causes of irregular periods during menopause, there are some health conditions and lifestyle triggers that can causes irregular periods. They are:

<table>
<thead>
<tr>
<th>Health Conditions:</th>
<th>Lifestyle triggers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eating disorders</td>
<td>• Significant weight gain/loss</td>
</tr>
<tr>
<td>• Polycystic Ovarian Syndrome</td>
<td>• Over-exercise</td>
</tr>
<tr>
<td>• Uterine abnormalities (Fibroids, cysts, polyps, endometriosis)</td>
<td>• Poor nutrition</td>
</tr>
<tr>
<td>• Irritable Bowel Syndrome</td>
<td>• Smoking</td>
</tr>
<tr>
<td>• Tuberculosis</td>
<td>• Drug use</td>
</tr>
<tr>
<td>• Recent birth, miscarriage, or D&amp;C</td>
<td>• Caffeine</td>
</tr>
<tr>
<td>• Liver disease</td>
<td>• Excessive alcohol use</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• Increased stress</td>
</tr>
<tr>
<td>• Cancer</td>
<td>• Medication use</td>
</tr>
<tr>
<td>• Anemia</td>
<td>• Breastfeeding</td>
</tr>
<tr>
<td>• Thyroid dysfunction</td>
<td></td>
</tr>
</tbody>
</table>

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The [Manna Menopause Support Supplement](#), with 100% natural phyto-estrogens.

4. **Loss of Libido**

Loss of libido can be one of the most difficult symptoms of menopause to manage, often because a woman might not understand how and why she has lost the desire to be physically intimate with her partner. It is important to recognize that loss of libido during menopause is common, affecting as many as 20 to 40 percent of women.

Learning more about loss of libido, its myriad causes, and how it can be managed, can not only bring a woman peace of mind but is the best step towards resolving this complex symptom of menopause. Read on to learn more about loss of libido during menopause.

**About Loss of Libido**

Loss of libido is a complex phenomenon with psychological, relational, physical, and hormonal dimensions as unique as the women who experience them.

The term libido has long been used to describe a person's sexual drive and their desire for sex. Loss of libido, medically termed "hypoactive sexual desire disorder," is a reduction or lack of interest and desire in sexual activity. Loss of libido is chiefly characterized by a lack of interest or desire for sexual activity. Many women with loss of libido find that they are less in touch with their sexuality. Sexual feelings come less frequently and energy for sex drastically dwindles or disappears from a woman's life.

While loss of libido differs from the inability to become aroused or achieve orgasm, menopausal women may also experience these symptoms of sexual dysfunction. Other symptoms of menopause, such as vaginal dryness and irritation, can also be related symptoms of loss of libido.

**Causes of Loss of Libido**

Like many menopausal symptoms, the primary cause of loss of libido has its roots in hormonal imbalance. However, physical, psychological and relationship issues can affect the libido during menopause as well.

Manna Menopause e-Book
Hormonal Causes of Loss of Libido
During menopause, one of the most common identifiable causes of loss of libido is hormonal imbalance. Reductions in the levels of three major hormones can contribute to the reduction of sexual drive and energy.

**Estrogen**
Estrogen plays a vital role in female sexuality by increasing sensations, assisting in the production of vaginal lubrication, and maintaining the health of vaginal tissue. As a woman approaches menopause, her body begins to produce less estrogen. This can cause a host of symptoms that can contribute to a woman’s loss of libido, such as hot flashes, night sweats, irregular periods, and vaginal dryness.

**Progesterone**
Progesterone hormones are also integral to maintaining sexual health. When levels are too low during menopause, the resulting irregular periods, fatigue and other menopause symptoms can cause loss of libido.

**Androgens/ Testosterone**
As with estrogen, the body begins to produce lower levels of androgens (e.g. testosterone) with age. Experts believe that this drop in androgens can also cause women to experience loss of libido around the time of menopause. While hormonal change is often a major cause of loss of libido during menopause, other factors can also cause or contribute to a woman’s loss of libido.

Other Causes of Loss of Libido
In addition to hormonal causes of loss of libido, several other factors can lead to this common menopausal symptom. The other causes can be separated into three categories: physical, psychological, and relational causes. These other causes are listed below.

<table>
<thead>
<tr>
<th>Physical Causes</th>
<th>Psychological Causes</th>
<th>Relational Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual dysfunction</td>
<td>Stress</td>
<td>Changes in partner’s physical health</td>
</tr>
<tr>
<td>Pain-related conditions</td>
<td>Fatigue</td>
<td>Intimate relationship changes</td>
</tr>
<tr>
<td>Medication use</td>
<td>Changes in self esteem and body image</td>
<td>Availability of partner</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>Concerns about aging</td>
<td>Lack of communication between partners</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Feelings about sex</td>
<td>Changing social role</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Psychological disease (e.g. mood swings, depression, and anxiety)</td>
<td>Family changes</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td>Low sex drive in partner</td>
</tr>
<tr>
<td>Chronic disease</td>
<td></td>
<td>Major life changes</td>
</tr>
<tr>
<td>Vaginal dryness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Treatments for Loss of Libido
Fortunately, loss of libido can easily be treated through a variety of methods. Oftentimes lifestyle changes such as a few changes in diet and exercise patterns will not only help to treat loss of libido, but corresponding stress and anxiety as well.

**Recommended Foods**
Oysters, Red Meat, Liver, Kidney Beans (zinc), Leafy Greens, Almonds, Buckwheat (magnesium), Lean Meats, Fish, Nuts, Dairy (protein), Edamame, Tofu, Miso, Soymilk (soy products)

However, because the root of the problem for women going through menopause is a drop in hormone levels, the best way to treat this problem is to go directly to the hormonal source.

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

5. **Vaginal Dryness**
Though vaginal dryness can occur at any point in a woman’s life, this troubling condition is more likely during menopause due to decreasing levels of estrogen in the body. Hormone changes characteristic of menopause can change the moisture levels in the body, including the vaginal area. Studies report that 40 to 60 percent of women develop vaginal dryness during the menopausal transition.

Manna Menopause e-Book
Other studies indicate that many women are not informed and/or are embarrassed to ask about vaginal dryness. However, learning more about this normal symptom of menopause is one of the best ways to seek a solution and increase one’s physical and emotional wellbeing.

**About Vaginal Dryness**

Vaginal dryness, medically termed "atrophic vaginitis," is defined as a lack of adequate moisture in the vaginal area. The body naturally lubricates the vaginal walls with a thin layer of moisture. This moisture layer is made of a clear fluid excreted through the blood vessel walls around the vagina. When a woman is sexually aroused, these blood vessels receive more blood flow, stimulating the secretion of fluids, thus increasing vaginal lubrication.

However, hormonal changes that occur with menopause and other female life events can disrupt this process, both during sex and in daily life. Symptoms of vaginal dryness can range in severity from mild and slightly annoying to significantly life impeding. Many women find that the symptoms of vaginal dryness can affect the way they feel about themselves, sex, and life in general. There are a wide range of possibilities, though the following are the most common symptoms involved with vaginal dryness.

**Common Symptoms of Vaginal Dryness:**

- Itching
- Stinging
- Light bleeding with sex
- Irritation
- Painful intercourse
- Urinary frequency
- General discomfort
- Discomfort when wearing pants
- Burning
- Pressure

While these symptoms are common, certain factors can aggravate or worsen vaginal dryness in menopause. For example, women coming off hormone replacement therapy (HRT) may find their symptoms of vaginal dryness are more severe. Stress is also another major trigger of severe vaginal dryness.

**Causes of Vaginal Dryness**

During the menopausal transition, the ovaries begin to produce less estrogen in preparation for the cessation of menstruation (i.e., menopause). This decrease in estrogen is the primary cause of vaginal dryness during menopause, which typically begins in a woman’s 40s to 50s.

**Reduced estrogen levels** often cause the vulva and vaginal tissues to become thinner, dryer, and less elastic, a condition called atrophy.

During this time, vaginal secretions also diminish, with a correlating decrease in lubrication. Drops in estrogen also change the Ph level of the vagina, making the once acidic environment more alkaline, which can increase irritation and the likelihood of vaginal infection.

In addition to hormonal causes, other physiological, environmental, and emotional factors can cause or contribute to vaginal dryness.

<table>
<thead>
<tr>
<th>Physical Causes:</th>
<th>Emotional Causes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Autoimmune disease (Sjogren’s syndrome)</td>
<td>• Stress is a major factor that can cause or increase the severity of vaginal dryness.</td>
</tr>
<tr>
<td>• Infection (bacterial, viral; sexually transmitted)</td>
<td>• <strong>Other emotional problems</strong>, including anxiety and depression can lead to lack of arousal and vaginal dryness.</td>
</tr>
<tr>
<td>• Certain medications</td>
<td>• <strong>Unresolved relationship problems</strong> can also result in decreased vaginal lubrication during sexual activity, loss of libido, and problems with arousal.</td>
</tr>
<tr>
<td>&gt; Antihistamines</td>
<td></td>
</tr>
<tr>
<td>&gt; Cold medications</td>
<td></td>
</tr>
<tr>
<td>&gt; Antidepressants</td>
<td></td>
</tr>
<tr>
<td>&gt; Cancer treatments</td>
<td></td>
</tr>
<tr>
<td>• Smoking, Alcohol consumption</td>
<td></td>
</tr>
</tbody>
</table>

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.
6. Mood Swings

Menopause can not only prompt uncomfortable physical symptoms, it can also turn a woman’s emotions into an out-of-control pendulum by afflicting her with mood swings. Menopause is a time of significant hormonal changes, and these changes, typically occurring in women between the ages of 45 and 55, can affect emotional stability just as much as the body’s equilibrium. More than 50% of women experience mood swings as they approach menopause. Fortunately, there are ways to manage mood swings during this transitional time.

About Mood Swings
Mood swings are defined as extreme or abrupt fluctuations in mood. During mood swings, people often experience drastic shifts in their emotional state. The term "mood swing" is often used to describe an emotional reaction that is inappropriate to its cause or trigger. During menopause, women commonly experience mood swings because their hormones, which regulate mood and emotions, are thrown off balance. Though this is a common and normal symptom of menopause, it can be a very troubling phenomenon. It is often helpful for women going through mood swings to understand the symptoms of this condition. Please read on to learn more about how mood swings can manifest during menopause.

Symptoms of Mood Swings
Because each woman has her own individual way of managing her emotions, stress, and her environment, all women experience the symptoms of mood swings differently. However, many symptoms of mood swings are common for women going through menopause.

Common Symptoms of Mood Swings:
- Frequent mood changes
- Unexplainable emotions
- Depression
- Sadness
- Lack of motivation
- Extreme moods
- Irritability
- Aggression
- Less patience
- Increased stress
- Anxiety
- Nervousness
- Melancholy

Being aware of these symptoms can help a woman develop a better perspective on mood swings. Now, with a clear understanding of what mood swings are, it’s time to learn about the underlying causes of them to become better equipped to deal with and treat mood swings.

Causes of Mood Swings
Mood swings during menopause are caused largely by the hormonal transitions women go through during this time. Hormones, such as estrogen, influence the production of serotonin, which is a mood regulating neurotransmitter. However, there are other causes of mood swings. Other menopause symptoms such as hot flashes, night sweats, physical changes, and fatigue can cause or intensify mood swings, but these symptoms are generally caused by hormonal imbalance as well.

1. Hormonal Causes of Mood Swings
Medical researchers have found that estrogen seems to play a large role in the brain’s production of serotonin, also known as the mood regulating neurotransmitter.

Estrogen’s Effects on Serotonin:
- Increases serotonin receptor sensitivity
- Increases serotonin receptor levels

Manna Menopause e-Book
 Increases serotonin production
Because peri-menopausal hormone imbalances temporarily disturb serotonin production in the brain, there is an increased chance of mood swings, depression, and other psychological disturbances during menopause. While hormonal imbalance is thought to be a major underlying cause of mood swings during menopause, experts also point out that mood disturbances may be caused by other menopausal symptoms.

2. Other Menopausal Causes of Mood Swings
Doctors believe that mood swings are often the result of other menopausal symptoms. Women in their 40s and 50s, often stretched already by work and home stresses, suffer fatigue, sleep problems, hot flashes, and other symptoms that can directly contribute to problems with mood and emotion.

Risk Factors for Mood Swings
Why are some women more prone to mood swings during menopause? The answer, though complicated, has much to do with a woman's chemistry, her environment, and other factors. In addition to the hormonal causes of mood swings, several psychological, behavioral, and health related factors can increase the likelihood that a woman will develop mood swings during menopause.

<table>
<thead>
<tr>
<th>Psychological factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past mental illness</td>
</tr>
<tr>
<td>Stress</td>
</tr>
<tr>
<td>Past trauma</td>
</tr>
<tr>
<td>Relationship issues</td>
</tr>
<tr>
<td>Coping with change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Poor diet</td>
</tr>
<tr>
<td>Inadequate exercise</td>
</tr>
<tr>
<td>Stimulant use</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Early menopause</td>
</tr>
<tr>
<td>Heart disease</td>
</tr>
<tr>
<td>Sleep disorders</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Lupus</td>
</tr>
<tr>
<td>Thyroid disease</td>
</tr>
</tbody>
</table>

Extreme Cases of Mood Swings
While mood swings are normal during menopause, emotional and mood related symptoms might indicate a more serious condition. Mood swings that are extreme, last for an extended duration, or put a woman or others at risk of harm might warrant professional help. To learn more about when to seek help for mood swings, please read on about the symptoms of bipolar disorder, clinical depression, and anxiety.

Extreme case 1: Bipolar Disorder
Bipolar disorder, also called manic-depressive disorder, is a group of mood disorders, characterized by the presence of one or more episodes of mania, or abnormally elevated mood, and alternating episodes of depression, or prolonged low moods.

Extreme case 2: Depression
Depression, termed major-depressive disorder, is another condition more serious than mood swings for which professional help is often necessary. While many people experience the symptoms of depression at different times in their lives, clinical depression is more than a temporary state or a symptom of menopause.

Extreme case 3: Anxiety
Anxiety is another condition more serious than menopause-induced mood swings. Anxiety disorders affect up to 18% of US adults, making this the most common type of mental illness. Clinical anxiety is a group of disorders and fobias that includes the following at the right box:

Disorders of clinical anxiety:
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder
- Social Phobia
- Panic Disorder

Fortunately, excellent help is available for women who experience psychological conditions more serious than mood swings. Most women who go through menopause will not develop such symptoms. If concerned about mood swings or other symptoms during menopause, it is wise to speak with a qualified health professional.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.

Manna Menopause e-Book
7. Fatigue

Fatigue is one of the most frequently experienced symptoms of menopause, with up to 80% of women reporting this experience at one time or another. Hard to pinpoint and sneaky in its effects, fatigue can make this already tumultuous time period even harder to deal with by making women irritable and unable to concentrate during the daytime.

Primarily caused by the hormonal changes that come along with menopause, fatigue can be exacerbated by other illnesses, other menopausal

Around 20% of Americans claim to have fatigue intense enough to interfere with their normal life. Physical causes are estimated at 20-60%, and emotional causes are the other 40-80%.

Symptoms, or behavior and lifestyle. By understanding more about the causes and effects of fatigue, it is fortunately possible to overcome it.

About Fatigue

In order to discuss what fatigue is, it is helpful to not only define it but also to outline the signs and symptoms of fatigue in menopause.

Fatigue is defined as an ongoing and persistent feeling of weakness, tiredness, and lowered energy level. This should be distinguished from drowsiness, which implies an actual urge to sleep. Fatigue involves lack of energy rather than sleepiness.

Another distinction that must be made is that between fatigue as a symptom of menopause and chronic fatigue syndrome, which is a more serious and complicated disorder, chronic fatigue syndrome includes periods of extreme fatigue that do not improve with bed rest, may worsen with physical or mental activity, and is often tied to other illnesses.

This symptom can be distinguished by a variety of characteristics, both mental and physical. Oftentimes these symptoms can be experienced in tandem with each other. A woman undergoing menopause might feel a lag in energy levels that lasts all day, or experience shorter bursts of fatigue intermittently.

Fatigue is particularly frustrating as it has this duel effect on both mind and body, making the completion of normal tasks difficult if not impossible.

Causes of Fatigue

For women undergoing the menopausal transition, the most likely cause of fatigue is the fluctuation in hormones that occurs naturally during this time. Hormones are responsible for controlling energy at the cellular level, thus when levels of estrogen and progesterone decrease, so do energy levels.

Compounding this, hormones also play a role in regulating the sleep cycle. These fluctuations will also affect a woman’s ability to get a good night of rest, leading to fatigue in the morning.

Other hormones that are involved in this process include the thyroid and adrenal hormones, as well as melatonin. These all work at the cellular level to regulate energy levels, thus when the hormone levels naturally decrease during menopause, so does a woman’s energy. This is what leads to the feeling of persistent fatigue.


While most middle aged women experiencing fatigue as a result of the hormonal changes that occur naturally during this time period, there are certain other, less common conditions such as thyroid disorders or depression, that are capable of causing fatigue as well.

Other Causes of Fatigue:
- Adrenal Fatigue
- Thyroid dysfunction
- Sleep disorders
- Narcolepsy
- Psychological Illness
- Depression
- Anxiety
- Chronic fatigue syndrome
- Sleep Apnea
- Heart Disease
- Anemia

Risk Factors for Fatigue:
- Allergies
- Alcohol/Drugs/Caffeine
- Poor Diet
- Stress
- Jet Lag
- Sedentary Lifestyle
- Boredom

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
8. Hair Loss
Traditionally hair loss is a condition associated with men, however it is a reality for an astonishing number of women as well. Particularly during menopause when hormones are thrown out of balance in the body, hair loss is an unfortunately common reality. Oftentimes this is one of the first symptoms of menopause that a woman notices. Hair loss can be one of the more depressing symptoms of menopause, as a woman’s hair is associated with her femininity, sexuality, and individual sense of style.

About Hair Loss

Hair Growth
The average head contains approximately 100,000 hairs at any given time. Hair is formed from keratin, a protein that also forms the nails and outer layer of skin. Above the surface, the part that is brushed and styled, each strand of hair is actually dead tissue secreted by hair follicles which exist below the scalp’s surface. This visible section is called the hair shaft.

Hair remains on the head for a length of time between 2 and 6 years, during which it is continually growing. This growing phase is known as the time of anagen. By contrast, there is also a resting phase known as telogen, about 3 months in duration, in which the hair stops growing, after which it generally falls out, creating hair loss.

It is normal to lose 50-100 hairs each day. These are constantly regenerated by the hair follicles. However due to various reasons, it is possible for a far greater hair loss to occur, particularly in women undergoing the transition of menopause.

Not all hair loss is the same. As it can be caused by a variety of factors, there are a corresponding number of ways in which it might manifest itself. When imagining hair loss, many people automatically think of male pattern baldness first, which is characterized by the receding hairline and bald patch on top of the head. In menopausal women this hair loss tends to not be as noticeable, with an overall thinning in most cases rather than bald spots.

Symptoms of Hair Loss
As some degree of hair loss is normal, it may be difficult to ascertain whether or not the amount of hair being shed is to a degree that warrants concern. The following are some of the most common symptoms of hair loss in menopause:
- Hair falls out in large clumps when washing it.
- Large snarls of hair appear in brush or comb.
- Small bald patches appear on the scalp.
- Scalp is red, oily, and/or itchy.
- Noticeable hair thinning on front, sides or top of head.

The average head of hair has about 100,000 hairs.
If experiencing these symptoms, it is likely that hair loss has reached the point of being a problem. Click on the following link for more information about hair loss during menopause, or continue reading to learn more about specific causes for hair loss during menopause.

Causes of Hair Loss

Hormonal Causes
Hair loss during menopause is usually a direct effect of fluctuating hormone levels. Two main hormones are involved in hair growth: estrogen and testosterone. In estrogenic alopecia, the most common type of hair loss for menopausal women, this loss is directly attributed to a fall in estrogen levels. Estrogen helps hair grow faster, and stay on the head for a longer duration, leading to thicker, healthier hair.

Estrogen is not the only hormone that comes into play with the issue of menopausal hair loss. Androgens, or male hormones, increase as estrogen levels decrease. This causes androgenic alopecia, another form of hair loss.

An androgen known as dihydrotestosterone, or DHT appears to bind to hair follicles and force them to go into their "resting" phases, or telogen, sooner than is normal, causing the new hairs to grow ever thinner with each cycle of hair growth. Testosterone also shrinks the hair follicles, causing hair loss on the head, yet a greater production of hair on the face.

It is not only hormones that can cause a decrease in hair production during menopause however. There are a number of other causes that can lead to hair loss.
While for menopausal women the cause of hair loss almost always is at least partially hormonal, there are many other causes that may also play a role in hair loss during menopause; including medical, psychological, or lifestyle triggers.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
9. Sleep Disorders

Studies show that lack of sleep leads to decreased function in the daytime, including lack of concentration, irritability, and a weaker immune system. For women undergoing menopause, this can be even more devastating as they are dealing with shifting hormone levels, which are often the root of their sleep problems, as well as all the stresses of adult life.

About Sleep Disorders
On average, a healthy adult needs approximately 7-8 hours of undisturbed sleep per night.

Yet many women do not receive the proper amount. Those with sleep disorders experience the persistent problem of going without the recommended amount of uninterrupted sleep, leading to a weakened immune system, increased anxiety, and a worsening of pre-existing medical conditions.

This may also have a strain on business or personal relationships, and cause emotional disturbances. Women wake up more often during the night and as a result are tired and can’t concentrate during the day. The sleep cycle is highly important to maintain a healthy demeanor and immune system; and sleep disorders throw this into disarray.

Symptoms of Sleep Disorders
Sleep disorders can encompass a variety of symptoms and conditions; however, there are certain warning signs that are fairly common. If experiencing any of the following, the existence of one or more sleep disorders is likely.

Types of Sleep Disorders
There is a wide variety of sleep disorders. Recent Gallup poll estimates that there are 65 million sufferers of the 70-80 types of sleep disorders that exist. As people age, there is a tendency to get less sleep in general, as well as less time spent in the deepest, most beneficial periods of the sleep cycle.

For menopausal women, the most commonly reported sleep disorders are insomnia, sleep apnea, snoring, narcolepsy, and restless leg syndrome.

The numbers
Approximately 16% of postmenopausal women report having trouble falling asleep, and 41% report waking up frequently during the night.

Menopause Symptoms Related to Sleep Disorders
The results of symptoms caused by these sleep disorders are often closely correlated to other symptoms of menopause. For example, night sweats, the nighttime version of hot flashes, can disrupt sleep patterns by causing a woman to awaken several times during the night. Sleep disorders can also lead to further depression and anxiety, which may make sleep difficult. This can cause a vicious circle of lack of sleep, fatigue, and other unpleasant symptoms of menopause.

Effects of Sleep Disorders
While it is possible to suffer from sleep disorders such as sleep apnea and be completely unaware of this during the evening, these interruptions in a woman’s sleeping patterns will surely have a noticeable effect on her daily life. Below is a list of common effects of sleep disorders:

Striking data
The rate of insomnia rises among women at a rate of 40% during the transitional period of menopause to postmenopause.

• Reduced capacity for learning, speech, and memory.
• Inability to concentrate on daily tasks.
• Higher chance of car accidents.
• Tendency towards weight gain.
• Weakened immune system.
• Damage to business and/or personal relationships.
• Increased irritability.
• Depression/fatigue.

Causes of Sleep Disorders
The primary reason why a woman may develop sleep disorders during menopause relates to the hormonal fluctuations that are taking place within her body. Declining levels of hormones, specifically of estrogen and progesterone, affect a woman in myriad ways, one being sleep disorders.

Manna Menopause e-Book
Estrogen and progesterone’s effects on sleep
As mentioned above, estrogen and progesterone affect sleep. Dropping levels of either hormone can cause sleep disorders, although each one affects in different ways. The information below specifies how estrogen and progesterone affect sleep, so please continue reading to understand better how hormonal fluctuations causes sleep disorders.

How a decline in estrogen affects sleep:
Slows down the intake and secondary production of magnesium, a mineral that helps muscles to relax.
Linked to hot flashes and night sweats which interrupt sleep cycle.
Linked to sleep apnea, disturbing breathing during the night.

How a decline in progesterone affects sleep:

Progesterone has a sleep-inducing effect. When levels decline, the ability to fall asleep soundly does as well.
Linked to insomnia, and inability to fall asleep promptly.

Although hormonal imbalance is generally the root cause of sleep disorders during menopause, a woman’s psychology can also play a part in her sleep disorders.

Psychological Causes of Sleep Disorders
During the years leading up to menopause, a woman must undergo a great deal of changes involving her body which can lead to feelings of anxiety, depression, and stress.

Anxiety is linked to an inability to fall asleep, while depression has been known to cause early morning awakening.

Psychological Disruptions
- Depression
- Anxiety
- Stressful work situations
- Relationship problems
- Financial issues

Problems at work or issue in interpersonal relationships can add to stress levels and make it difficult to relax enough to obtain a full night of rest. This can cause insomnia or other sleep disorders. The typical woman oftentimes has an extremely hectic schedule, balancing her family along with multiple other responsibilities, which can lead to little time for sleep.

Other Risk Factors for Sleep Disorders
Some women are more prone to sleep disorders than others. Below is a list of risk factors that can make a woman more susceptible to sleep disorders:
- Obesity
- High blood pressure
- Age
- Use of caffeine/nicotine
- Use of drugs/alcohol
- Inactivity/lack of exercise
- Working rotating/night shifts

Common symptoms of Sleep Disorder
- Needing more than 30 minutes to fall asleep.
- Awakening several times.
- Snoring loudly, choking, gasping.
- Sleepwalking or talking during sleep.
- Feelings of paralysis upon waking.
- Difficulty concentrating or memory problems

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes &
(2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
10. Difficulty Concentrating
For those women suffering from difficulty concentrating as a result of menopause, many times this symptom can feel as though it comes out of nowhere. This may be frightening if it is unexpected. There are a variety of reasons why a woman may experience difficulty concentrating; however for women of menopausal age, hormonal fluctuations that occur naturally during this time period are the most likely suspect.

About Difficulty Concentrating
Due to the fact that this symptom, though extremely common, can be subtle, it is helpful to first define what constitutes difficulty concentrating.
Difficulty concentrating is many times experienced as the inability to concentrate on everyday as well as unusual or complex tasks. Along with this, women may experience disorientation, general forgetfulness, and lost trains of thought.
This can be a cause for concern for many women who are accustomed to possessing the ability to concentrate, and may lead to problems in the workplace or in a woman’s personal life. In addition, women may feel some concern that this is an early sign of more serious conditions such as Alzheimer’s.

Common characteristics of difficulty concentrating:
• Lost train of thought.
• Disorientation
• Fuzzy thinking.
• Forgetfulness.
• Inability to concentrate for long periods of time.
• Inability to focus on complex tasks.

Causes of Difficulty Concentrating
While a number of factors may play a role in the incidence of difficulty concentrating, for women undergoing the menopausal transition the most likely cause is hormonal fluctuation. Estrogen in particular plays a key role in the function of the brain, for several reasons.

There are a number of neurotransmitters in the brain which regulate cognitive function, including heightened memory and ability to concentrate. Acetylcholine, serotonin, and norepinephrine have all been shown to regulate cognitive abilities. If there is a shortage in these neurotransmitters, there may be a decrease in cognitive function, leading to difficulty concentrating.

Estrogen has an effect on the production of all three of these neurotransmitters, as when estrogen levels are higher the production increases. Estrogen also stimulates blood flow to the brain.
In addition to the primary hormonal causes behind difficulty concentrating, many women may have concentration issues that stem from other menopausal symptoms. Sleep disorders and fatigue can render a woman too exhausted to concentrate properly on daily tasks at hand. Psychological symptoms such as depression, anxiety, or panic disorders can also have a hand in difficulty concentrating. When a woman is under stress she may not be able to focus to her best abilities.

Related Menopausal Symptoms:
• Sleep Disorders
• Fatigue
• Depression
• Anxiety
• Pain Disorders
• Hot Flashes

Other Causes of Difficulty Concentrating:
• Natural Aging
• Hyperactivity Disorders
• Drug Use
• Poor Nutrition
• Neurological Disorders

Though the main cause of difficulty concentrating is attributed to the fluctuations in estrogen that influence neurotransmitter levels in the brain; there are a host of other factors that may also influence a woman’s level of concentration. If experiencing difficulty concentrating for any combination of the factors listed above, it is beneficial to note that there are indeed treatment options available.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
11. Memory Lapses
For many women going through menopause, memory lapses can bring the most concern of any menopausal symptom. They can lead women to believe their minds are receding into a fog of mental illness. There are many misunderstandings about memory lapses as they relate to menopause, which will be cleared up in this section.

Definition
Webster’s Dictionary defines memory as "the mental capacity or faculty of retaining or recalling facts, events, impressions or previous experiences". Memory lapses, then, are fleeting periods when a person loses the mental capacity or faculty of retaining or recalling information.

Two types of memory are affected in women who experience memory lapses: short-term memory and recent memory.

Women who suffer from memory lapses typically report that they have "brain freeze" when trying to remember where they left their reading glasses. Recollections of names, dates, and addresses can also evade a woman experiencing memory lapses during menopause, especially when she just received that information.

Types of Memory
Memory is often simplified into only two categories: short- and long-term memory. In fact, there are several types that comprise the extremely complex function of a person’s memory.

The different types of memory shown below will give a better idea of the different functions memory serves.

<table>
<thead>
<tr>
<th>Type of Memory</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term memory</td>
<td>The ability to remember information for brief moments, such as a telephone number for the time it takes to dial it.</td>
</tr>
<tr>
<td>Recent memory</td>
<td>The ability to recall day to day events, involved in learning new information.</td>
</tr>
<tr>
<td>Sensory memory</td>
<td>The ability to recognize smells, sounds, and sights.</td>
</tr>
<tr>
<td>Long-term memory</td>
<td>Also known as remote memory, concerns itself with the more distant past.</td>
</tr>
<tr>
<td>Declarative memory</td>
<td>The ability to remember the meaning of words, facts, and a generalized knowledge of the world.</td>
</tr>
<tr>
<td>Procedural memory</td>
<td>The ability to remember motor skills - knowing how to do things - such as how to walk, ride a bike and eat.</td>
</tr>
</tbody>
</table>

Symptoms of Memory Lapses
The primary symptom of memory lapses is the inability to recall information at will; but, there are other secondary symptoms of memory lapses as well.

- Trouble concentrating.
- Forgetting a recent event and remembering it later.
- "Fuzzy" thinking.

Once a woman is able to recognize that she is having memory lapses, it can be extremely useful to learn about how and why they happen.

Causes of Memory Lapses

Hormonal Causes
Several factors can collaborate to create memory lapses in women going through menopause. But like many other menopausal symptoms, memory lapses are caused largely by hormonal imbalance. Memory lapses can also be a compound of other menopausal symptoms that affect a woman’s concentration level and mental retention. Certain risk factors or lifestyle choices may increase women’s chances of experiencing memory lapses as well.

Memory lapses are commonly experienced by women undergoing the period leading up to menopause. As a woman approaches menopause, certain hormonal levels in the body decrease. These diminishing levels of hormones, particularly estrogen, have myriad effects on a woman’s body and mind.

In the case of memory lapses, estrogen plays an special key role. It has a large effect on the functions of the brain and influences language skills, mood, attention, and a number of other functions, including memory. Estrogen is directly linked to verbal word fluency (the ability to remember names and words). It’s no wonder then that as a woman’s estrogen levels begin to drop, her memory may suffer.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
12. Dizziness during Menopause

While not as well-known as hot flashes or irregular periods, dizziness is a common symptom of menopause caused by hormonal fluctuations. Many menopausal women report bouts of dizziness and vertigo, which may or may not be associated with other menopausal symptoms, such as hot flashes and anxiety.

The first step towards managing dizziness during menopause is to learn more about its symptoms, causes, and treatment. Please read on to discover important information about dizziness, which can help a woman determine the best way to manage this common symptom of menopause.

What is Dizziness?
Dizziness is a non-specific term used to describe transient sensations of lightheadedness, imbalance, and/or disorientation. Dizziness can come on when a person sits or stands up too quickly, is sick, dehydrated, or isn't eating properly. Episodes of dizziness common to menopause are often short-lived, lasting only seconds in duration. Nonetheless, these episodes can be disturbing and sometimes even debilitating.

According to medical experts, dizziness is one of the most common complaints for which adults seek medical attention. Medical terms for dizziness include vertigo, or feelings of spinning or whirling; disequilibrium, or feeling unstable and off-balance; and pre-syncope, which is characterized by faintness and is typically cardiovascular-related.

Dizziness with vertigo often happens when one or more of the body's balance control centers are malfunctioning.

Dizziness Symptoms
Dizziness symptoms can come on at anytime of day. While most symptoms of dizziness last seconds, they can make a person feel out of sorts for an extended duration and can sometimes impede on daily functioning.

While most people who experience dizziness are familiar with these symptoms, many do not understand the cause of dizziness. Understanding the common causes of dizziness can be the first step in learning how to avoid or manage these troubling episodes.

Causes of Dizziness
During menopause, the root cause of dizziness is often changes in hormone levels. Dizziness can also be related to other symptoms of menopause. In rare cases, dizziness during menopause can indicate a more serious condition. While these cases are very rare, it is wise to be informed of all the possible causes of dizziness, further outlined below.

<table>
<thead>
<tr>
<th>Hormonal Causes</th>
<th>Menopausal Causes</th>
<th>Other Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing levels of estrogen during menopause can produce changes in the blood vessels and nervous system, which can cause bouts of dizziness.</td>
<td>Other menopausal symptoms can also cause a woman to feel dizzy. These include: • Hot flashes • Migraine • Ear problems • Anxiety and panic disorder</td>
<td>• Low blood pressure • Dehydration • Low blood sugar (hypoglycemia) • Arthritis (especially of the cervical spine) • Medication use • Cold and Flu • Viral infection • Heart problems • Stroke</td>
</tr>
</tbody>
</table>

One's sense of balance and equilibrium depends on the proper functioning of at least two of the body's three balance control centers: the eyes, ears, and sensory nerves. If the brain can't process all of the information from these centers, the messages are contradictory, or these systems are not working properly, a person can experience dizziness and/or loss of balance and equilibrium. Low blood pressure and other cardiovascular system changes can also lead to dizziness.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.

Manna Menopause e-Book
13. Weight Gain During Menopause

As women approach menopause they endure many symptoms, but one that proves the most difficult for many women to accept is menopausal weight gain. Not only can a few extra pounds (or maybe more) ravage a woman’s self-esteem and self-image, but weight gain can usher in a host of health concerns that put a woman at risk of developing life-threatening conditions. Up to 64% of adults are considered either overweight or obese.

About 90% of menopausal women experience some amount of weight gain. Although weight gain is a natural and common aspect of getting older, there are ways to reduce it. Women who are educated about this symptom are more likely to find ways around the typical spare-tire waist or extra inches here and there.

About Weight Gain

Weight gain takes place when a woman increases her body mass, whether as a result of fat deposits, additional muscle tissue, or excess fluid. However, weight gain associated with menopause typically involves increased amounts of fat around the mid-section.

On average, women gain between 12 to 15 pounds between the ages of 45 and 55, the stage in life when menopause typically occurs. This extra weight generally does not evenly distribute itself throughout a woman’s body. The weight tends instead to accumulate around the abdomen, and women often notice the shape of their bodies slowly lose their hour-glass figure and begin to take on a rounder shape. This body transformation is a typical aspect of weight gain during menopause.

Symptoms of Weight Gain

Women generally know when they have gained weight and don’t need to learn how to identify this menopausal symptom. Some of the indicators, however, are unique to weight gain associated with menopause. At the right there is a list of symptoms of weight gain during menopause.

Risks of Weight Gain

Weight gain during menopause entails more than just aesthetic concerns. Although no one enjoys looking in the mirror and seeing a softer, plumper body looking back, weight gain can lead to very serious health conditions that transcend visual displeasure. Several diseases and other conditions can spawn as a result of a body burdened with excess pounds. Here is a list of conditions weight gain can lead to:

- Heart disease, stroke
- High blood pressure
- Osteoarthritis
- Breast cancer
- High cholesterol
- Kidney disease
- Sleep apnea
- Insulin resistance (increasing diabetes risks)
- More severe menopausal symptoms

Weight gain and breast cancer

Women who gain in excess of 10Kg after menopause increase their breast cancer risk by nearly 20 percent, but those who lose 10Kg after menopause reduce their breast cancer risk by as much as 23 percent.

Causes of Weight Gain

As years progress the metabolism slows; setting the physiological stage for weight gain. Although age itself can lead to plumped midsections, women approaching menopause have particular cause for concern. As a woman’s hormones fluctuate prior to menopause and preparing for a permanently reduced hormonal level, it is likely to experience weight gain.

Hormonal Causes of Weight Gain

A woman’s hormones have complex functions in her body, including weight control. Here’s a list of the different hormones that can affect weight gain and how:

- Estrogen: As a woman’s ovaries produce less estrogen, her body attempts to find the hormone in places other than the ovaries. Fat cells can produce estrogen, so her body works harder to convert calories into fat to increase estrogen levels. Unfortunately, fat cells don’t burn calories the way muscle cells do, which causes weight gain.
**Progesterone:** Water retention is often linked to menopause because water weight and bloating are caused by decreased progesterone levels. Though this doesn’t actually result in weight gain, clothes can feel a bit tighter and a woman may feel as though she’s heavier.

**Androgen:** The amount of this hormone increases at the onset of menopause. It’s responsible for sending new weight to the mid-section instead of to the hips, which many women are accustomed to. Some women even have a nickname for the menopause years based on the mid-section weight gain: “the middle-age spread”.

**Testosterone:** Testosterone helps a woman’s body create lean muscle mass out of the calories consumed. Muscle cells burn more calories than fat cells do, increasing metabolic rate. As testosterone levels drop, fewer calories are transformed into lean muscle mass, thus a woman’s metabolism winds down.

**Insulin Resistance:** Insulin resistance can occur during the menopausal years. This is when a woman’s body mistakenly turns every calorie taken in into fat. Over time, processed and refined foods may make a woman’s body resistant to insulin produced in the blood stream.

**Hypothyroidism and Weight Gain**
Women with an underactive thyroid often experience weight gain because their metabolic rate slows down as a result of the condition. In some cases, hyperthyroidism can also cause weight gain, but that is rare. Thyroid hormones essentially regulate calorie consumption in the body. With an underactive thyroid, fewer calories are burned and converted into energy. Instead they are stored in the body.

**Other Causes of Weight Gain**
Although hormones are largely responsible for weight gain during menopause, there are other factors that can play a role as well. They are separated into two categories: age and lifestyle factors.

**Age and weight gain:**
Beginning at about age 30, an individual’s physical abilities begin to decrease and continue deteriorating until about age 60 or 70. The body’s abilities then level off and decline at a slower rate. The rate of decline depends largely on an individual’s physical activity and particular lifestyle. This decreasing physical ability affects weight because a person becomes less able to engage in physical activities that help to maintain a stable weight by burning calories. To compound the potential for weight gain with age, the metabolic rate begins to slow after age 30, which also leads to weight gain.

**Lifestyle and weight gain:**
Even though physical changes are an unavoidable part of getting older that leads to weight gain, a woman’s lifestyle is also a hugely important variable that can either tip the scale in favor of extra pounds or fend off weight gain. Below are some lifestyle factors that can lead to weight gain:
- Stress
- Reduced physical activity
- Change in eating habit
- Medication use
- Drinking excess amounts of Alcohol
- Quitting smoking

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
14. Incontinence

Many women, on the cusp of menopause, experience perhaps the most embarrassing symptom of all 34 menopausal symptoms: urinary incontinence. They tend to notice the lack of bladder control especially when sneezing or laughing.

As a woman approaches menopause, her hormone production begins to decrease, which leads to a multitude of physical changes, including incontinence.

About Incontinence

More than 40% of menopausal women suffer from incontinence, and roughly the same amount of post-menopausal women cope with the same ailment.

Urinary incontinence is the inability to control one’s bladder. The severity can vary from woman to woman. Some women may experience occasional trickles of urine when bursting into laughter or while having a sneezing episode. Others might notice larger amounts of and more frequent uncontrolled urine flows that don’t seem to be stimulated by a laughter or a body-shaking sneeze.

Although many women experience incontinence as they approach menopause it isn’t an inevitable aspect of getting older. But understanding this menopausal symptom can help to prevent or treat it. A good place to begin is with the different types of incontinence, of which there are three.

Types of Incontinence

There are three main types of incontinence: stress incontinence, urge incontinence, and overflow incontinence.

Stress incontinence is the most prominent type of incontinence experienced by women, especially women who are approaching menopause or who are post-menopausal. Women with stress incontinence involuntarily leak urine while coughing, laughing, sneezing, exercising, or lifting something.

The reason these activities can cause incontinence is because they apply sudden pressure to the bladder walls, which squeezes the bladder and causes urine to leak out. The reason this occurs as women get older is because the pelvic muscles often grow weaker, which weakens the walls between the bladder and vagina.

Urge incontinence is the sudden, intense, and frequent urge to urinate, immediately followed by an uncontrollable loss of urine. The bladder contracts and may give a warning of only a few seconds or a minute to make it to the restroom.

Urge incontinence strikes especially while sleeping, drinking, or while listening to running water. Urge incontinence goes by other names as well: spastic bladder, overactive bladder, or reflex incontinence. This type of incontinence, characterized by the need to urinate more than seven times a day or more than twice each night, is the most common type of incontinence in elderly people.

Overflow incontinence is characterized by frequent or constant dribbling urine. Those with overflow incontinence are unable to completely empty the bladder, which fills up and then overflows, causing leakage. Sufferers of overflow incontinence often have the sensation of never fully emptying their bladder, and when they urinate, they produce only a weak stream of urine. This type of incontinence is common with people who have damaged bladders or blocked urethras. It can also be a result of nerve damage from diabetes.

As already mentioned above, the symptoms of incontinence include: urine leaks during a sneeze, laugh, or cough; urine leaks when lifting or running; not enough time to reach a toilet once the urge to urinate is felt; urine continues to dribble after urinating; urine leakage follows an intense desire to empty the bladder; and continual leakage of urine.

Causes of Incontinence

Because stress incontinence is the most common type of incontinence for women embarking on menopause and women who are post-menopausal, it’s appropriate to begin there.

This type of incontinence in women is almost always caused by hormonal imbalance, specifically decreased levels of estrogen.

Estrogen helps to keep a woman’s muscles strong, even the muscles that enable her to maintain control of her bladder. Estrogen also contributes to the health of the urinary tract lining. When estrogen levels begin to drop, as they do as women approach menopause, the muscles weaken and the bladder is more difficult to control.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
15. **Bloating**

One of the most unpopular yet nevertheless frequently experienced symptoms of menopause is bloating. This is closely related to an increase in intestinal gas and fluid retention caused by fluctuating hormones, and may also be associated with weight gain.

A symptom commonly associated with the menstrual cycle, women who have dealt with bloating in the past as it occurs with PMS will most likely recognize the symptom as a part of menopause.

**About Bloating**

**Definition**

Bloating is defined as a feeling of fullness or tightness in the abdominal area that can lead to a certain degree of discomfort or even pain. It is mainly experienced during the menopausal transition as a result of either water retention, increased intestinal gas, or a combination of both.

The duration and intensity will vary from woman to woman, with some women experiencing bloating for a few days and then not again for a year, or possibly for several months at a time. A woman can wake up with a flat stomach and then have her stomach distend progressively throughout the day, or the bloating may appear within a matter of minutes and be aggravated by eating.

**Symptoms of Bloating**

As bloating can vary in duration and intensity, so too can the symptoms vary in between menopausal women. The following image shows which are the most commonly experienced symptoms of bloating.

It is important to understand why bloating happens so frequently among women of menopausal age in order to gain a handle of this uncomfortably familiar symptom. Keep reading to learn more about the causes of bloating.

**Causes of Bloating**

**Hormonal Causes**

While bloating can occur as a result of such factors as diet or stress, the most likely cause for menopausal women is a fluctuation in hormones, particularly estrogen. Estrogen is important for a couple of reasons. First of all, it has an effect on the retention of water that occurs naturally as part of a woman’s menstrual cycle. Women tend to retain more in the days leading up to menstruation as a result of the rising estrogen levels. When estrogen levels become erratic during perimenopause, so does the incidence of water retention, leading to bloating.

In addition, estrogen influences the production of bile, a substance produced in the liver and stored in the gallbladder that aids in digestion. Bile acts as a lubricant in the intestines. When estrogen levels decrease as a result of menopause, this in turn leads to a decrease in bile production. Stools in the small intestine can become dry, hard, and accumulate due to the lack of lubrication, leading to the sensation of constipation and bloating.

Not including the all important role of estrogen in the phenomenon of bloating, there are other causes that oftentimes will have a hand in this.

**Other Causes**

Aside from water retention and decreased bile production, the other most common cause of bloating is the prominence of intestinal gas. Anywhere from 30-60% of menopausal women report an increase in gas during this time period, leading researchers to believe that hormonal fluctuations also play a role in the production of gas.

Intestinal gas can also be caused by changes in diet, irritable bowel syndrome, swallowing air, carbonated beverages, or lactose intolerance.

**Other factors** that less commonly induce bloating in women include abdominal surgery, obesity, weakened abdominal muscles due to pregnancy, or other, more rare, medical conditions including gallstones, diabetes or kidney disease.

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
16. Allergies
Hormones and the body’s immune system are inseparably associated, connected like an interwoven web. It’s no wonder, then, that at times when the female body goes through hormonal transitions, such as during puberty, menstruation, pregnancy, or in this case, menopause, allergies and other bodily ailments can kick into overdrive.

As women approach menopause, many begin to experience a heightened sensitivity to allergies that previously had only subtle effects, or new allergies might spring up seemingly out of nowhere. The best way to attain allergy relief is to understand allergies as related to menopause, their causes, and finally, the treatment options available.

About Allergies
Allergies are present when a person’s immune system reacts abnormally to foreign substances that are typically harmless to most people. Perhaps the most common example is an allergy to pollen. In this case, pollen would be known as an allergen.

When a person is allergic to something, the immune system mistakenly identifies the substance as harmful, and in an attempt to protect the body, produces a type of antibody, at the source of an allergic reaction, known as an IgE Antibody.

These antibodies spark chemical reactions in certain cells, namely the release of a chemical called histamine into the bloodstream. Many people, especially allergy sufferers, are familiar with histamine, which is the chemical that inflames tissue and is responsible for runny noses, sneezing, rashes, or whatever an individual’s allergic reaction might be.

For those with allergies, histamine becomes part of an allergic response that can range from relatively minor symptoms to life-threatening, full-body reactions.

Symptoms of Allergies
Because there is such a wide array of allergies that different people have, the symptoms are vast as well. Allergy symptoms can range from mild to severe, and some allergies can cause multiple symptoms in an individual. An extremely severe allergic reaction is called anaphylaxis.

Although anaphylaxis is rare, if not treated, it can cause very serious health concerns and even death. Below are allergy symptoms, separated into mild, moderate, and severe.

Mild symptoms:
- Rash
- Itchy, watery eyes
- Congestion
- Sneezing

Moderate symptoms:
- Itchiness
- Difficulty breathing

Severe symptoms:
- Varying degrees of swelling that can make breathing and swallowing difficult.
- Abdominal pain
- Cramps
- Vomiting
- Diarrhea
- Mental confusion or dizziness.

Types of Allergies
Many people have allergies to animal fur and dander, pollen, and certain types of food. But really, almost anything can be a cause of allergy in a person. There’s eight foods commonly known to causing allergens, including peanuts, tree nuts, eggs, milk, shellfish, fish, wheat, soy, and sulphites (a chemical often found in flavors and colors in foods).

The world is filled with potential allergens, which create various types of allergies. Those common types are the following:
- Hay Fever is the most common of the allergic diseases and refers to seasonal nasal symptoms that are due to pollens.
- Asthma is a breathing problem that results from the inflammation and spasm of the lung’s air passages.

Manna Menopause e-Book
• Allergic Eyes is inflammation of the tissue layers that cover the surface of the eyeball and the undersurface of the eyelid.
• Allergic Eczema is an allergic rash that is usually not caused by skin contact with an allergen. It’s usually associated with hay fever of asthma.

One recent study determined that perimenopausal women who’d not had their periods for six months experienced an 80% increase in respiratory symptoms associated with asthma compared to those who were menstruating regularly.

  • Hives are skin reactions that appear as itchy swellings and can occur on any part of the body.
  • Allergic Shock is a life-threatening allergic reaction that can affect a number of organs at the same time.

This response typically occurs when the allergen is eaten (for example, foods) or injected (for example, a bee sting).

**Causes of Allergies**
The body’s hormones and the immune system use many of the same chemical messengers that allergies can react from. Changes in any of the individual components can affect the rest of the overall workings of the body;

So, when hormones become imbalanced as a result of menopause (or any other period of time that hormone fluctuations are likely to occur), the immune system can suffer and make a woman more prone to allergies.

If neither parent has allergies, the chance that a child will have allergies is about 15%. If one parent is allergic, the risk increases to 30%, and if both are allergic, your risk is greater than 60%.

As menopause approaches, a woman’s body prepares to cease menstruation for the remainder of her life. A necessary step is for her hormones, particularly estrogen and progesterone, to drastically decrease.

Hormone level fluctuations can have a significant impact on both the incidence of allergies and the severity of allergy symptoms. Although the mechanisms are not always well understood, changes in hormone levels are frequently associated with the development of allergies or changes in allergy symptoms, particularly for hay fever, asthma, and dermatitis.

**Triggers of Allergies**
Along with hormonal causes of allergies, other factors can trigger increased susceptibility to allergies or intensified symptoms. Some of those factors include: diet, some types of medications, and stress.

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** &
(2) The [Manna Menopause Support Supplement](#), with 100% natural phyto-estrogens.
17. **Brittle Nails**
Of all the symptoms of menopause, cosmetic changes can at times be the hardest to deal with, robbing a woman of her sense of femininity and individuality. During this period, many women suffer from brittle nails, which occur naturally with age and hormonal changes. Nails grow faster on the hand that is used more frequently.

**About Brittle Nails**

**How Nails Grow**
To understand how changes such as brittle nails occur, it is helpful to learn more about the nail growth process. Both fingernails and toenails grow from roots underneath the skin, from the thin white semicircle at the base of the nail known as the lunula. This group of cells produces a substance called keratin, which forms the nails that protect women’s fragile nail beds.

When the body is healthy, a woman’s nails will grow with uniformity and strength. However, if nails are brittle, cracked, or there are changes in color, this can be an indication of imbalance or illness that is throwing off keratin production.

**Characteristics of Brittle Nails**
If a woman has always had strong, healthy nails, she may not recognize the signs of brittle nails. The following are the most common symptoms:

**Causes of Brittle Nails**

**Hormonal Causes**
While changes in nail appearance such as brittle nails can occur for a variety of reasons, the most likely cause for women of menopausal age is hormone fluctuation, particularly estrogen.

One of the fundamental causes of weak or brittle nails is dehydration or lack of moisture in the body. Estrogen plays a key role in body water regulation, and water retention. When a woman’s body contains higher levels of estrogen, her overall body water levels will be higher as well, and correspondingly, when her estrogen levels are lower, this can lead to dehydration which manifests itself in such signs as dry, cracked, brittle nails.

**Other Causes**

**Brittle Nails Causing Diseases**
- Anemia
- Poor Circulation
- Infection
- Liver Disease
- Thyroid Problems

In addition to hormonal causes, dietary issues and certain diseases can have an effect on nail growth. Certain nutrients such as Vitamin C, calcium, folic acid, protein, iron and fat all help to build strong healthy nails. Stress and anxiety can also slow nail growth and lead to weak or brittle nails.

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.
18. **Changes in Body Odor**

As if hot flashes and night sweats weren’t bothersome enough in and of themselves, changes in body odor that occur as a result of these menopausal symptoms are one of the most obnoxious side effects of menopause. Changes in body odor can lead to embarrassment, dejection, and anxiety in social situations.

Fortunately, once the root cause of these changes in body odor is understood, it is possible to control them. In a blind study, both males and females rated the body odor of vegetarians as more attractive to that of meat eaters.

**Definition of Body Odor**

Body odor is a byproduct of sweat, the body’s natural cooling system. Women possess two types of sweat glands.

**Eccrine Glands**
- Located all over body
- Produce odorless sweat
- Sweat is released onto body’s surface.

**Apocrine Glands**
- Produce fatty sweat inside of the gland
- Located near hair follicles
- Sweat is pushed to surface when women feel anxious, stressed, or exercise.

In the case of sweat produced by the apocrine glands, which are located near hair follicles on the scalp, underarms, and groin area, the sweat contains fatty compounds. Bacteria feed on this sweat when it is secreted to the skin’s surface, and the resulting waste products, fatty acids, ammonia, and chemical reactions form a palpable odor which is unique for every woman.

**Changes in Body Odor and Menopause**

Numerous typical menopausal symptoms can cause an increase in sweat production, which can lead to changes in body odor. Hot flashes and night sweats in particular have a strong effect, though psychological symptoms such as depression, panic attacks, or anxiety can lead to an increase in the incidence of sweating as well. More sweat leads to changes in body odor.

**Causes of Changes in Body Odor**

**Hormonal Causes**

For most mid aged women, hormone fluctuations are the primary cause for changes in body odor. The main player is estrogen, which is responsible for helping regulate the hypothalamus, the part of the brain that controls body temperature.

When estrogen levels drop, as is common during menopause, a false message is sent to the hypothalamus saying that the body is overheated. At this, the hypothalamus springs into action, causing an increase in sweat production and changes in body odor as a final result.

**Other Causes**

In addition, other factors may play a role in the changes in body odor a woman experiences. Diet, stress, certain diseases, and heredity are all potential causes as well. A wardrobe heavy on synthetic fabrics such as polyester or other non-breatheable materials will also collect sweat and lead to increased body odors.

Changes in body odor don’t have to be permanent for women.

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
19. Irregular Heartbeat

Irregular heartbeat is a common symptom experienced by women during the menopausal transition. This cardiovascular phenomenon is often prompted by changes in estrogen levels, which occur naturally as a woman approaches menopause.

Cardiovascular Terminology

- **Pulse**: rhythmic contraction and expansion of the arteries with each heartbeat.
- **Tachycardia**: fast or irregular heartbeat; over 100 beats per minute.
- **Bradycardia**: unusually slow heart rate.
- **Extrasystole**: occasional extra heartbeat.
- **Arrhythmia**: abnormal heart rhythm (not always present with irregular heartbeat).
- **Enhanced cardiac awareness**: Heart feels like it is pounding but pulse is normal.

While irregular heartbeat is often normal during this time, episodes are nevertheless sudden and alarming for many women. The first step towards managing irregular heartbeat during menopause is to learn about the symptoms, causes, and treatment of irregular heartbeat.

About Irregular Heartbeat

Irregular heartbeat, known medically as heart palpitations or tachycardia, occurs when the heart beats faster or more forcefully than normal. This often gives a woman an unpleasant awareness of her own heartbeat. She may feel as if her heart has skipped a beat or is pounding out of her chest. Irregular heartbeat may or may not produce changes in heart rhythm.

Heart Function

Heart rhythm is coordinated by the heart's own electrical system. With each heartbeat, an electrical impulse begins at the sinus or sinoatrial (SA) node, the heart's natural pacemaker. The SA node produces the electrical impulses, which set the rate and rhythm of the heartbeat. The impulse spreads through the right and left atrial walls, causing them to contract and force blood into the ventricles. This impulse reaches the atrioventricular (AV) node, which acts as an electrical bridge carrying impulses from the atria to the ventricles after a brief delay. From the AV node, the impulse travels through a fiber pathway that sends the impulse into the ventricles causing them to contract. The contraction forces blood out of the heart to the lungs and body and the semilunar valves close.

Normal Heartbeat

In most people, the average heart rate is 60 to 100 beats per minute. In some people, such as those who regularly exercise or take certain medications, a normal heart rate can be around 55 beats per minute (sometimes even less).

How to Measure Pulse

To measure a woman's heart rate at the wrist, put the index and middle finger on the inner side of the opposite wrist, just below the thumb base. Once the pulse is located, count the number of beats for one minute (or 30 seconds and double count). This will give a woman her heart beats per minute.

Symptoms of Irregular Heartbeat

Irregular heartbeat can occur at any time of day or night. Episodes may last anywhere from a few seconds to several minutes. The boxes below show the common symptoms of irregular heartbeat.

Once the symptoms of irregular heartbeat have been covered, the next step is learning about the hormonal and other causes of irregular heartbeat.

- **Symptoms of irregular heartbeat:**
  - Fluttering
  - Feeling the heart has skipped a beat
  - Pounding in the chest, throat, or neck
  - Heartbeat awareness
  - Increased pulse rate
  - Rapid heartbeat

- **Symptoms may also be accompanied by:**
  - Dizziness or lightheadedness
  - Shortness of breath
  - Chest discomfort
  - Flushing
  - Feelings of panic or anxiety
  - Weakness or fatigue

Manna Menopause e-Book
Causes of Irregular Heartbeat
During menopause, the most common cause of irregular heartbeat is fluctuations in estrogen levels. While this is the most common explanation for irregular heartbeat during menopause, other medical conditions can also cause or contribute to irregular heartbeat. It is important to understand all of these possible causes of irregular heartbeat.

Hormonal Causes
Pre-menopausal women have a lower incidence of irregular heartbeat compared to same-aged men and peri- and post-menopausal women. Recent advances in cardiovascular medicine have helped experts to understand the significant role of estrogen in heart function. As a woman approaches menopause, the levels of estrogen produced by her endocrine system fluctuate and eventually decline, which can have a significant effect on her cardiovascular system.

Estrogen and the Cardiovascular System:

- Estrogen has a proven effect on the:
  - Metabolism and disposition of cholesterol
  - Plasma levels of high and low density lipoproteins (H/LDL).
  - Smooth muscle cell proliferation in arterial wall.
  - Stimulates widening and inhibits constriction of coronary arteries.
  - Modulates autonomic nervous system, which works to regulate heartbeat.

For example, diminished estrogen levels can result in the overstimulation of the sympathetic autonomic nervous system, which can cause irregular heartbeat and heart palpitations.

Studies have found that declining levels in estrogen during peri-menopause are correlated with irregular heartbeats, increased palpitation frequency, and non-threatening arrhythmias.

Although changes in estrogen are the most common cause of irregular heartbeat during menopause, other medical conditions and medications can also cause or contribute to irregular heartbeat. While these possible causes are numerous, some of the more common are described below.

Medical Causes of Irregular Heart Beat
- Overactive thyroid
- Fever, anemia
- Hyperventilation
- Low levels of oxygen in the blood
- Certain medications
- Heart arrhythmia
- Heart disease

Other Causes
- Exercise
- Anxiety
- Caffeine
- Diet Pills
- Cocaine
- Nicotine
- Stress

Though irregular heartbeat is often a normal part of the menopausal transition, there are cases where this symptom might indicate a more serious health condition.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
20. Depression
Depression is a common yet potentially serious symptom of menopause. It entails more than the occasional bout of sadness and, if not treated, can lead to more severe mental disorders and a lessened quality of life.

Women are especially susceptible to depression and when approaching menopause are even more: Women ages 45 to 55 are four times more likely to have depression than women who have not yet reached that stage in life. The main reason women, especially menopausal women, are more likely to suffer from depression is because of their hormonal imbalance.

Depression
The general use of the term depression refers to a mental state characterized by a pessimistic sense of inadequacy, feelings of sadness, and a despondent lack of activity.

But because depression is a clinical mental disorder, it’s important to distinguish feelings of sadness and despondency from clinical depression.

Clinical depression is more severe than brief periods of sadness. It is a serious mental illness characterized by more than two weeks of extremely low moods that affect how a person feels, thinks, acts.

Types of Depression
There are six main types of depression. Some are more related to menopause than others. The following are categories of depression closely linked to menopause:

Major depression - lasts for more than two weeks and is characterized by intense feelings of sadness, loss of interest in normal activities, withdrawal from friends and family, and negative thoughts.

Dysthymic disorder - less intense than Major depression, but often lasts for longer, normally for two years or more.

Adjustment disorder - Often brought on by a stressful event or situation. It can be acute (lasting less than six months) or chronic (lasting longer).

Untreated depression can lead to a greater risk of heart attacks and osteoporosis.

Risk Factors for Depression:
- History of depression
- Stress
- Smoking or quitting smoking
- Drug and alcohol use
- Surgical/medical menopause

Seasonal affective disorder (SAD) - a type of depression that is triggered by the seasons and most commonly caused by a lack of sunlight in the winter months.

Other types of depression less associated with menopause, but just as severe, include the following:

Manic depression or bipolar disorder - a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Symptoms can be very severe.

Psychotic depression - includes some features of psychosis, such as hallucinations (seeing or hearing things that aren’t there) or delusions (irrational thoughts and fears).

Signs and Symptoms of Depression
Because depression is a mental disorder, it’s important to pinpoint the symptoms associated with it. The symptoms can be separated into three categories: physical, emotional and behavioral symptoms.

In order for depression to be diagnosed, at least five symptoms must be present for no less than two weeks, and at least one of those five must either be persistent feeling of sadness or loss of interest or pleasure. Here are the other signs and symptoms:
Causes of Depression

The underlying cause of depression in menopausal women has to do with hormonal imbalance, especially decreased levels of estrogen. As women approach menopause, their estrogen levels begin to drop off.

This hormone plays a big part in regulating brain functions, especially chemicals that influence mood, such as serotonin and Cortisol. Decreasing levels of estrogen during menopause can also cause other physical and mental symptoms, such as hot flashes and anxiety, which can lead to depression.

Other causes include biochemical, genetic, personality, environmental factors and disease.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.

21. Anxiety

While anxiety can affect anyone, this psychological symptom is two times more common in women than in men. Though this condition can strike at any time during a woman's life, hormonal changes can produce feelings of anxiety in women of menopausal age.

While most menopausal women do not necessarily develop a serious clinical anxiety disorder, these conditions are not uncommon.

For women who are concerned about anxiety during menopause, it is extremely valuable to gain insight into anxiety, its various manifestations, its symptoms, and its causes.

Understanding these aspects of anxiety can help women determine the best way to manage and treat anxiety during menopause. Continue reading to learn more about anxiety.

About Anxiety

Anxiety is a psychological state characterized by excessive and/or persistent worry, tension, and nervousness. There are several types of anxiety disorders, classified on the basis of symptoms, causes, and other central features.

Generalized anxiety disorder (GAD) is characterized by a persistent state of exaggerated worry and fear (at least six months), often when there is little or nothing to provoke it.

Panic Disorder (PD) is characterized by recurring acute episodes of sudden terror and overwhelming dread, which produce a variety of emotional and physical symptoms.

Social Phobia involves excessive worry and self-consciousness about everyday social situations.

Post Traumatic Stress Disorder, unrelated to hormonal changes in menopause, is an anxiety disorder triggered by a traumatic life event.

Manna Menopause e-Book
Obsessive compulsive disorder, also infrequently associated with menopause, involves irrational preoccupations. Specific phobias, including agoraphobia, are unwarranted and extreme fears of particular stimuli.

**Symptoms of Anxiety**
People who experience anxiety often can’t seem to shake their concerns and worries about everyday events, even though they may know that their anxiety is out of proportion to the triggering situation.

**Psychological symptoms** of anxiety can also include nervousness, difficulty concentrating, trouble relaxing, tenseness, hypervigilance, restlessness, and irritability.

Anxiety can put someone on edge, making it feel as if disaster is always just around the corner. Just getting through the day can feel overwhelming and even unbearable.

At night, it can wake someone from sleep or make falling asleep extremely difficult. Moderate to severe levels of anxiety can put a significant strain on our personal and professional relationships, not to mention how it makes us feel about ourselves.

Anxiety produces more than just psychological symptoms. People who suffer from anxiety typically experience a host of physical symptoms, including heart palpitations, fatigue, muscle aches, digestive problems, sweating, frequent urination, shortness of breath, and more.

These symptoms may be especially intense for people who experience **panic attacks**, or sudden and acute episodes of overwhelming fear and panic.

If experiencing these symptoms, it is likely that anxiety has reached the point of being a problem.

**Causes of Anxiety**
For women in their 40s and 50s who are going through menopause, one of the most common causes of anxiety is decreased estrogen levels. **Estrogen** declines during perimenopause, or the time before menopause, as the body prepares to cease egg development and menstruation. Scientists have discovered that estrogen has a significant effect on the brain’s regulation of moods and emotion.

While this relationship appears complex, experts do know that changes in estrogen levels have a direct effect on the neuro chemicals serotonin, norepinephrine, dopamine, and melatonin. Since all of these chemicals play an integral role in emotion and mood regulation, disruptions caused by estrogen fluctuations can lead to anxiety during menopause.

While the primary cause of anxiety in menopause is hormone-related, other medical and psychological conditions can cause anxiety. Women who are concerned about extreme and/or persistent anxiety should not hesitate to speak with a qualified medical professional.

**Anxiety Treatments**
Generally speaking, there are three different ways to approach anxiety treatment: self care and lifestyle changes, natural therapies, and medical options.

Most experts advise that women begin with the least aggressive and risky of these three approaches: lifestyle changes and self care, which can include increased exercises, dietary changes, relaxation techniques, and more.

Because these methods can be difficult to implement into a busy woman’s schedule and because these measures do not address the root problem of hormone imbalance, doctors recommend that women combine lifestyle changes with natural remedies.

If this combination is not effective, medical options can be considered. It is also a good idea to speak with a counselor or other trained psychological professional who can offer anything from an open ear to effective psychotherapy for anxiety management.

---

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.

Manna Menopause e-Book
22. Irritability
In addition to myriad physical effects, emotional symptoms are a common feature of the menopausal transition. In fact, up to 50 percent of all perimenopausal women experience disturbances in mood, including irritability. While several factors can contribute to irritability in our daily lives, hormonal fluctuations characteristic of menopause are often the prime cause of irritability and other negative emotional states during this major life transition.

One of the most important things to remember is that irritability can be a normal part of the menopausal process. Many women find it helps to learn more about irritability during menopause, because a greater understanding of its symptoms and causes can help determine the most appropriate way to manage irritability and mitigate its effects.

About Irritability
Many menopausal women find that they are more easily irritated by the daily stresses and strains of life than they once were. Many women understand that their effective reactions may be out of proportion to their triggers, but still have difficulty avoiding irritability.

Irritability is defined as an excessive response to stimuli.

Symptoms of Irritability
- Increased stress
- Trouble sleeping
- Feeling on edge
- Lashing out in anger or frustration
- Less tolerance for people and events
- Reduced patience
- Over-reacting in situations

While most women know the signs and symptoms of irritability, they are unaware of the underlying causes of this negative effect.

Causes of Irritability
During the menopausal transition, the primary underlying cause of irritability is hormonal imbalance. During menopause fluctuating estrogen levels have a direct, though complex, effect on the brain's regulation of mood and emotion. Thus, changing levels of estrogen in the body can increase the risk of experiencing irritability during menopause.

Menopause-related hormonal changes can also have an indirect influence on irritability. Other menopausal symptoms, such as hot flashes, sleep disorders, loss of libido, vaginal dryness, and more, can cause or contribute to irritability.

In addition to natural hormonal changes in menopause, certain lifestyle and medical factors can cause or contribute to irritability.

Other Causes of Irritability
Now that the causes of irritability are better understood, the next step towards managing this common emotional symptom of menopause is learning more about treatment options.

Treatment of Irritability
Treating irritability usually begins with making some positive life changes. These can include:
- Taking time for oneself; either alone or in the company of positive, calming people
- Pursuing pleasurable calming hobbies or other activities
- Utilizing stress reduction techniques including breathing exercises, meditation, tai chi, visualization.
- Eating healthy • Getting regular exercise
- Maintaining open communication with close kin

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
23. Panic Disorder
Panic disorder during menopause can become a very debilitating symptom for many women. Sometimes, for apparently no reason at all, a woman’s heart speeds, her breathing quickens, sweat beads on the brow, and she experiences rushes of energy, as though her "fight-or-flight" instinct has been activated.

Because of the hormonal fluctuations occurring inside the menopausal woman’s bodies, several physical and psychological effects take place, such as panic disorder. The best way to alleviate panic disorder is to gain an understanding of it.

About Panic Disorder
Panic disorder is an anxiety disorder, which are the most common type of psychological disorders, characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. These episodes are often referred to as "panic attacks." The episodes may resemble a heart attack. They may strike at any time and occur without a known reason but more

Symptoms of Panic Disorder
There are some common symptoms of panic disorder that can help women identify this disorder. Many of the below symptoms peak and begin to dissipate within 10 minutes of the onset of a panic attack, but others may remain for longer.

The common symptoms of panic disorder are:

Causes of Panic Disorder
It is often difficult to pinpoint the exact causes of panic disorder, because so many factors are involved (emotional and physical problems, traumatic events, and so forth). But because women are twice as likely to suffer from panic disorder as men, most commonly during PMS, pregnancy, and menopause, doctors have come to conclude that hormones are typically the underlying cause.

During menopause, the vital female sex hormones estrogen and progesterone rapidly decline, which has a major affect on women’s mood as well as their bodies. Low estrogen can cause panic disorder during menopause for two reasons: declining level of estrogen and declining levels of progesterone.

1. Estrogen has an inhibitive affect on the stress-hormone cortisol. When estrogen is too low, levels of cortisol rise, raising blood pressure and blood sugar, and causing panic disorder. Estrogen also has an important affect on a brain chemical called serotonin, which is responsible for happy, balanced moods. Estrogen helps to stimulate the production and transportation of serotonin around the body, and prevents its break down. The drop of serotonin that accompanies low estrogen levels during menopause causes an unstable mood and, as a result, anxiety.

2. Finally, hormonal fluctuations during menopause cause panic disorder due to drops in the hormone progesterone. Progesterone has been shown to have a calming, soothing affect on the brain, and low levels of progesterone (in combination with the hormonal changes described above) can cause panic disorder.

Other Causes of Panic Disorder
During menopause, the hormonal changes described above leave women even more susceptible to other causes of panic disorder that come from their lifestyle or stressful life events.

• Caffeine contains dopamine, a chemical that causes the jitters, thus worsening sensations of panic.
• Alcohol raises certain mood-affecting chemicals in the blood and also affects the nervous system with its addictive elements. Alcohol addiction is often associated with panic disorder.

Risk factors for panic disorder:

• Genetics: a family history of mental illnesses will put women at an increased risk for panic disorder during menopause.
• Brain chemistry: Traumatic psychological events or simply an unusual sensitivity can make some women more responsive to the changes occurring in their bodies during menopause, meaning they will be more prone to the causes of panic disorder described above.
• **Environmental factors**: a stressful work schedule, death in the family, nicotine and bad sleeping patterns can lead to panic disorder.

• **Nutrition**: poor nutrition (especially excessive consumption of sugars and fats) can cause panic disorder by creating sudden bursts of energy followed by severe slumps of exhaustion, leaving the body weak and emotionally susceptible.

• **Changing roles**: During menopause, a woman's lifestyle changes just as rapidly as her body. Her children leave home, she becomes infertile, and other traumatic life events can occur like the death of parents or a spouse. All of these factors can also lead to panic disorder.

### Treatments for Panic Disorder

To treat panic disorder in the healthiest manner possible, it’s important to explore treatment options that get to the root of the problem without leaving women with harmful side effects. That’s why most doctors recommend beginning with lifestyle changes, then moving onto alternative medicines, and if nothing else seems to be working, look to drugs or surgery to alleviate the symptoms of panic disorder.

**Lifestyle changes** are the least obtrusive form of treating panic disorder. A woman who suffers from panic disorder should first make sure her diet is healthy and high in proper nutrients. It’s also a good idea to make sure that she is getting proper exercise and sleeping the required seven to eight hours a night.

**Alternative medicines** are the next step on the path to treatment. These often involve herbs, vitamins, and supplements. It’s important to realize that there are some alternative medicines sometimes called natural remedies that will treat the symptoms but not the underlying cause of panic disorder.

Because panic disorder is caused largely by hormonal imbalance during menopause, find herbs that help to stimulate natural hormonal production. Another form of alternative medicine that can help alleviate panic disorder is acupuncture or massage.

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** &
(2) The [Manna Menopause Support Supplement](#), with 100% natural phyto-estrogens.

---

24. **Breast Pain**

Breast pain is a common symptom that can develop during the menopausal transition, due to fluctuating levels of estrogen and progesterone. While postmenopausal women can experience breast pain, it is most common in premenopausal and perimenopausal women.

A common complaint among females, breast pain affects as many as 70% of women at some point in their lives. Only a small portion of these women, about 10 percent, will experience severe breast pain, which can have a significant impact on relationships, work, and daily life. Nevertheless, breast pain can prompt understandable questions and concerns at any intensity.

**Breast pain** - known medically as mastalgia, mastodynia, and mammalgia - is the general term used to mean discomfort, tenderness, and/or pain in one or both of the breasts.

Breast pain is categorized as either cyclical or non-cyclical. With the former, breast pain is the result of hormonal changes, making it the most common kind of breast pain in pre- and perimenopausal women. Non-cyclical breast pain, more common in postmenopausal women, is not related to hormonal changes. Extra mammary breast pain, which originates outside the breast, is a third type of breast discomfort.

The symptoms of breast pain can vary depending on the type and the individual woman. Generally speaking, symptoms include tenderness, tightness, soreness, burning, swelling, dullness, and/or aching. Symptoms can be consistent or intermittent and may affect one or both breasts.

**Causes of Breast Pain**

The most common cause of breast discomfort during menopause is hormonal change. As with all times of hormonal fluctuation (i.e. menstruation and pregnancy), menopause can alter the levels of estrogen and progesterone in the body. As a result, women may develop breast pain.

Manna Menopause e-Book
While hormones are the most common cause of breast pain experienced in menopause, other factors can cause or contribute to breast pain. These rarer causes range from serious health conditions to dietary issues.

**Less Common Causes of Breast Pain**
- Breast cysts
- Breast trauma
- Prior breast surgery
- Breast size
- Stress
- Alcoholism
- Oral contraceptive use
- Antidepressants
- Mastitis
- Hormone Replacement Therapy
- Cholesterol and heart drugs

**Breast Pain Diagnosis**
While breast discomfort during menopause is not usually cause for alarm, it is never a bad idea to speak with a doctor about this symptom. Though breast pain is rarely indicant of cancer, speaking with a doctor to rule out breast cancer can greatly help to allay these worries and help a woman determine the best way to manage breast tenderness.

Women who experience prolonged or unexplained breast pain, or additional accompanying symptoms should speak with a doctor to rule out rare, but more serious, causes of breast pain. At a doctor visit, a full physical and clinical exam will be performed. If something more serious is suspected, a doctor may order additional tests.

**Breast Pain Treatments**
Fortunately, a number of self-care measures and natural treatments can help to relieve breast pain during menopause with little or no side effect risks. Self care can include avoiding dietary and lifestyle triggers, getting regular exercise, massage, and relaxation techniques.

**25. Headaches**
Headaches during menopause can incapacitate women who experience them. For instance, in the case of migraine headaches, the pain generally comes on slowly in one side of the head, builds, and begins to pulsate and throb.

Women who suffer from headaches of this nature can have difficulty accomplishing the routine tasks of life while in the heat of a painful fit. Fortunately, women don’t have to live with this debilitating yet common symptom of menopause.

**About Headaches**
While women may experience headaches in many forms, the experience is never the same for every woman. Types of headaches may vary, but there are basic standards that make them identifiable.

Generally speaking, a migraine headache is a recurrent, throbbing headache generally felt on one side of the head but it may possibly occur on both sides. It can last anywhere from one or two hours up to three days.

Many women entering peri-menopause, the five-to-ten year period leading up to menopause, begin to experience an influx of headaches from a host of factors. In order to distinguish the difference between a normal headache and more serious migraines, continue reading to learn the most common symptoms of migraine headaches.

There are several types of headaches that menopausal women may experience as a result of fluctuating hormone levels.

**Types of Headaches**
Some women might be familiar with menstrual migraines. These migraines are hormone-related and are sparked on the first day or two of menstruation and recede once menstruation has concluded. Hormonal origins of migraine headaches will be discussed in the causes of headaches section. Other types of migraines include the following:
**Migraines with aura**
These start with a neurological phenomenon (aura) experienced about half an hour before head pain arrives. Most auras are experienced visually, characterized by bright, shimmering lights around objects or at the edges of the field of vision.

**Migraines without aura**
This is the most common type of migraine. It can occur on one side or both sides of the head. Fatigue or mood swings may occur 24 hours before the headache. Nausea, vomiting, and sensitivity to light (photophobia) often accompany migraines without aura.

**Other less common headaches:** Carotidynia, Headache-free migraine, Ophthalmoplegic migraine.

**Tension headaches** are the most common type of headache, affecting 64% of men and 88% of women at least some time during their lifetimes. A tension headache generally produces a diffuse, usually mild to moderate pain throughout the head. The feeling has been likened to that of having a tight band synched around the head. A tension headache may also cause pain in the back of your neck at the base of your skull.

The third most frequently experienced type of headache for menopausal women is a *sinus headache*. To understand sinus headaches, it’s best to first start by defining what sinuses are.

Sinuses are air-filled cavities located in the cheekbones, forehead, and behind the bridge of the nose. The sinuses produce a thin mucus that drains out of the channels of the nose. When a sinus becomes inflamed, usually as the result of an allergic reaction or an infection, the inflammation will prevent the outflow of mucus and cause a pain similar to that of a headache.

A *sinus headache*, then, is the inflammation and blockage of the sinus cavities. This is also known as congestion or a congestion headache.

In many cases, these three types of headaches can all be traced to the same cause.

**Causes of Headaches**
Any woman who has found herself incapacitated with headache pain every time her period rolls around has probably already discovered the connection between headaches and hormones, which wax and wane during menstruation. Similarly, hormonal levels fluctuation, wildly experienced by women as they approach menopause, can spark painful migraine headaches.

As menopause approaches, women’s estrogen and progesterone levels surge and dip prior to the levels receding to a low level once she passes through menopause and is no longer menstrual. This estrogen imbalance is known to affect the brain in various ways, including the onset of headaches.

**Types of Headache Sufferers**
There are two types of women who suffer from hormone related headaches: women whose headaches are caused by declining estrogen hormones, and women whose headaches are caused by elevated estrogen levels. Dramatically fluctuating estrogen levels just before menopause can cause both types of headaches.

Many doctors believe that a long duration of significantly increased levels of estrogen, followed by a sudden drop in hormones, such as the time just before menopause, will cause more severe headaches than even menstrual headaches.

Research attempting to discover exactly why hormonal fluctuations cause headaches during menopause is still inconclusive. However, most doctors agree that the reason has to do with the effects that hormones, such as estrogen and progesterone, have on the brain and its blood vessels.

Estrogen causes blood vessels to dilate, while progesterone causes them to constrict. As the hormones fluctuate, the blood vessels are forced to expand and contract, resulting in intense pain in the head. Read below for additional causes of headaches during menopause.

**Other Causes and Triggers of Headaches**
Although hormonal imbalance is the primary cause of headaches for women going through menopause, there are other factors that can either trigger or exacerbate headaches.
Below there is a list of triggers that can set off headaches.

1. Bright lights, loud noises, or strong odors.
2. Stress, anxiety, or relaxation after stress.
3. Weather changes.
4. Alcohol, caffeine (too much or withdrawal).
5. Lack of or too much sleep.
6. Skipped meals or fasting.
7. Aspartame, common in sugar-free sweeteners.
8. Food that contain:
   - Nitrates (hot dogs and lunch meats)
   - Monosodium glutamate, better known as MSG (fast food, Chinese food, seasonings)
11. Tyramine (aged cheese, soy products, fava beans, hard sausages, smoked fish, Chianti wine).

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.

### 26. Joint Pain

As women get older they often suffer from joint pain. Although this is a common ailment in both men and women embarking on their golden years, joint pain is also a symptom of menopause that can be eased with proper knowledge and treatment.

As a woman approaches menopause, typically between the ages of 45 and 55, her body goes through drastic hormonal fluctuations that can affect her in many ways. Hormones play a major role in a woman’s bone and joint health. When her hormones become imbalanced during menopause she will often experience joint pain.

**About Joint Pain**

Joint pain, also known as "Arthralgia," is defined as pain, stiffness, or swelling in or around a joint. There are 360 joints in the human body. Joint pain often occurs in joints of high impact, such as the knees, hips, and back, but many women notice the joints in their hands become stiffer and more painful with age.

**Types of joints**

There are several types of joints in the human body. Below of the joints most commonly associated with joint pain.

- **Ball and Socket Joints** allow for a wide range of rotation and movement. The shoulder and hip are ball and socket joints.
- **Condyloid Joints** allow movement but no rotation. There are condyloid joints in the jaw and fingers.
- **Gliding Joints** allow bones to glide past each other. There are gliding joints in the ankles, wrists and spine.
- **Hinge Joints** allow for movement much like that of a door hinge. The knee and ulna part of the elbow are hinge joints.
- **Pivot Joints** allow bones to spin and twist around other bones. There are pivot joints in the neck and the radius part of the elbow.
- **Saddle Joints** allow for back and forth and side to side motion but limited rotation. There is a saddle joint in the thumb.

Women are 10 times more likely than men to suffer from joint pain in their hands. Because joint pain is common in women approaching menopause, some have even coined the term "menopausal arthritis" to describe this symptom.

It can be an extremely discomforting ailment and make simple tasks and movements almost unbearable.

**Symptoms of Joint Pain**

The symptoms of joint pain will depend on the particular cause of the pain experienced, but the typical symptoms of joint pain related to menopause include: pain, stiffness, swelling, and warmth in the joints.
Limited morning stiffness, exacerbation of pain with exercise, and relief from pain with rest are also common symptoms in women who suffer from joint pain.

**Other causes of joint pain**, such as injury or certain types of arthritis, can lead to the following symptoms:
- Fever
- Redness
- Swelling of the joint
- Stiffness of the joint after long periods of rest

**Causes of Joint Pain**

Like most menopausal symptoms, joint pain is typically caused by hormonal imbalance. As menopause approaches, a woman’s hormones begin to fluctuate, preparing for a permanent decrease in production of the primary hormones, estrogen and progesterone.

Although doctors are still unclear exactly how hormones, particularly estrogen, affect joints, most are resigned to the fact that estrogen (specifically a diminished level of estrogen) plays a major role in joint pain during menopause.

**Estrogen** affects joints by keeping inflammation down. Inflammation is a leading cause of joint pain. As estrogen levels begin to drop during peri-menopause, the five-to-10-year time span leading up to menopause, joints get less and less estrogen and pain often is the result.

**Other Causes**

There are several causes of joint pain not related to hormones. Below is a list of other factors that can cause joint pain:
- Wear and tear
- Injuries
- Weight, diet
- Lack of exercise
- Muscle loss
- Stress
- Heredity
- Inflammation of the joint
- Metabolic Disorders
- Bone Diseases
- Tumors and Cancer

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

**27. Burning Tongue**

Burning tongue can be a very irritating and painful symptom of menopause. Just like the name suggests, burning tongue occurs when an individual experiences a burning sensation on the tongue. Everyone has sipped a beverage such as coffee or tea that is too hot and burned her tongue. This is the sensation that those who suffer from burning tongue experience constantly.

Burning tongue affects women seven times as often as men. Women going through hormonal transitions, such as the time leading up to menopause, are at an even greater risk of developing the symptom, because hormonal imbalance is known to cause burning tongue.

**About Burning Tongue**

Also known as burning mouth syndrome, burning tongue has a self-explanatory name. It also goes by its medical names: glossodynia, glossopyrosis, oral galvanism, stomatodynia and stomatopyrosis. Burning tongue is accompanied by burning pain on the tongue, especially on the tip or back of the tongue, or other areas of the mouth.

Burning mouth pain is often absent during the night but progressively increases throughout the day and into the evening.
Following the onset, which is often instantaneous, burning tongue has been known to last for several years. There are typically no visible signs or lesions on the tongue or mouth in those who suffer from it.

**Causes of Burning Tongue**

There are several possible causes of burning tongue, but because it is most common in postmenopausal women, researchers believe the primary cause in women is hormonal imbalance, specifically low estrogen levels.

In fact, burning tongue affects up to 40% of menopausal women, with the onset typically occurring between three years prior to menopause and 12 years following menopause. "Supertasters" are individuals with abnormally dense and abundant taste buds who have a heightened sense of taste. Supertasters are affected more dramatically by burning tongue than those with a normal amount of taste buds.

**Estrogen** is known to play a part in the makeup of the saliva, which researchers believe can cause burning tongue once estrogen levels decrease. But perhaps more prominently, estrogen affects the bitter taste buds located at the back of the tongue. **Without adequate levels of estrogen**, some women begin to lose their bitter taste buds. These taste buds are surrounded by a basket-like collection of pain neurons that activate when the taste buds are damaged by lack of estrogen.

**Other Causes of Burning Tongue**

Although hormonal imbalance is the primary cause of burning tongue in women at the age of menopause and older, there are other causes of burning tongue as well. They are:

- Diabetes
- Oral candida (oral yeast)
- Dry mouth (xerostomia)
- Medications (diuretics, oral diabetic meds, some blood pressure meds)
- Blood abnormalities (dyscrasias, anemia)
- Nutritional deficiencies (especially vitamin B-12, niacin, iron, or folic acid)
- Gastric acid reflux
- Allergies (foods, toothpastes, mouthwashes, chewing gums)
- Geographic tongue
- Dental disease
- Noxious oral habits (tongue biting, scalloped tongue)
- Psychological causes (depression)
- Chronic infections
- Inflammatory disorders
- Lingual nerve damage
- Tobacco use
- Oral cancer

If pain or soreness in your tongue, lips, gums or other areas of your mouth persists for several days, consult a doctor. A doctor can search for the possible cause or causes to help guide treatment.

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

28. **Electric Shocks**

Many women experience electric shock sensations during menopause. These electric shocks can affect the head and/or the layers of tissue under the skin. This menopausal symptom may occur in isolation or it may precede a hot flash, which is a common symptom characterized by a sudden and intense feeling of heat in the body.

Though researchers still face the task of better understanding this menopausal symptom, some evidence suggests that sensations of electrical shocks are the result of changing hormone levels during menopause, which has a direct effect on the nervous and cardiovascular systems.

To learn more about this symptom, please read on to discover the definition, symptoms, causes and treatment of electric shocks during menopause.

**About Electric Shocks**

Sensations of electric shocks during menopause are often described in the manner shown at the right.

Manna Menopause e-Book
These sensations often last a brief time. Many women report that electric shocks occur just before a hot flash episode. In order to better understand this strange symptom of menopause, it may help to understand the function of electrical impulses in the body and the effect of menopause-related hormonal changes on such action.

**Electricity and the body**
In the late 1700s, Italian anatomist Luigi Galvani discovered scientific evidence of a bioelectric force within living tissue. Since this breakthrough discovery, several scientists have proposed theories about electricity in the human body. One of the prevailing theories follows that electrical impulses in the central and peripheral nervous systems are sent from one nerve to another with the help of electrically-charged salts passing through ion channels.

**Electric-based Medical Technology**
- EKG (electrocardiogram)
- Artificial Pacemakers
- X-rays
- Radiation
- Hearing Aids

Because of this electrical quality of the body, physiological disturbances characteristic of menopause can result in abnormal electrical sensations. Please read on to learn more about the causes of electric shocks during menopause.

**Causes of Electrical Shocks**
During menopause, hormonal fluctuations have a direct and proven effect on the nervous system. Changing levels of estrogen, one of the main reproductive hormones imbalanced during menopause, can affect the nerve tissue, potentially causing women to feel sensations of electric shocks. Some researchers postulate that misfiring of the neurons in the nervous system may be responsible for feeling electrical shocks during menopause.

**Hormone imbalance** during menopause can also disturb the hypothalamus in the brain, producing vasomotor symptoms such as hot flashes. Electric shocks in menopause are often experienced as a precursor to hot flash episodes.

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

29. **Digestive Problems**
The digestive system is an all-important part of the body that can determine the overall health of an individual. Many women report that digestive problems begin to occur in the years leading up to menopause, called peri-menopause. Not only can digestive problems cause discomfort, but they can also lead to more serious health concerns.

Hormonal imbalance during peri-menopause is one of the primary causes of digestive problems for women between the ages of 45 and 55. Luckily there are treatments that can bring a woman’s hormones back in balance and relieve her digestive problems and other menopausal symptoms.

**About Digestive Problems**
Women are two times more likely than men to develop digestive problems. Digestive problems, also known as gastrointestinal problems or dysbiosis, in women prior to menopause can come in an array of forms. Each form has to do with how food is broken down once consumed. Because the digestive system is a complex function of the body, issues can arise anywhere along the trip that food takes, from consumption to expulsion.

**How the Digestive System Works**
Digestion involves mixing food with digestive juices, moving it through the digestive tract, and breaking down large pieces of food into smaller pieces. Digestion begins in the mouth, with the act of chewing and swallowing, and is completed in the small intestine.

Manna Menopause e-Book
Once food or liquid is swallowed, the stomach then takes over by storing the food and liquid, mixing the food, liquid and digestive juice produced by the stomach, and finally emptying the contents slowly into the small intestine where nutrients are absorbed. The mixture then moves to the large intestine and colon and waits to be expelled as feces.

**Symptoms of Digestive Problems**

There are different symptoms of digestive problems that can indicate different causes. Below of some of the common symptoms of digestive problems:

- Cramps
- Bloating
- Gas
- Constipation
- Diarrhea
- A false urge to have a bowel movement.

**Causes of Digestive Problems**

Although there are many potential causes of digestive problems, there’s a high likelihood that digestive problems experienced as menopause approaches have a lot to do with hormonal imbalance.

As a woman’s body prepares for menopause, production of her hormones, particularly estrogen and progesterone, begin to decrease. The hormones regulate many different functions of the body, and when their levels are altered prior to menopause, she may experience some or all of the menopause symptoms, including digestive problems.

**Hormonal Causes of Digestive Problems**

*Cortisol* is a "stress hormone" produced by the adrenaline gland involved in stress responses. It is known to impede digestion and create digestive problems, among other adverse reaction, such as anxiety and panic disorders.

As a result of imbalanced hormones during menopause there is a high level of cortisol in a woman’s body.

*Estrogen* has an inhibitive affect on the stress-hormone cortisol. When estrogen is too low, levels of cortisol rise, raising blood pressure and blood sugar, and slowing down the release of stomach acid and the emptying of the stomach into the small intestine. This can create some of the symptoms of digestive problems such as gas, bloating and constipation.

**Other Causes**

There are several other possible causes of digestive problems beyond hormonal causes. Some of these other causes are:

**Stress**
- Antibiotics
- Drugs
- Environmental toxins
- Genetics
- Eating habits
  - Not chewing food enough
  - Bad food combinations (heavy starched proteins)

**Poor diet**
- Processed food
- Lack of fiber
- Lack of raw food
- Food allergies
- Junk food

**Risk Factor**

Some activities or factors can enhance a person’s susceptibility to digestive problems. Below is a list of risk factors:
- Smoking cigarettes
- Drinking alcohol excessively
- Inactivity
- Depression
- Age

**Treatment** – The best treatment for Menopausal Symptoms is (1) **Lifestyle Changes** & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.
30. Gum Problems

During menopause and other times of hormonal fluctuation, women are at a greater risk of dental problems, including gum problems. This is most commonly associated with changes in estrogen levels in the body and, in the case of menopause, the natural aging process.

Because of this increased risk of dental and gum problems, it is essential that women approaching or traversing the menopausal transition become informed about the symptoms, causes, and treatment of dental and gum problems. Gum disease increases the risk of heart disease. According to the American Cancer Society, oral cancer occurs nearly as often as leukemia and claims almost as many lives as melanoma cancer.

Dental and Gum Problems during Menopause

Menopause can bring with it a whole host of dental and gum problems. The menopausal transition increases the risk of:

- **Gingivitis**, the medical term for gum disease, develops when bacteria proliferate and build up between your gums and teeth, which can lead to irritation, inflammation and bone loss. Other factors include Poor dental hygiene, Hormonal changes, and Inadequate nutrition.

- **Periodontal Disease**, the medical term for gum disease (also known as periodontitis), develops when bacteria proliferate and build up between your gums and teeth, which can lead to irritation, inflammation and bone loss.

- **Bisphosphonates** are a class of drugs often prescribed to treat osteoporosis. Unfortunately, these drugs carry a rare but serious risk of osteonecrosis, or dead jaw.

- **Gum disease** (e.g.: gingivitis or periodontitis)
- **Gum tissue loss/recession**
- **Gum injury**
- **Gum bleeding**
- **Bone loss/Osteoporosis** (in the teeth and jawbone)
- **Burning tongue, gums, and mouth**
- **Dry mouth**
- **Changes in taste**
- **Menopausal gingivostomatitis**

Menopause also increases the risk of bone problems, which can affect the teeth and jawbone. The risk of osteoporosis, which can target the teeth and jaw, significantly increases following menopause.

Symptoms of Gum Problems

Most women who develop gum problems during menopause are aware of the symptoms they are experiencing. However, it is important for all women during the menopausal transition to become informed about the possible symptoms of gum problems.

If a woman experiences these or any other abnormal gum problems during the menopausal time, it is a good idea for her to speak with her dental care professional or primary care physician.

While a visit to the dentist’s chair is usually the only sure way to determine the cause of gum problems, it is very important to first become informed of the possible causes of gum problems, especially during menopause.

Please read on to discover the common causes of gum problems during menopause. Many people first detect gum problems because their toothbrush bristles turn pink while brushing-a sign that gums are bleeding with slight pressure.

Causes of Gum Problems

Hormonal Causes

While many factors can contribute to gum problems throughout the lifecycle, the most common cause of gum problems during menopause is fluctuations in estrogen hormone levels. Scientific evidence shows that estrogen levels can affect many oral tissues including the gums, salivary glands, joints, and jawbones.

Hormonal changes in menopause can make a woman less sensitive to sucrose, leading to an increased desire for sweeter foods.

During menopause, as the body prepares to shut down the reproductive functions of the ovaries, levels of estrogen begin to spike and fall erratically, eventually leading to a significantly decreased production of estrogen. This drop in estrogen is associated with an increased risk in gum problems, tooth loss, and osteoporosis.

In addition to hormonal causes, other factors can increase the risk of gum problems. These should be discussed in greater detail with a qualified dental care professional.

Manna Menopause e-Book
Treatment of Gum Problems

Preventing Gum Problems
When it comes to gum problem treatment, an ounce of prevention is worth its weight in gold. A woman can make the following lifestyle changes to prevent or mitigate the effects of gum problems during menopause:

Prevention and Management of Gum Problems
- Brush teeth twice daily and floss once daily
- Have teeth professionally cleaned every six months (or more frequently if recommended)
- Get regular dental check ups
- Discuss all dental and gum problems with dentist or dental hygienist
- Tell dental professional about any medications used
- Tell primary care provider of any dental changes, including gum problems

Getting to the Root of the Problem
While these measures can go a long way in the treatment and management of gum problems, they are unable to address the specific root cause of hormonal imbalance that occurs during menopause. Luckily, there are safe and natural ways to address this problem of hormonal imbalance.

31. Muscle Tension
As women approach menopause, many will notice the onset of muscle tension. This is a common menopausal symptom that is a normal part of getting older; however, there are treatments that can help alleviate muscle tension related to menopause.

Women between the ages of 45 and 55 begin to experience hormonal fluctuations that pre-empt the eventual low levels of hormones that set in once menopause has been achieved and thereafter. This hormonal imbalance is responsible for muscle tension prior to menopause.

About Muscle Tension
Muscle tension is a menopausal symptom that is closely related to stress and anxiety. Muscle tension is the feeling that muscles are always tight or strained, sometimes to the point of frequent pain, or even persistent and ongoing pain. One can experience tension, pain or cramps in any of the body’s muscles as a result of muscle tension. The common symptoms of muscle tension are listed on the right.

Causes of Muscle Tension
As mentioned above, hormonal imbalance is the primary cause of muscle tension in women approaching menopause. As menopause nears, a woman’s body reacts in many ways. Her hormones, primarily estrogen and progesterone, begin to fluctuate as they prepare to settle into low levels for the rest of her life.

Other Causes
Although hormonal imbalance is the main cause of muscle tension prior to menopause, there are other potential causes. They are:
- Stress
- Anxiety
- Past injuries
- Inactivity
- Bad posture

Both estrogen and progesterone play a part in causing muscle tension. First, estrogen exercises an inhibitive affect on the stress-hormone cortisol. When estrogen is too low, levels of cortisol rise, raising blood pressure and blood sugar. Extended high levels of cortisol in the face of low estrogen levels causes the muscles in the body to tighten and become fatigued.

Progesterone has a calming effect on the body and mind. When levels of progesterone begin to drop prior to menopause, muscles tend to become tense.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
32. Itchy Skin
While most women are familiar with the common menopausal symptoms, such as hot flashes, many are unaware of menopausal effects on the skin. Itchy skin is experienced by many women during the menopausal transition. Skin problems during menopause are closely linked with hormonal changes characteristic of this natural period of change.

Skin changes can begin as early as perimenopause, or the time leading up to the cessation of menstrual periods, which can range from three to ten years. Other women may experience skin changes after menopause.

About Itchy Skin in Menopause
Menopause can often trigger skin changes leading to itchy skin. Itchy skin, medically known as pruritis, can be a major life disruption, especially if it causes significant discomfort and/or disrupts sleep.

Around the menopausal time, many women also experience acne, thinning skin, wrinkles and skin pigment changes. Related to pruritis, paresthesia can also afflict women during the menopausal transition. An abnormal skin condition affecting touch sensation, paresthesia is defined as sensations of numbness, "pins and needles," tingling, and/or pricking of the skin.

A small percentage of menopausal women report itchy skin symptoms of formication, a specific type of paresthesia, characterized by creepy, crawling sensations on the skin. People with formication have the phantom sensation of ants or other insects crawling on their skin.

Symptoms of Itchy Skin
Women who develop itchy skin during menopause can experience symptoms in different ways. Many women report that the elbows and the T-zone of the face are the first places where itchy skin develops. Other women report that certain areas of the skin are particularly dry and itchy, such as the limbs, chest, neck, or the back. Even the nails can be affected by itchy skin in menopause.

In addition to the chief symptom of itchiness, skin changes in menopause can also produce the following symptoms:

Causes of Itchy Skin

Hormonal Causes
During menopause, the most common underlying cause of itchy skin is hormonal change. As the body prepares for the cessation of menstruation and egg development during perimenopause, levels of estrogen in the body also fluctuate and eventually begin a steady decline.

Estrogen plays an important role in maintaining healthy skin. For example, estrogen is responsible for stimulating the production of skin collagen, a fibrous protein that provides strength, resilience, and support to the skin and other tissues.

Acne and Menopause
Some women develop acne during menopause, especially those who had acne in adolescence. Increases in androgen levels during menopause are thought to increase the risk of acne during menopause.

Adult acne often affects the lower face and rarely responds to teen acne treatments.

As estrogen production diminishes around the time of menopause, dry itchy skin becomes a very common symptom. The decline in skin thickness and collagen production appears to be most rapid in the years immediately proceeding menopause.

Lowered estrogen levels also decrease the body’s ability to retain moisture and slow down the body’s production of natural skin oils, which also contributes to itchy skin.

Other Rare Causes of Itchy Skin
While hormonal changes are the most common cause of itchy skin around the time of menopause, other medical conditions can be responsible for itchy skin. While these are rare causes, they are important to be aware of, particularly in cases where itchy skin is accompanied by other unexplained symptoms.

Women concerned about the causes of itchy skin and those who experience other worrisome symptoms are advised to speak with a qualified dermatologist or other medical professional. Fortunately, itchy skin in menopause can often be successfully managed with self care and natural treatments. Please read on to learn more about the treatment of itchy skin.

Manna Menopause e-Book
Medical Causes of Itchy Skin
- Hypothyroidism
- Fungal Infection
- Diabetes
- Skin cancer
- Vitamin Deficiencies
- Herpes
- Drug side effects
- Drug abuse or withdrawal

Treatment of Itchy Skin
Treating itchy skin in menopause often requires a number of self care techniques. Most doctors advise against invasive and risky medical or hormonal treatments for itchy skin during menopause. However, many experts recommend that women combine lifestyle changes with natural treatments, which are often safe and effective in providing itchy skin relief.

Self Care for Itchy Skin
- Good diet: Increase intake of omega-3 fatty acids found in foods such as salmon, walnuts, fortified eggs, sardines, flaxseed, and soy. Adequate vitamin B intake is also crucial to skin health.
- Increase water intake: This will help to hydrate the skin from the inside out.
- Avoid hot showers: Because hot water can be harsh and drying, experts advise taking shorter showers using warm water.
- Moisturize after showers: Mineral oil and petroleum jelly are both excellent and inexpensive skin moisturizers.
- Use gentle, non-irritating soaps.
- Use a quality, broad-spectrum sunscreen.
- Avoid other irritants: Avoiding smoke, excess sun exposure, stress, and lack of sleep can also help to manage itchy skin.

Natural Treatment for Itchy Skin
While these self-care measures can help a woman manage itchy skin during menopause, they alone are unable to get to the root cause of itchy skin during menopause: hormonal imbalance. Fortunately, natural supplements can address this primary problem of hormonal imbalance, helping a woman to treat itchy skin from the inside out. Alternative treatments involve little or no risk and are often simple to use.

33. Tingling Extremities
While not a common symptom of menopause and post-menopause, tingling extremities is an unsettling and unexpected symptom some women experience. This tingling can affect any part of the body though it commonly affects the feet, legs, arms, and hands.

About Tingling Extremities
Tingling extremities, medically known as paresthesis, can occur at any time. In more mild cases, tingling extremities can come about after a certain body posture pinches a nerve or presses on an artery, causing a limb to temporarily "fall asleep." In these cases, the tingling extremities usually return to normal after compression is relieved.

Symptoms of Tingling Extremities
- Changes in sensation
- "Pins and needles"
- Prickling or burning sensations
- Numbness or reduced feeling
- Increased sensitivity
- Creepy crawling feeling

Manna Menopause e-Book
While tingling extremities are not usually cause for concern, these sensations can be a symptom of another condition. Please read on to learn more about the causes of tingling extremities.

**Causes of Tingling Extremities**

In most cases, tingling extremities experienced during menopause are the result of natural hormone fluctuations. **Estrogen**, one of the primary hormones in flux during menopause, has a complex effect on the central nervous system. When this hormone is thrown off balance during menopause, it can affect the nervous system, producing symptoms like tingling extremities.

While estrogen fluctuations are a prime cause of tingling extremities during menopause, other medical conditions can trigger tingling in the hands, feet, arms and legs.

**Other Causes of Tingling Extremities**

- Nerve injury (from neck or lower back injuries)
- Spinal cord injury
- Hyperventilation
- Herniated disc
- Vascular claudication, or lack of blood supply to an area
- Anxiety
- Carpal Tunnel Syndrome
- Diabetes
- Migraines
- Multiple Sclerosis
- Stroke
- Seizures
- Thyroid problems
- Electrolyte or vitamin imbalances/deficiencies
- Medication side effects
- Toxin exposure

**Treatment** – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The **Manna Menopause Support Supplement**, with 100% natural phyto-estrogens.

---

34. **Osteoporosis**

Osteoporosis is perhaps the most serious symptom of menopause because it can lead to severe health problems such as chronic back pain and broken bones. Not only does osteoporosis threaten a woman’s physical health, but the disease can come on slowly and go unrecognized until a bone is fractured.

About 33% of women over 50 will experience bone fractures as a result of osteoporosis. The hormonal fluctuations that precede menopause and the permanently low hormonal levels of post-menopause play a major role in the onset of osteoporosis.

There are treatment options available, but first it’s important to be educated about osteoporosis in order to know how to prevent and treat it.

**About Osteoporosis**

Osteoporosis is a disease that weakens bones and increases the risk of sudden and unexpected fractures. Osteoporosis literally means "porous bone." A hallmark of the disease is an increased loss of bone mass and strength. It often progresses without any symptoms or pain. Generally, osteoporosis is not discovered until weakened bones cause painful fractures usually in the back or hips.

An unfortunate aspect of the disease is that once an osteoporotic fracture occurs, there is a much higher risk of additional bone fractures. More unfortunate news: women make up 80% of osteoporosis sufferers. The disease does affect men but at a drastically lower rate than women. This is because men generally have stronger, bulkier bones that don’t lose their mass as easily. Men who do suffer from osteoporosis generally get it later in life than women.

Because women are more susceptible to contracting osteoporosis, they have to take greater care to prevent or treat the diseases in their later years or before.

Manna Menopause e-Book
Calcium and Healthy Bones
The human body stores 99% of its calcium in bones and teeth. Like every part of the body, the bones are continuously regenerating themselves, losing cells and incorporating new ones. As bones grow, they rely on calcium as structural material to build the proper bone density.
Later in life, bones experience cell loss, where the amount of cells lost outnumbers the amount of new cells becoming part of the bones. Calcium is necessary not only during the teenage years and young adulthood when bones grow the most, but also later in life to retain as much bone mass as possible.

Below is information about recommended amounts of calcium intake per day and foods that are high in calcium.

Calcium Recommendations
- Children 1 to 3 years: 500 mg
- Children 4 to 8 years: 800 mg
- Youth 9 to 18 years: 1300 mg
- Adult 19 to 50 years: 1000 mg
- Adult 51 + years: 1200 mg

Foods high in calcium:
- Most dairy products
- Soy/rice milk
- Chinese cabbage
- Dried figs
- Cooked greens
- Varieties of fish
- Soy nuts

Symptoms of Osteoporosis
One of the main issues with the onset of osteoporosis is that many people who begin developing it don´t realize they are afflicted until they experience a bone fracture as a result. That is one reason it´s important to take a proactive approach against osteoporosis. Symptoms generally begin to occur late in the disease when there are not many options to regain the necessary bone density.

Common symptoms of osteoporosis:
- Loss of height as a result of weakened spine.
- Fractured bones, especially hip bones.
- Bone pain and tenderness.
- Neck, spine, and lower back pain.
- Broken bones, brittle fingernails.
- Periodontal disease, tooth loss.
- Spinal deformities become evident like stooped posture, an outward curve at the top of the spine as a result of developing a vertebral collapse on the back.

Osteoporosis Risk Factors
Some people are more susceptible to osteoporosis than others. Some of the risk factors for osteoporosis are in the control of the individual, such as weight, while other risk factors can´t be controlled, such as family history of osteoporosis.

Uncontrollable Risk Factors of Osteoporosis
- **Age** - Osteoporosis becomes far more common as people age, especially once they surpass age 50.
- **Sex** - Osteoporosis is more common in women than men. About 80%, or four out of five, osteoporosis sufferers are women. Women going through menopause or post-menopausal are even more susceptible because of diminished amounts of hormones that are necessary for regenerating bone.
- **Family history** - Research suggests that heredity and genetics play a major role in osteoporosis. Parents who have osteoporosis have children who have a greater chance of getting the disease.
- **Race and ethnicity** - While osteoporosis affects all races and ethnicities, people who are Caucasian or of Asian or Latino descent are more likely to develop osteoporosis than those of African heritage.
- **History of broken bones** - People who have broken one or more bones during their adult years are at greater risk for osteoporosis. In fact, they may already have low bone density or osteoporosis.
- **Diseases and conditions** - Here are some diseases and conditions that put a person with one or more of them at greater risk of developing osteoporosis: premature menopause, blood and bone marrow disorders, eating disorders, gastrectomy, gastrointestinal bypass procedures, multiple sclerosis, post-polio syndrome, rheumatoid arthritis, severe liver disease, spinal cord injuries, stroke, etc.
Controllable Risk Factors of Osteoporosis

- **Inactive lifestyle.** People who are bedridden, are inactive or do not exercise are at high risk of osteoporosis.
- **Smoking.** Smoking is bad for bones in many ways. For women, smoking can prevent estrogen from protecting the bones.
- **Alcohol Abuse.** Drinking heavily can reduce bone formation. In many cases, people who drink too much do much do not get enough calcium. Drinking may also affect the body’s calcium supply.

In addition, drinking too much is bad for a person’s overall health and can make you more likely to fall. Many people fall and break a hip or other bone when they are drunk. Alcohol in smaller amounts, however, does not harm bone health. This usually means no more than two drinks a day.

**Osteoporosis Diagnosis**

One of the only ways to determine if a person has osteoporosis is with a test called a bone density scan. It measures the amount of minerals in bones. This scan requires large machinery and must be conducted in a hospital or doctor’s office with the right equipment.

Bone density is measured on a point scale, called a “T” score.

Normal bone density has a T score -1 or higher. If a person’s T score measures between -1 and -2.5, she will probably be diagnosed with osteopenia, a milder form of osteoporosis. A T score of less than -2.5 indicates osteoporosis.

**Causes of Osteoporosis**

Osteoporosis is inextricably linked to hormones. For this reason, women make up about 80% of osteoporosis sufferers, and a large percentage of those women have undergone menopause and the hormonal fluctuations associated with it. Estrogen is the predominant hormone that fades with the onset of menopause and puts women at a much higher risk of developing osteoporosis.

**Estrogen and Osteoporosis**

The graph to the right shows how drastically levels of estrogen drop off during menopause and post-menopause, beginning at about age 45. Estrogen levels in post-menopausal women are about one-tenth the amount present in pre-menopausal women. For this precise reason, women approaching menopause and those who have already gone through it are at a much higher risk of developing osteoporosis and suffering from bone fractures as a result.

Without adequate levels of estrogen, bones aren’t able to absorb the proper amounts of calcium to replenish bone mass as cells slough off and die. The body also has trouble controlling the amount of bone cells that are destroyed without estrogen to regulate the function.

Estrogen's most important effect on osteoporosis appears to be prevention of bone breakdown, known as resorption. Healthy bones require a balance of osteoclasts (cells that breakdown bones) and osteoblasts (cells that make new bone). As estrogen levels diminish, osteoclasts live longer than their counterparts, osteoblasts. This leads to bones being broken down at a rate much greater than they can be rebuilt, thus they grow weak and brittle.

Testosterone is the hormone responsible for bone strength and breakdown in men.

**Other Causes**

Researchers agree that the primary cause of osteoporosis in women as they surpass age 50 is diminished hormonal levels, particularly estrogen levels; however, there are other causes that need to be explored in order to have a comprehensive understanding of this serious bone disease.

Other causes of osteoporosis include the following:

- **Medications:** some medications can reduce bones’ ability to rebuild themselves. Some of the medications that can cause osteoporosis are glucocorticoid medications, prednisolone, excess thyroid hormone replacement, the blood thinner heparin, and certain anti-convulsant medications.
- **Insufficient bone growth as a youth:** Bones that didn’t get enough calcium early in life have a higher likelihood of becoming osteoporotic and fracturing as estrogen levels begin to decrease.
- **Genetic factors:** If a woman’s family members, especially her mother, have suffered from osteoporosis, the likelihood that she will develop the disease jumps dramatically. Genetics also helps determine the body type of a woman. If she inherited a small, thin body type, she is predisposed to osteoporosis.
Osteoporosis Prevention
The best way to avoid the painful and debilitating bone fractures that come with osteoporosis is to prevent the disease before it takes hold. Of course going back in time to the teenage years when bone growth is most crucial is not a possibility. However, there are still ways to increase bone mass, or at least limit the rapid destruction of bones common in menopausal women, before osteoporosis becomes a problem. Below is a list of prevention tips:

Prevention tips for osteoporosis
- Eat enough calcium.
- Make sure to get enough vitamin D.
- Get adequate physical exercise.
- Avoid alcohol.
- Avoid smoking.
- Maintain a healthy weight.

Staggering statistics:
A 10% loss of bone mass in the vertebrae can double the risk of vertebral fractures, and similarly, a 10% loss of bone mass in the hip can result in a 2.5 times greater risk of hip fracture.

Preventing Falls
More than 90% of hip fractures are associated with osteoporosis. Nine out of 10 hip fractures in older Americans are the result of a fall. Individuals who have a hip fracture are 5 to 20% more likely to die in the first year following that injury than others in this age group. Most falls happen to women in their homes in the afternoon.

The above data shows how important it is to take care to avoid falling, especially after a certain age when osteoporosis is more common, namely after age 50 in women. Below is a list of tips to prevent falls:

Tips to prevent falls:
- Wear appropriate, flat shoes.
- Wear glasses with the correct prescription and have this checked regularly.
- Avoid having loose rugs and carpets or trailing electrical flexes. Repair any torn floor coverings.
- Make sure the home is well lit.
- Be extra careful when taking medicines, especially sleeping pills and sedatives that may cause drowsiness, making a person more likely to trip or stumble.
- Anyone who experiences dizziness or is at risk of falling should talk to their doctor about how their medications might affect this.
- Anyone who needs to get up during the night to visit the toilet should consider using a chamber pot to avoid the risk of falling in the dark. Otherwise, leave some lights on where possible and make sure the route from the bed to the toilet is safe and clear of items that could cause a fall.

Treatments for Osteoporosis
When exploring treatments for osteoporosis, it’s important to begin with methods that are the least obtrusive, with the least likelihood of side effects, and progress from there.

This means that lifestyle changes are the best place to begin. Simple lifestyle changes that can reduce the likelihood of osteoporosis is eating a diet rich in calcium and exercising to build bone strength.

Typically, combining lifestyle changes and alternative medicines will produce the best treatment results. Alternative medicines can be different herbs and supplements, namely calcium supplements. When seeking out alternative medicines, keep in mind that because osteoporosis during menopause is associated with hormonal imbalance, look for substances that bring a natural balance to hormonal levels, for this will go a long way to treating preventing osteoporosis at the core of the issue.

Treatment – The best treatment for Menopausal Symptoms is (1) Lifestyle Changes & (2) The Manna Menopause Support Supplement, with 100% natural phyto-estrogens.
5. Treatment for Menopausal Symptoms

While some women are able to undergo the menopausal transition without incident, most will experience some combination of all 34 menopause symptoms. In fact, up to 70% of women experience menopausal symptoms.

The duration varies; for many women the symptoms cease after the occurrence of menopause (typically in the mid to late 50’s), yet other women will continue experiencing them well into old age. Though these menopausal symptoms may be unpleasant, it is important to remember that menopause, rather than being an illness, is a natural, normal change in a woman’s body.

Fortunately, as menopausal symptoms are a consequence of fluctuations in hormones such as estrogen, testosterone, and progesterone, it is possible to come up with a menopause treatment for this imbalance. Though it used to be in vogue to prescribe hormone replacement therapy as a menopausal treatment for this fundamental imbalance, persistent links to breast and ovarian cancer, along with heart disease and blood clots, have caused most healthcare professionals to rethink this drastic menopause treatment option.

Approximately 1 in 3 adults in the US tried some form of alternative medicine in the past year.

Many agree that the most effective treatment for menopause is to combine a few changes in lifestyle with alternative menopause treatment options.

Three approaches for treating the 34 Menopausal Symptoms:

Three levels of approaches can be considered as treatment for menopause.

These are categorized as:

1. **Lifestyle Changes**
2. **Alternative Medicine**
3. **Drugs and Surgery**

It is recommended to begin with the least risky option, lifestyle changes, before progressing up to the next stage of menopause treatment. Drugs and surgery should be used only in extreme cases.

1: Lifestyle Changes:
This primary level of menopause treatment involves the least amount of risk, though conversely it requires the highest amount of self discipline. Many times some simple changes in lifestyle can reap huge benefits in fighting menopausal symptoms, and achieving a higher overall level of health.

Fundamentally, techniques for stress reduction, such as yoga or meditation, combined with regular exercise and an improved diet, can be a great natural menopause treatment.

Diet in particular is key. Studies have shown that diets rich in foods that promote estrogen levels (such as soy, apples, alfalfa, cherries, potatoes, rice, wheat and yams) are great menopause treatments.

Simple Lifestyle Changes:
- Avoid caffeine/alcohol
- Sleep 7-8 hours per night
- Intake vitamins B, C, D, E
- Practice breathing exercises
- Eat a balanced diet
- Exercise regularly
- Stay hydrated

Making lifestyle changes is easier said than done, especially if one is accustomed to a certain routine. These changes will help alleviate many symptoms, but they do not address the problem directly at the hormonal source and so further treatment may be necessary. Alternative medicine has proven to be an excellent menopause treatment in a safe and natural way.

Follow the Manna Weight Loss Program in the **FREE Manna Weight Loss e-book**.
2: Alternative Medicine:
Alternative approaches involve little to no risk and can be an extremely effective way to treat all 34 menopause symptoms. This level of approach can involve several different therapies. Herbal supplements are the most prominent, though in addition women may turn to such menopause treatments as acupuncture, biofeedback, massage, aromatherapy, or hypnosis.

All of these treatments can be valid and effective, though most women find that herbal supplements are the easiest menopause treatment to follow, as the other menopause treatments require a greater time and monetary commitment. In addition, herbal supplements are the only viable option to treat the hormonal imbalance directly at its source.

In the case of herbal supplements, there are two types of herbs that can be used for treating the 34 menopause symptoms: phyto-estrogenic and non-estrogenic herbs.

Phyto-estrogenic herbs (e.g. Maca) contain estrogenic components produced by plants. These herbs, at first, provide a menopause treatment for hormonal imbalance by introducing these plant-based estrogens into the body.

The **Manna Menopause Support** does just that.

A combination of approaches is usually the most effective route to take. Lifestyle changes combined with alternative medicine will most likely be the best treatment for menopause. However, for some women the symptoms will be so severe that a more drastic treatment is necessary.

In taking the leap into pharmaceutical options, side effects are inevitable, yet sometimes menopause treatment can be worth it if the benefits will outweigh the risks.

3: Drugs and Surgery:
Interventions at the third level of menopause treatment involve the highest risk and often the highest costs. The most common drug therapy for treating the 34 menopause symptoms in the US is hormone replacement therapy (HRT). This may be a quick and strong menopause treatment that combats hormonal imbalance; but, unfortunately, it entails serious side effects and increases the risk of different types of cancer among women, as the following study has proven.

In 1991 the National Institute of Health (NIH) launched the Women's Health Initiative (WHI), the largest clinical trial ever undertaken in the United States. The WHI was designed to provide answers concerning possible benefits and risks associated with use of hormone replacement therapy (HRT) as a menopause treatment. This study was canceled in July 2002, after it was proven that synthetic hormones increase risks of ovarian and breast cancer as well as heart disease, blood clots and strokes. The findings on this menopause treatment were published in JAMA, the Journal of the American Medical Association, and to this date have not been disputed.

If symptoms are at the level of severity that a woman is still considering this final option of menopause treatment, it is wise to speak to a healthcare professional for guidance.

These three levels of menopause treatments are not mutually exclusive. A woman may use different menopause treatments at different times or any combination of them, depending on the duration and severity of symptoms.

Today more and more women find that dealing with menopause symptoms is best accomplished via a combination of healthy lifestyle and alternative treatments.

Testimonial
"When menopause hit me in full swing, leaving me with hot flushes, night sweats, headaches and sleeplessness, I put my faith in this pill and trusted the Heavenly Father for help. With a family history of hormone use that led to illness, I knew that I had to go completely natural. When i heard about the 6 sugars it contains and where it comes from, I knew it was right for me.
In the first month of using it, I had already forgotten about the problem I had and everything felt normal again. I can recommend it and with complete honesty say that it works for me."

Thank you.
Elizabeth Bredell

Manna Menopause e-Book