



Manna Menopause eBook

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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. Test for 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. So, check the calendar, the tests, and the health providers' opinions..

4. MENOPAUSE SYMPTOMS

MOST COMMON MENOPAUSAL SYMPTOMS

IRREGULAR PERIODS

Women approaching menopause normally start to experience irregular periods. However, the symptoms of irregular periods can vary from woman to woman. Almost all women will experience irregular periods for three to ten years before periods stop completely.

Research indicate that an average of only 10% of women reach menopause without any irregular periods. Menopause occurs only after periods had stopped completely for more than a year.

The decline of hormones, especially estrogen, is the actual cause for irregular periods, because the menstrual cycle is entirely dependent upon hormones.

About Irregular Periods

What is a normal period? Normal periods are typically described as having an interval of 25 to 31 days from period start to period start, with bleeding lasting approximately 5 to 7 days. The average amount of blood loss during a normal period is 2 to 8 tablespoons.

However, many women experience menstruation totally different, regarding duration, symptoms, amount of blood loss, etc. Thus, their experience of irregular periods might differ completely from the usual symptoms.

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.

Symptoms of irregular periods:

- Infrequent periods
- Missed Periods
- Painful cramping
- Abnormal duration of bleeding
- Changes in blood flow
- Blood clots

Causes of Irregular Periods

When hormone production starts to decline, periods can start to be irregular. Normally a women has about 500 menstrual cycles throughout her lifetime, between the time of her first period at about age 12 to her last period before menopause start.

Role of Hormones during Menstrual Cycle:

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

Estrogen: Estrogen causes the uterine lining to thicken before ovulation. As estrogen levels start to decline, the lining gets thinner and therefore can cause excessive bleeding.

Progesterone: Progesterone on the other hand causes uterine contents to be shed after ovulation, if no fertilization has occurred. Progesterone is also responsible for controlling the intensity and duration of menstrual bleeding. When levels decline, it can lead to irregular periods.

Before these hormones decrease to a constant low level, estrogen and progesterone will often fluctuate wildly and cause irregular periods.

Other Causes of Irregular Periods

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, like...

Health Conditions:

- Eating disorders
- Polycystic Ovarian Syndrome
- Uterine abnormalities (Fibroids, cysts, polyps, endometriosis)
- Irritable Bowel Syndrome
- Tuberculosis
- Recent birth, miscarriage, or D&C
- Liver disease
- Diabetes
- Cancer
- Anemia
- Thyroid dysfunction

Lifestyle triggers:

- Significant weight gain/loss
- Over-exercise
- Poor nutrition
- Smoking
- Drug use
- Caffeine
- Excessive alcohol use
- Increased stress
- Medication use
- Breastfeeding

HOT FLASHES (Hot Flushes)



One of the most common symptoms of menopause most women are afraid of, is hot flashes. Approximately 50% of all peri-menopausal women and 75 to 85% of all post-menopausal women experience hot flashes. However, the onset, duration, frequency and severity of hot flashes can vary greatly between women. Hot flashes can start one to two years prior to a women's last period and it can continue from 6-months to 15 years.

Hot flashes are caused by hormonal fluctuations, especially a decline in certain hormones that occur during the menopausal transition. The good news is that this hormonal imbalance can be treated naturally and by making simple lifestyle adjustments, you can manage this symptom.

Symptoms of Menopausal Hot Flashes

- Sudden, intense feelings of heat in the face, neck, arms and torso.
- 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.
- Other Symptoms: Nausea, Dizziness, Anxiety and Headaches

Causes of Hot Flashes

Hormonal Causes

Declining levels of **estrogen** have a direct effect on the hypothalamus, the part of the brain responsible for controlling of body temperature.

Other Causes of Hot Flashes

Medical conditions and medications can also cause hot flashes, especially if women are not in the age bracket to experience menopause, but do experience hot flashes. Therefore, if women do experience hot flashes due to other medical or medicinal factors, should see a doctor.

Trigger for Hot Flashes

Diseases:

- Panic disorder
- Infection
- Cancer
- Diabetes
- Thyroid disease
- Obesity

Medications:

- **Raloxifene** (osteoporosis drug)
- **Tamoxifen** (cancer drug)
- **Gonadotropin analogues** (leuprolide, goserelin and nafarelin)

Common Triggers:

- **Warm environments** (i.e. hot weather, rooms, beds, saunas, and showers)
- **Heating equipment** (e.g. fireplaces, hair dryers, heaters)
- **Stress and anxiety**
- **Hot and spicy foods and drinks**
- **Smoking cigarettes**
- Overconsumption of **caffeine, alcohol, and sugar**
- **Diet pills**

LOSS OF LIBIDO



Loss of libido during menopause is very common, affecting as many as 20% to 40% of women. Therefore it is of the utmost importance for a woman to know why she lost her sexual desire and what steps to she can take to resolve this complex menopausal problem.

About Loss of Libido

Loss of libido can include psychological, relational, physical, and hormonal dimensions as unique as the women who experience them. Women experiencing a loss of libido find that they are less in touch with their sexuality, have less feelings and energy for sexual intercourse with their partner.

While women loss their ability to become aroused or achieve orgasm, the other menopausal symptoms like hot flashes, night sweats, vaginal dryness and irritation may also have a huge impact on sexual dysfunction.

Causes of Loss of Libido

Like most other menopausal symptoms, the primary cause of the loss of sexual drive has its roots in hormonal imbalance, especially the decline of

estrogen levels. However, physical, psychological and relationship issues can also have an effect on libido during menopause.

Hormonal Causes of Loss of Libido

The decline of three of the major hormones can contribute to the reduction of sexual drive and energy.

Estrogen

Estrogen is crucial for the upkeep of female sexuality for assisting in the production of vaginal lubrication, and maintaining the health of vaginal tissue. As estrogen levels decline during menopause, it 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 is just as important for the upkeep of sexual drive and energy. A decline in progesterone levels can cause irregular periods and fatigue which can also lead to a lack of sex drive.

Androgens/ Testosterone

As with estrogen, the body also experiences a drop in androgens (e.g. testosterone) with age. Experts believe that this drop in androgens can also contribute to a loss of libido.

Other Causes of Loss of Libido

In addition to hormonal causes, several other factors can lead to this common menopausal symptom. The other causes can be categorized into three groups: Physical, Psychological, and Relational.

Physical Causes

- Sexual dysfunction
- Pain-related conditions
- Medication use
- Hysterectomy
- Diabetes
- Heart disease
- Anemia
- Chronic disease
- Vaginal dryness

Psychological Causes

- Stress
- Fatigue
- Changes in self-esteem and body image
- Concerns about aging
- Feelings about sex
- Psychological disease (e.g. mood swings, depression, and anxiety)

Relational Causes

- Changes in partner's physical health
- Intimate relationship changes
- Availability of partner
- Lack of communication between partners
- Changing social role
- Family changes
- Low sex drive in partner
- Major life changes

Treatments for Loss of Libido

Fortunately, loss of libido can easily be treated through a variety of methods. Lifestyle changes such as small alterations to diet and exercise patterns can increase libido, but it can also address stress and anxiety.

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, with an all-natural supplement to increase hormone levels without the danger of any side effects.

VAGINAL DRYNESS

Vaginal dryness can occur at any stage of a woman's adult life due to many different causes. However, vaginal dryness is more likely to occur during menopause due to the decline of estrogen levels. Estrogen is the hormone responsible for the moisture levels in the body, including the vaginal area. The majority of women develop vaginal dryness during their menopausal transition.

About Vaginal Dryness

Vaginal dryness means 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, but when the estrogen levels become too low, the body don't produce enough fluid to supply lubrication to the vagina.

Vaginal dryness can influence how a woman feel about herself, sex, and life in general.

The following are the most common symptoms involved with vaginal dryness.

Symptoms of Vaginal Dryness:

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

Despite these common symptoms, other factors which can aggravate or worsen vaginal dryness during menopause is when women come off hormone replacement therapy (HRT), which can cause more severe symptoms of vaginal dryness. Stress is also a major trigger of vaginal dryness.

Causes of Vaginal Dryness

Menopause occurs because the ovaries produce less estrogen up to the point when menstruation stops completely. This decrease in **estrogen** is the primary cause of vaginal dryness during menopause, which typically begins in a woman's 40s to 50s.

A reduction in estrogen levels normally because the vulva and vaginal tissues to become thinner, dryer, and less elastic, a condition called atrophy.

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

Physical Causes:

- Autoimmune disease (Sjogren's syndrome)
- Infection (bacterial, viral; sexually transmitted)
- Certain medications
 - > Antihistamines
 - > Cold medications
 - > Antidepressants
 - > Cancer treatments
- Smoking, Alcohol consumption

Emotional Causes:

- **Stress** is a major factor that can cause or increase the severity of vaginal dryness.
- **Other emotional problems**, including anxiety and depression can lead to lack of arousal and vaginal dryness.
- **Unresolved relationship problems** can also result in decreased vaginal lubrication during sexual activity, loss of libido, and problems with arousal.

MENOPAUSAL SLEEP PROBLEMS

NIGHT SWEATS



The medical term for **Night sweats** is "sleep hyperhidrosis," which are episodes of night time sweating, which can range from mild to severe. Hot flashes and night sweats are very similar and have the same cause.

Night sweats can be so intense that it interrupts a woman's sleep, which can lead to other health problems due to a lack of sleep.

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

Menopausal night sweats can be from mild to severe, both infrequent and frequent, especially during the usual sleeping hours.

Who is affected?

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 night sweats during peri-menopause, the three to ten years period before actual menopause.

Not all women experience night sweats the same, because age, race, and other factors can influence how likely a woman is to develop night sweats during menopause.

Causes of Night Sweats

Experts suggest that the actual cause of night sweats are the same as with hot flashes.

Hormonal Causes

During menopause, the hormone estrogen begins 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.

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 intensify night sweats or make them more frequent.

Avoiding these triggers can help many menopausal women alleviate both hot flashes and night sweats.

Environmental Triggers

- Excess bedding
- Close proximity to bed partner
- Hot rooms
- Warm weather
- Saunas, tubs, hot showers

Emotional Triggers

- Stress
- Anxiety
- Disturbing dreams

Behavioral Triggers

- Hot or spicy foods
- Alcohol or caffeine
- Diet pills
- Smoking
- Drug use

SLEEP DISORDERS



Sleep disorders or a lack of sleep can lead to poor concentration during daytime, irritability, and a weaker immune system. Fluctuating hormone levels are normally the root cause of sleep disorders during menopause, which add up to the normal stresses of adult life.

About Sleep Disorders

Healthy adults need about 7-8 hours of uninterrupted sleep per night.

Most women experiencing sleep disorders don't get 7-8 hours' sleep per night and therefore they are prone to having a weakened immune system, increased anxiety, and a worsening of pre-existing medical conditions. These conditions can have a strain on business or personal relationships, and cause emotional disturbances.

Types of Sleep Disorders

As people age, they seem to get along with less sleep in general. However, the most commonly reported sleep problems are insomnia, sleep apnea, snoring, narcolepsy, and restless leg syndrome.

Menopause Symptoms Related to Sleep Disorders

Other more common menopause symptoms are normally the cause of sleep disorders, like:

- night sweats, (the nighttime version of hot flashes), which can cause a woman to awake several times during the night.
- Depression and
- anxiety, which may make sleep difficult.

These symptoms can cause a vicious circle of lack of sleep, fatigue, and other unpleasant menopausal symptoms.

Effects of Sleep Disorders

Whether a woman have sleep problems because of common menopausal symptoms or something such as sleep apnea and be completely unaware of it, it will surely have a noticeable effect on her daily life.

Common effects of sleep disorders:

- Poor learning, speech, and memory abilities
- Struggling to concentrate on daily tasks
- Increased chance of car accidents
- Food cravings which leads to weight gain
- Impaired immune function – prone to catching colds, etc.
- Damage to business and/or personal relationships
- Increased irritability
- Depression/fatigue

Causes of Sleep Disorders

Hormonal fluctuations are the major cause of sleep disorders during menopause. Declining levels of estrogen and progesterone can affect a woman in many different ways, like sleep disorder.

How estrogen affects sleep:

- Reduced levels of estrogen slow down the intake and secondary production of magnesium, a mineral that helps muscles to relax.
- Low estrogen also lead to hot flashes and night sweats which interrupt sleep cycle.
- Low estrogen levels are linked to sleep apnea, disturbing breathing during the night.

How progesterone affects sleep:

- Low progesterone prevents you from sleeping sound at night.
- Low progesterone is also linked to insomnia, and inability to fall asleep promptly.

Fluctuating hormones are generally the cause of sleep disorders during menopause, but a woman's psychology state can also have an influence on her sleep.

Psychological Disruptions such as:

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

Other Risk Factors for Sleep Disorders

Menopausal symptoms can differ from woman to woman. 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

FATIGUE



One of the most frequently experienced symptoms of menopause is fatigue. Up to 80% of women report fatigue as a symptom at any given stage of their menopause. Fatigue normally causes women to be irritable and unable to concentrate during the daytime. However, as fatigue is usually caused by hormonal changes during menopause, it can also indicate other serious ailments.

About Fatigue

Nearly everyone struggles with being overtired or overworked from time to time. Such instances of temporary fatigue usually have an identifiable cause and a likely remedy.

Chronic fatigue, on the other hand, lasts longer and is more profound. It's a nearly constant state of weariness that develops over time and diminishes your energy and mental capacity. Fatigue at this level impacts your emotional and psychological well-being, too.

Fatigue isn't the same thing as sleepiness, although it's often accompanied by a desire to sleep — and a lack of motivation to do anything else.

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.

A woman in her menopausal stage of life might feel a decline in energy levels that lasts all day, or she can experience shorter periods of extreme fatigue intermittently.

Fatigue can be debilitating because it influences both mind and body, making the completion of normal tasks very difficult if not impossible.

Causes of Fatigue

Fluctuating hormones normally are the major cause of fatigue during the menopausal stage of a woman's life, because hormones are responsible for

controlling energy at the cellular level. Decreasing levels of estrogen and progesterone can lead to fatigue, but hormones like thyroid, adrenal and melatonin also work at the cellular level to regulate energy levels and therefore, when these hormone levels naturally decrease during menopause, so does a woman's energy. This is what leads to the feeling of persistent fatigue.

Decreasing hormones during menopause might not be the only reason for chronic fatigue. Other less common conditions such as thyroid disorders or depression can also lead to fatigue.

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

IRRITABILITY

Irritability is a very common effect of menopause thus it should be expected by all women. This is why it is important to understand what causes it and how to manage or prevent it.

Women often find that they are much easier irritated by everyday stresses and strains during menopause than they were before. Although many women know it can cause them to over react in situations, they still find it difficult not to do so due to the irritability.

Irritability is defined as: An excessive response to stimuli.

Symptoms of Irritability:

- Very high levels of stress
- Difficulty sleeping
- Feeling edgy
- Bursting out in episodes of anger or frustration
- Very little tolerance or patience for people and events
- Reduced patience in general
- Easily over-reacting in situations

Causes of Irritability

Whilst most women are familiar with the symptoms of irritability, they do not know what the actual cause is.

Like so many of the other menopausal symptoms, irritability is largely due to an imbalance in the hormones.

During menopause, changing estrogen levels have a direct influence on the part of the brain that regulates the mood and emotions. Other hormonal changes during menopause can also have an indirect effect on irritability. Other, non-hormonal symptoms of menopause also have an influence for instance:

- hot flashes
- sleep disorders
- loss of libido
- vaginal dryness

Certain lifestyle and medical factors also play a role in irritability.

BRAIN FUNCTION AND BEHAVIORAL PROBLEMS

POOR CONCENTRATION



It can be alarming if you struggle to concentrate as a result of menopause, especially when the symptom comes out of nowhere. There are different reasons for poor concentration, but for women in their menopause, fluctuating hormones can be the root cause when she struggles to concentrate.

About Poor Concentration

Due to the fact that this symptom, though extremely common, can be subtle, it is helpful to first define poor concentration.

Poor Concentration is the inability to concentrate on everyday as well as unusual or complex tasks. Women may also experience disorientation, general forgetfulness, and lost trains of thought.

This is an alarming symptom which may lead to problems in the workplace and personal life. However, poor concentration can also indicate early signs of more serious conditions such as Alzheimer's.

Common signs of Poor concentration:

- To lose one's train of thought
- Feeling of disorientation
- Can't think clear - fuzzy thinking
- Tend to forget simple things
- Unable to keep concentration levels up for long
- Lost ability to focus on complex tasks

Symptoms Related to Poor Concentration:

- Sleep Disorders
- Fatigue
- Depression
- Anxiety
- Pain Disorders
- Hot Flashes

Causes of Poor Concentration

A number of factors can lead to poor concentration, but for a woman in her menopausal stage of life, hormonal fluctuation tends to be the major cause.

Estrogen has a direct impact on several neurotransmitters in the brain, which regulate cognitive function, including heightened memory and ability to concentrate. Therefore, a reduction in estrogen can lead to reduced acetylcholine, serotonin, and norepinephrine, which have all been shown to regulate cognitive abilities and that is why a shortage of these neurotransmitters can lead to poor concentration.

Other menopausal symptoms like sleep disorders, fatigue, depression, anxiety and/or panic disorder can also influence concentration. Women under severe stress also find it difficult to concentrate.

Other Causes of Poor Concentration:

Natural Aging, Hyperactivity Disorders, Drug Use, Poor Nutrition, Neurological Disorders.

LOSS OF MEMORY



Of all menopausal symptoms, memory loss or a lapse in memory can lead a woman to believe she is on the verge of some mental illness and therefore this symptom is feared the most. However, there always have been a lot of misunderstandings about the loss or lapse of memory.

Description or definition

Memory loss or lapses is the capacity to recall facts, impressions, previous experiences and obtained knowledge on certain subjects. However, the memory loss or lapse can be for just a short period of time in which you fail to recall information needed at that moment.

There are two types of memory loss or lapse which women experience during menopause. - **Short-term memory** and **recent memory**.

Women who experience memory loss or lapses typically report that they have "blank memory or brain freeze" when trying to remember where they have put things, struggle to recollect names, dates and addresses, especially when they have just received that information.

Types of Memory

There are more classifications of memory than just short- and long-term memory. The memory function is too complex to simplify it only into two segments.

- **Short-term memory**

The ability to remember information for brief moments, such as a telephone number for the time it takes to dial it.

- **Recent memory**

The ability to recall day to day events, involved in learning new information.

- **Sensory memory**

The ability to recognize smells, sounds, and sights.

- **Long-term memory**

Also known as remote memory, concerns itself with the more distant past.

- **Declarative memory**

The ability to remember the meaning of words, facts, and a generalized knowledge of the world.

- **Procedural memory**

The ability to remember motor skills - knowing how to do things - such as how to walk, ride a bike and eat.

Symptoms of Memory Loss

The first symptom of memory loss is when a person cannot remember something when they try to. There are, however, further symptoms of memory loss which include:

- Difficulty concentrating for sustained periods.
- Forgetting something shortly after it happened.
- "Hazy" or "stuffy" feeling which prevents clear thinking.

If a woman realizes that she is experiencing memory loss, she should find out what the reason for and the source of it could be.

Causes of Memory Lapses

Hormonal Causes

There are numerous causes of memory loss in menopausal women, but the main reason is memory loss due to an imbalance in hormones. It can also be due to a combination of other menopausal symptoms. The chance of developing loss of memory can be partly controlled by certain lifestyle choices.

This loss of memory is most often found in the period just before a woman goes into menopause. This happens because the level of hormones such as estrogen drastically decrease when a woman nears menopause.

Estrogen levels have a significant effect on the functions of the brain. It influences a woman's dialect, emotional state, attention span, as well as several other functions of which one is memory.

Since estrogen directly influences the part of the brain that performs dialect and accompanying functions, it is very easy to see why it affects the memory.

MOOD SWINGS



Imbalanced hormones, which leads to menopause, are the major driving force behind mood swings during this transitional period of a woman's life.

About 50% of all women experience mood swings during their menopause. However, you don't need to let mood swings influence your or your family's lives.

You can follow easy and natural treatments to stop mood swings in its tracks.

About Mood Swings

Mood swings are all about emotional ups and downs. During mood swings, women normally experience drastic fluctuations of their emotions. The term "mood swing" is often used to describe an emotional reaction that is not normal.

Although mood swings is a common and normal symptom of menopause, it can be very troubling for women, their spouses and children.

Therefore it is necessary for women to understand the cause of their mood swings and to follow the simple treatment which can help to overcome the problem.

Symptoms of Mood Swings

No woman is the same and therefore they experience menopausal mood swings differently. The way she handles stress, emotions, anger and her environment differs hugely.

Therefore it is good to understand and know the symptoms to deal with the problem when it arises.

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

Causes of Mood Swings

A reduction in estrogen levels are largely the cause of menopausal mood swings, because estrogen influence the production of serotonin, which is a mood regulating neurotransmitter.

However, there are other causes of mood swings.

Other menopause symptoms associated with a reduction in estrogen levels, like hot flashes, night sweats, physical changes and fatigue, can also lead to mood swings.

Hormonal Causes of Mood Swings

Serotonin is the mood regulating neurotransmitter in the brain. Estrogen plays a unique and pivotal role in the production of serotonin. A reduction in estrogen can lead to less serotonin, which can lead to mood swings.

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.

However, other menopausal symptoms can also lead to mood swings.

Other Menopausal Causes of Mood Swings

Stress, fatigue, sleep problems, hot flashes, and other symptoms 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, exercise, diet and sleep patterns. Other problems like psychological, behavioral, and health related factors can increase the chances that a woman will develop mood swings during menopause.

Psychological factors: <ul style="list-style-type: none">• Past mental illness• Stress• Past trauma• Relationship issues• Coping with change	Behavioral factors: <ul style="list-style-type: none">• Smoking• Alcohol• Poor diet• Inadequate exercise• Stimulant use	Health factors: <ul style="list-style-type: none">• Diabetes• Early menopause• Heart disease• Sleep disorders• Cancer• Lupus• Thyroid disease
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Extreme Cases of Mood Swings

Mood swings are expected during menopause, but emotional and mood related symptoms can indicate a more serious condition. Women, who experience severe mood swings which last for an extended duration, or which put her at risk of harm, might rather seek professional help.

Severe cases like:

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.

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.

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 phobias that includes the following:

Disorders of clinical anxiety:

- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder
- Social Phobia
- Panic Disorder

Excellent medical help is available for women whose mood swings are more serious than normal menopausal symptoms. 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.

Note: Psychotic drugs are known to cause weight gain.

DEPRESSION



Depression is often found under women who are going through menopause and

in some cases if it is left untreated it can lead to more serious issues such as mental ailments.

Women are more likely to develop depression than men, and when they are nearing menopause this risk increases even more. Women between the ages of 45 and 55 are four times more likely to suffer from depression than women who are younger.

The reason that it is more common among women, especially menopausal women is due to their higher levels of hormone fluctuations.

Depression

The typical use of the term depression is defined as: a mental state in which a person is very pessimistic and feels inadequate as well as very sad, with no motivation to do any activity.

It is important to note that depression is classified as a clinical mental disorder and must therefore not be confused with despondency or sadness during menopause.

Clinical depression does not only last a short period, but can be identified by periods of 2 weeks or longer in which the person is in an extremely sad mood that affects how the person thinks, acts and feels.

Types of Depression

There are different types of depression, some of which are directly related to menopause while others do not have such a direct link.

Depression linked directly to menopause:

- **Major depression:** It lasts for a period of more than 2 weeks. During this time the person feels extremely sad and does not show interest in any of the activities they would usually enjoy. They also become very drawn-back from family and friends. A very negative thought pattern arises in these cases.
- **Dysthymic disorder:** It is not as intense as major depression, but the period over which it is experienced is very longer; usually at least 2 years.
- **Adjustment disorder:** It is often caused by a stressful event or big change in the person's life. It can be classified as either acute (Lasts less than 6 months) or as chronic (lasts more than 6 months)

Types of depression not directly linked to menopause:

- **Manic depression (bipolar disorder):** A brain disorder that causes severe shifts in the mood, energy and overall ability to function.
- **Psychotic depression:** It is depression accompanied by elements of psychosis such as hallucinations (seeing or hearing things that do not really exist) or delusions (irrational thoughts and fears).
- **Seasonal affective disorder (SAD):** Depression due to the seasons, usually during winter months when it's caused by a lack of sunlight.

Factors that Increase the Risk for Depression:

- Family history of depression
- Excessive stress
- Smoking or giving up smoking
- Use of drugs and/or alcohol
- Surgical/medical menopause

If depression is left untreated it can lead to other, physical, ailments such as heart attacks and osteoporosis.

Signs and Symptoms of Depression

The symptoms of depression can be classified according to 3 categories: physical, emotional and behavioral symptoms.

At least five symptoms of depression must be present and they have to be present for at least two weeks. Also, at least one of those five must be either:

- persistent feeling of sadness
- loss of interest or activities that provide pleasure

Here are the other signs and symptoms:

Physical symptoms:

- Persistent aches or pains
- Decreased energy
- Insomnia
- Loss of appetite
- Overeating
- Early-morning wakefulness
- Excessive sleeping
- Fatigue
- Headaches, cramps or digestive issues

Emotional symptoms:

- Feelings of worthlessness and/or helplessness
- Feelings pessimistic
- Continuous sad, anxious or empty feelings
- Irritability
- Restlessness
- Suicidal thoughts and/or suicide attempts

Behavioral symptoms:

- Loss of interest in activities normally pleasurable, including sex
- Difficulty concentrating
- Decision making difficulties
- Difficulty remembering details
- Neglecting responsibilities
- Failing to keep up your physical appearance

Causes of Depression

The main reason women develop depression during menopause is the fluctuation of hormones, especially the decrease in the level of estrogen.

Estrogen helps regulate the brain functions that cause the release of chemicals that influence a person's mood, such as serotonin and Cortisol.

Other physical or mental symptoms of menopause caused by estrogen levels, such as hot flashes and anxiety, can also lead to depression.

ANXIETY



Anxiety is twice as common among women as it is among men. It can arise at any time in a woman's life, but the changes in hormone levels during menopause create a feeling of anxiety. Most women do not develop a serious condition of clinical anxiety, although it is not too uncommon.

About Anxiety

Anxiety is a psychological state in which the person is excessively and/or persistently worried, full of tension, and nervousness. There are different types of anxiety as shown below:

- **Generalized anxiety disorder (GAD):** A constant state of exaggerated worry and fear which lasts for more than 6 months. Often there is little or nothing that provokes it.
- **Panic Disorder (PD):** Recurring acute periods of sudden terror and/or overwhelming dread, which create different emotional and physical symptoms.
- **Social Phobia:** Extreme self-consciousness and worry about everyday social situations.
- **Post-Traumatic Stress Disorder:** It is not related to hormonal changes, but to a significant, traumatic life event that has taken place.
- **Obsessive compulsive disorder:** Very irrational preoccupations and certain phobias. This often includes agoraphobia.

Symptoms of Anxiety

Psychological symptoms:

- Nervousness
- Difficulty concentrating
- Trouble relaxing
- Tenseness
- Hypervigilance
- Restlessness
- Irritability.

Physical Anxiety Symptoms:

- heart palpitations
- fatigue
- muscle aches
- digestive issues
- sweating
- frequent urination
- shortness of breath

Anxiety can make a person feel very edgy. People suffering from anxiety often have trouble falling asleep at night and it can even cause them to wake up at night. Higher levels of anxiety can put strain on professional and personal relationships as well as having an internal effect on our emotional well-being.

Causes of Anxiety

Fluctuating hormone levels, specifically decreased estrogen levels cause anxiety.

Studies show that fluctuations in estrogen levels have a direct effect on the neuro chemicals serotonin, norepinephrine, dopamine, and melatonin. Since these chemicals play an important role in emotion and mood regulation, disturbances in these chemicals caused by estrogen fluctuations can lead to anxiety during menopause.

Anxiety Treatments

There are three main ways to approach anxiety treatment: self care and lifestyle changes, natural therapy, and medical therapy.

It is suggested that women start with lifestyle changes, which can include increased exercises, dietary changes, relaxation techniques, and so on.

Due to many women having very busy schedules and do not have time to spend more time exercising or preparing food, experts suggest that subtle lifestyle changes are accompanied by 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.

If this still does not suffice, medical options should be considered.

PANIC DISORDER



Sometimes during menopause, for no apparent reason, a woman's heart rate increases, her breathing quickens, sweat beads on her brow, and she feels rushes of energy, as though her "fight-or-flight" instinct has been activated.

About Panic Disorder

Panic disorder is, as mentioned earlier, an anxiety disorder. It is characterized by

unexpected and recurrent episodes of intense fear along with physical symptoms that may include: pain in the chest area, heart palpitations, shortness of breath, dizziness, or abdominal pain.

These episodes often appear to be a heart attack. They strike out of the blue, often with no apparent reason.

Symptoms of Panic Disorder

Some common symptoms exist of which most only last about 10 minutes before going away.

Causes of Panic Disorder

Since factors such as physical, emotional and traumatic events play a role in causing panic disorder, it is very difficult to locate the exact cause of the attacks. When considering that women are about twice as likely to suffer from these attacks, especially during times such as pregnancy, PMS and menopause, it can be concluded that hormones and changes in hormones play a big role.

During menopause, the declining levels of estrogen and progesterone cause an increased risk of panic attacks.

1. **Estrogen:** Controls the levels of the stress-hormone cortisol, ensuring it does not become too high. When estrogen levels decrease, it causes levels of cortisol to rise, which in turn lets blood pressure and blood sugar increase, causing panic disorder. Estrogen affects a brain chemical called serotonin, which produces happy, balanced moods. Fluctuations in estrogen therefore cause fluctuations in serotonin.

2. **Progesterone:** Studies have shown that progesterone has a calming and soothing effect on the brain. Thus, low levels of

progesterone accompanying the hormonal changes described above can cause panic disorder.

Other Causes of Panic Disorder

Hormonal changes during menopause cause that women are even more prone to panic disorder due to other causes such as lifestyle causes.

- Caffeine contains dopamine, which is a chemical that can increase the sensation of panic.
- Alcohol activates certain mood-altering chemicals in the bloodstream and also affects the nervous system with its addictive elements. Alcohol addiction often leads to panic disorder.

Factors that increase the risk of panic disorder:

- **Genetics:** a family history of mental illnesses.
- **Brain chemistry:** Traumatic psychological events or even an abnormal sensitivity can cause a woman to be more prone to panic disorder.
- **Environmental factors:** Stress at work, death of a loved one, nicotine intake and bad sleeping patterns.
- **Nutrition:** Poor dietary habits, especially high sugar intake, can cause panic disorder by creating sudden bursts of energy where after slumps of exhaustion follow, leaving the body weak.
- **Changing roles:** During menopause, a woman is typically at such an age where lots of changes happening around her. These changes can include her becoming infertile, her children leaving home or other traumatic experiences she might undergo.

Treatments for Panic Disorder

Doctors advise that the first step in treating panic attacks should be positive changes in lifestyle. If this alone does not work, natural medication and treatment should be used. If this too fails to do the trick, consult a doctor to receive the correct medical treatments.

Lifestyle changes: Include healthy dietary habits, sufficient exercise and enough sleep.

Alternative medicines: These often include herbs, vitamins, and supplements and certain massage therapy. It is important to note that some natural remedies do not treat the problem, but only the symptom.

MENOPAUSAL DIZZINESS



While not as commonly known as hot flashes or irregular periods, dizziness due to hormone imbalances occurs just as often.

What is Dizziness?

Dizziness describes a lightheaded and disorientated feeling. Dizziness is experienced when you sit down or stand up too quickly, are ill, dehydrated, or if you are not eating balanced. These feelings of dizziness are often very brief but can be disturbing and can drain a person's energy.

Medical experts say that dizziness is one of the main ailments for which adults seek medical solutions.

These experts may refer to dizziness using terms such as: vertigo, disequilibrium, feeling off-balance or unstable; and pre-syncope, which is identified by a person feeling faint, usually due to a cardiovascular related reason.

Vertigo is usually caused by a malfunction in the body's balance-controlling centers.

Symptoms of Dizziness

Dizziness can strike at any time of the day and even though it usually only lasts a few seconds, it can drain a person's energy to such an extent that it can leave the person feeling tired the rest of day.

People suffering from dizziness usually know its symptoms, but they normally do not know the causes of it.

Causes of Dizziness

Menopausal dizziness is typically caused by fluctuations in hormone levels. In some rare cases, dizziness during menopause could be a sign of a more serious condition. Various causes of dizziness are listed below.

Hormonal Causes

Estrogen level fluctuations cause changes in the nervous system as well as blood vessels which lead to dizziness.

Menopausal Causes

Dizziness can also be caused by other symptoms of menopause such as:

- Hot flashes
- Migraines
- Ear ailments
- Anxiety and panic attacks

Other Causes

- Low blood pressure
- Dehydration
- Low blood sugar (hypoglycemia)
- Arthritis
- Medication for other ailments
- Flu and colds
- Viral infections
- Heart issues and strokes

The body has three balance centers, namely: the eyes, the ears, and sensory nerves. To maintain good balance the body relies on the proper simultaneous functioning of at least two of these.

Dizziness is physically caused when the signals sent out by these centers are contradictory, the centers do not work as they should, or the brain cannot interpret the information from all the relevant centers.

HEADACHES

Headaches are experienced differently by each woman. There are, however, some standards to help identify menopausal headaches. Migraine headaches are recurring headaches, usually only felt on one side of the head but occasionally on both sides simultaneously. It can last from only an hour or two hours up to 3 days.

Many women in the peri-menopausal stage of their life (5 to 10 years prior to menopause) start experiencing these headaches.

Types of Headaches

Some women have experienced migraines during menstruation. These migraines are caused by hormones and start on the first or second day of menstruation and go away after menstruation is complete.

Apart from hormonal headaches, the following also exist:

- **Migraines with aura:**

These are headaches that follow upon a neurological phenomenon (aura) felt about half an hour before the pain is experienced. Auras are usually experienced visually, known by seeing a bright shimmer around objects or at the end of your field of vision.

- **Migraines without aura**

This is the most common of the migraines. In the 24 hours leading up to the headache, a person may experience fatigue or mood swings. These migraines are often accompanied by nausea, vomiting, and sensitivity to light (photophobia).

- **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.

- **Sinus headache:** 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 that has experienced headaches with menstruation probably already knows that they are caused by an imbalance in hormone levels. As a woman nears menopause, her estrogen and progesterone levels start to rise and fall the whole time before reaching a constant low. This fluctuation has many effects on the brain, one of which is headaches.

Types of Headache Sufferers

Headaches are caused in 2 ways, namely: due to rising estrogen levels and due to declining estrogen levels. When there are big fluctuations in estrogen before menopause both of these headaches can be experienced.

Doctors believe that due to the long duration of increasing estrogen levels which are followed by a sudden drop in these levels are what cause menopausal headaches to be more severe than those associated with menstruation.

Research is still being done to pin point the exact relationship between hormone changes and these headaches, although it seems that it is because the estrogen and progesterone affect the brain and the blood vessels.

Estrogen causes blood vessels to expand, while progesterone causes them to contract. As the hormone levels change, the blood vessels are forced to expand and contract, resulting in intense pain in the head.

Other Causes of Headaches:

1. Bright lights, loud noises, or strong odors
2. Stress, anxiety, or relaxation after stress
3. Changes in the weather
4. Alcohol, caffeine (too much or withdrawal of it)
5. Lack of or too much sleep
6. Skipped meals or fasting
7. Aspartame (often found in sugar-free sweeteners or diet cold drinks)
8. Food that contain:
 - ❖ Nitrates
 - ❖ Monosodium glutamate (MSG)
 - ❖ Tyramine

Appearance and Health related Menopausal Problems

WEIGHT GAIN DURING MENOPAUSE



One of the most prominent symptoms of menopause is weight gain. Often it is only a few kilograms gained, but in some cases it can be very severe. This can cause a woman to suffer a severe blow to her self-esteem and it is also a health danger.

Around 64% of adults in the world are considered to be either overweight. At least 90% of women going through menopause experience some form of weight gain. Weight gain comes natural with aging, however there are certain methods of controlling it.

Women who educate themselves about the symptoms and causes can generally deal with the situation much better than those who do not.

About Weight Gain

Weight gain in general terms can refer to different ways in which the body mass increases such as muscle mass, increased body fluids or an increase in the body fat percentage. For menopausal weight gain we typically refer to an increase in body fat, especially around the mid-section.

Between the ages of 45 and 55, which is the period where menopause usually takes place, the average woman gains about 6 or 7 kilograms. This weight tends to accumulate around the abdominal area instead of being spread out evenly throughout the woman's body. This causes the woman to gain a rounder shape where she might previously had a hourglass figure.

Symptoms of Weight Gain

In general terms women usually know when they gain weight, but there are factors that separate menopausal weight gain from general weight gain.

Health Risks of Weight Gain

Weight gain does not only affect the way a woman looks, but also her physical and emotional health state. It can lead to different diseases and general health concerns. Some of these conditions are listed below:

- Insulin resistance and diabetes
- Breast cancer
- Osteoarthritis
- High blood pressure
- Sleep apnea
- Kidney disease
- High cholesterol
- Heart disease and stroke
- Other severe menopausal symptoms

Weight gain and breast cancer

Studies have shown that there is an risk increase for breast cancer of 20% in women who gain more than 10 kg after menopause, and there is an opposite effect on those women who lose 10Kg or more after menopause who can reduce this risk by as much as 23%.

Causes of Weight Gain

As a person gets older, the metabolism slows down which leads to weight gain in general. The cause of menopause weight gain, however, is due to woman's hormones that fluctuate before menopause and when the body is preparing for a permanently reduced hormonal level, the chance of weight gain increases.

Hormonal Causes of Weight Gain

Hormones have many different functions in a woman's body some of which are very complex. Different hormones can contribute to weight gain in different ways as explained below:

Estrogen: During menopausal weight gain, the ovaries produce less estrogen and the body searches for another estrogen source, such as fat cells. More fat cells are produced with the goal of higher estrogen levels, which causes the woman to gain weight.

Progesterone: During menopause weight can be gained through water retention, which is when the woman feels bloated due to extra water weight in the body caused by the hormone progesterone.

Androgen: When androgen increases in women, it results in weight gain around the mid-section instead of the hips like it usually would. This is sometimes referred to as "The middle-age spread".

Testosterone: The levels of testosterone in the body decrease when a woman enters menopause. Since testosterone is the hormone that helps a woman develop lean muscle mass from the calories she takes in, it is understandable that lower levels of this hormone cause an increase in body fat.

Insulin Resistance: It is the result of too much refined foods and fast food consumed over time. The body turns all calories consumed into fat.

Menopause Munchies

A recent study has revealed that women eat up to 67% more due to a decrease in the levels of estrogen and progesterone in the body which causes women to feel hungry more often.

Increased appetite together with a slower metabolism can result in significant weight gain.

Experts link this to the average weight gain of women who are middle-aged as opposed to those who are of a younger age.

Weight Gain and Hypothyroidism

One of the effects of hypothyroidism is a decrease in the metabolic rate. This is due to the underperformance of the hypothroid gland. There are records of very rare cases which an overactive thyroid gland has also caused weight gain. The function of thyroid hormones is to regulate the consumption and usage of calories inside the body. When the thyroid gland is underactive, the body burns fewer calories to use as energy than it should. These calories are then stored as fat.

Other Causes of Weight Gain

The main reasons for menopausal weight gain fluctuations in hormones; however, there are some other factors to consider as well. These factors are categorized as: Age factors and Weight factors.

Age Factors of Weight Gain:

After the age of 30 a person's physical capabilities start to go downhill. This might take place very slowly at first but increase in pace as a person becomes older. This continues until the age of 60 or 70, when the deterioration becomes less once again.

The rate at which this happens is dependent on the type of physical condition the person is in and the type of lifestyle he/she leads.

The reason a weight increase is generally experienced is due to the person not being able to perform at such high levels of physical activity as in earlier years. To add to this, the metabolic rate also decreases after the age of 30.

Lifestyle factors of Weight Gain:

Whilst physical deterioration with age is inevitable, a woman can largely control weight gain by making good lifestyle choices.

Some of the lifestyle factors that cause weight gain are listed below:

- Use of certain medications
- Smoking
- Eating habits
- Stress
- Excessive alcohol consumption
- Too little physical activity

DIGESTIVE PROBLEMS



The overall health of a person can be determined by the all-important part of the body, called the digestive system. During peri-menopause, the years leading up to menopause, many women claim that they start having digestive problems. Digestive problems are not only uncomfortable, but could lead to serious

health issues. During peri-menopause, hormonal imbalance is one of the main causes of digestive problems for woman aged 45 to 55, but there are treatments that can rebalance a woman's hormones and relieve her of digestive problems and other menopausal symptoms.

About Digestive Problems

Digestive problems are twice as likely to develop in women as in men. Digestive problems come in different forms, all having to do with the breakdown of food in the body once consumed and could happen anywhere along the trip the food takes.

Symptoms of Digestive Problems

With digestive problems there are a few different symptoms indicating different causes. Below are some of the common symptoms:

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

Causes of Digestive Problems

In peri-menopausal woman, it is most likely that hormonal imbalances are to blame for digestive problems. A decrease in production of hormones start, especially estrogen and progesterone, in a woman's body as it prepares for menopause.

When the levels of these hormones, which regulates different functions of the body, are altered during the lead up to menopause, a woman may experience some menopause symptoms, including digestive problems.

Hormonal Causes of Digestive Problems

Cortisol, a "stress hormone" produced by the adrenaline gland involved in the stress responses, is known to delay digestion and create digestive problems and other unpleasant reactions, such as panic disorders and anxiety. There is a high level of cortisol in a woman's body during menopause as a result of hormonal imbalances.

If estrogen levels are too low, it causes cortisol levels to rise and also a rise in blood pressure and blood sugar, and it causes a slowdown in the release of stomach acid and the emptying of the stomach into the small intestine. This causes some symptoms of digestive problems, like gas, constipation and bloating.

Other Causes

There are other probable causes of digestive problems than hormonal causes. So of these are:

<p>Stress</p> <ul style="list-style-type: none"> • Antibiotics • Drugs • Environmental toxins • Genetics • Eating habits ➢ Not chewing food enough ➢ Bad food combinations (heavy starched proteins) 	<p>Poor diet</p> <ul style="list-style-type: none"> • Processed food • Lack of fibre • Lack of raw food • Food allergies • Junk food 	<p>Risk Factor</p> <ul style="list-style-type: none"> • Smoking cigarettes • Drinking alcohol excessively • Inactivity • Depression • Age
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BLOATING



A bloated feeling caused by fluctuation hormones which lead to an increase in intestinal gas as well as fluid retention is commonly experienced during menopause. Women are familiar with this feeling as the same feeling is experienced during menstrual cycles.

What is Bloating?

Bloating is when a woman feels very full or experiences a tight, uncomfortable feeling in the abdominal area. It is usually experienced during the early stages of menopause as it is caused by increased levels of intestinal gasses and/or water retention.

The intensity and duration of this bloating sensation is different depending on the woman. It can range from only a few days to sometimes even months. It is often stimulated and worsened by eating.

Symptoms of Bloating

Since the intensity and duration of bloating differs from woman to woman, so can the symptoms. Some generally experienced symptoms include:

- "Stretching" of the abdominal area
- A feeling of tightness around the abdomen
- Feeling very full as if you have eaten too much
- Increased flatulence and/or breaking wind

Causes of Bloating:

Bloating Caused by Hormones:

Like most menopausal symptoms, bloating is mainly caused by fluctuations in the hormone levels. The main hormone responsible is estrogen. Estrogen plays a role in the retention of water during the menstrual cycle. As the estrogen levels rise, the body retains more water. In the period before menopause, the estrogen levels fluctuate wildly which can lead to an increase in water retention which causes the bloated feeling.

Estrogen levels have a direct effect on the production of bile, a substance produced by the liver which promotes digestion. When estrogen levels start to decline during menopause, it causes a decrease in the level of bile. Since bile is a lubricant for the intestines, a decrease can lead to constipation which in turn leads to a bloated feeling.

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.

Fluctuations in hormone levels also lead to an increase in intestinal gas. About 30-60% of menopausal women say that they experience an increase in gas during menopausal years. Other reasons for intestinal gas can be dietary changes, lactose intolerance, consuming carbonated beverages and irritable bowel syndrome.

Bloating can be caused by other, rare factors such as:

- Abdominal surgery
- Obesity
- Damaged abdominal muscles caused by pregnancy
- Medical conditions (diabetes, gallstones or kidney disease)

ALLERGIES

The immune system and hormones in the body are directly connected. Thus, when hormone levels fluctuate, allergies and other such issues tend to increase noticeably. When a woman gets closer to menopause, she might experience that she is more prone to ready establish allergy sources or she might find new sources of allergic reactions.

It is important to understand the causes of allergic reactions during menopause in order to prevent and treat it properly.

What are allergies?

Allergies are when the immune system reacts in an abnormal manner to a foreign substance which would most often not cause any harm to a person. We look at the most frequently found allergy, which is the allergy to plant pollen. The pollen is known as the allergen.

When an allergen enters the body, the immune system sees it as a harmful substance and creates antibodies to battle the source of the allergic reaction. These are known as IgE antibodies, which spark chemical reactions in certain body cells such as the reaction to release histamine into the bloodstream. Histamine is a chemical that causes inflammation in the tissue which then creates symptoms such as sneezing, rashes or a runny nose. Histamine can cause minor reactions such as mentioned above, but can also create a full-body reaction which can be very dangerous and even fatal.

Symptoms of Allergies

There are many different allergic reactions and they differ from one individual to the next. These symptoms come in different intensities. A very extreme allergic reaction is one called anaphylaxis. It is very rare, but if it is not treated, it can lead to extreme health risks and even death.

Allergic reactions categorized by severity are listed below:

<p>Mild symptoms:</p> <ul style="list-style-type: none"> • Nasal congestion • Irritated or itchy eyes • Rashes • Sneezing 	<p>Moderate symptoms:</p> <ul style="list-style-type: none"> • Itchiness of the skin • Difficulty breathing due to congestion or swelling 	<p>Severe symptoms:</p> <ul style="list-style-type: none"> • Severe swelling that makes it very difficult to swallow or breathe • Confusion or dizziness • Cramps • Diarrhea • Vomiting • Severe pain in the abdominal area
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Types of Allergies

Allergies can be caused by basically anything. Some food sorts are well known to cause allergic reactions, the 8 most common ones are listed below:

- Peanuts and tree nuts
- eggs
- milk
- shellfish
- fish
- wheat
- soy
- sulphites (chemical found in certain food colorings and flavors)

The most frequently found allergies found are listed below:

- **Hay Fever:** It is the most common of all allergies and is mainly caused by plant pollen during changing seasons.
- **Asthma:** A condition where inflammation and spasms occur in the lungs' air passage which cause breathing issues. Studies show that woman who have not had their periods for 6 months due to menopause experience 80% more frequent issues concerning the respiratory system than those who still have their regular periods.
- **Allergic Eyes:** It is when there is an inflammation in the tissue of the eyelid and the tissue surrounding the eyeball.
- **Allergic Eczema:** A rash normally not caused by the allergen actually touching the skin. Often accompanies hay fever or asthma.
- **Hives:** Irritating skin reactions that appear in the form of itchy swellings or bumps. They can appear on any part of the body.

- **Allergic Shock:** A life-threatening allergic reaction that affects one or multiple organs in the body. It is typically caused by consumption (eating certain food) or injection (getting stung by a bee) of the allergen.

Causes of Allergies

Another reason for allergies is the hereditary factor. The chance that a person will have allergies when neither of the parents had it is about 15%. If one of the parents is allergic, the risk is 30%, and if both are allergic, there is more than 60% chance of the child also being allergic.

Triggers of Allergies

Besides for the main reason of menopausal allergies, which is hormone fluctuations, other triggers include stress, certain medications and dietary habits.

HAIR LOSS



Baldness and hair loss is a condition associated with men, but more and more women experience hair loss and baldness during menopause or as they get older. Menopause, particularly, seems to be an indicator for hair loss because of declining hormones.

Sudden hair loss sometimes is the first symptoms of menopause that a woman notices. Women losing hair and becoming bald can lead to depression, as a woman's hair is associated with her femininity, sexuality, and individual sense of style.

Hair Growth

The average adult head has about 100,000 to 150,000 hairs and loses up to 100 of them a day; finding a few stray hairs on your hairbrush is not necessarily cause for alarm.

At any one time, about 90% of the hair on a person's scalp is growing. Each follicle has its own life cycle that can be influenced by age, disease, and a wide variety of other factors.

This life cycle is divided into three phases:

- Anagen - active hair growth that lasts between two to six years
- Catagen - transitional hair growth that lasts two to three weeks
- Telogen - resting phase that lasts about two to three months; at the end of the resting phase the hair is shed and a new hair replaces it and the growing cycle starts again.

As people age, their rate of hair growth slows.

Not all hair loss is the same and it can be caused by a variety of factors. When imagining hair loss, we normally think of male baldness, which is characterized by the receding hairline and bald patch on top of the head. Hair loss in

menopausal women tends to be not as noticeable, with an overall thinning, rather than bald spots.

Symptoms of Hair Loss

As a small amount of hair loss is normal, it may be difficult to determine whether the amount of hair you lose warrants for concern.

Some of the most common symptoms of hair loss during menopause is:

- Hair falling out in large clumps during the washing process
- 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

These symptoms are strong indicators of a problem which need to be addressed.

Causes of Hair Loss

Hormonal Causes

A decline in hormones such as estrogen and testosterone are directly responsible for hair loss during menopause. As estrogen helps hair to grow faster, and stays on the head for a longer duration, leading to thicker, healthier hair, a decline in estrogen can cause havoc with hair growth. However, estrogen is not the only hormone that comes into play with the issue of menopausal hair loss. Androgens (male hormones), especially testosterone, increase as estrogen levels decrease, which leads to another type of hair loss.

Testosterone tends to shrink the hair follicles of the scalp, causing hair loss on the head, but it can also cause a greater production of hair on the face.

BRITTLE NAILS



How Nails Grow:

Fingernails and toenails grow from roots underneath the skin surrounding the nail which start at the thin white line at the base of the nail. This line is known as the lunula. The cells in this area produce a substance called keratin which is used to form the nails.

If a person is healthy, the nails should grow evenly and be strong. Thus cracked, brittle or discolored nails can be a sign of imbalances or ailments in the body that are disturbing keratin production.

Causes of Brittle Nails

Hormonal Causes:

The main reason for brittle nails during menopausal years is fluctuation of the hormone levels. Brittle nails are often the cause of dehydration

in the body. Since estrogen plays an important role in water regulation, it is seen as one of the main culprits.

We can therefore conclude that when a woman's estrogen levels decrease during menopause, the regulation of water in her body will deteriorate, resulting in cracked or brittle nails.

Other Causes:

Diseases That Cause Brittle Nails:

- Infection
- Thyroid Problems
- Anemia
- Liver Disease
- Poor Circulation

Dietary habits can help keep nails strong.

Certain nutrients must be consumed to improve nail quality.

These nutrients include:

- Vitamin C
- Calcium
- Folic acid
- Protein
- Iron
- Healthy fats

Stress or anxiety also promotes weak nails.

INCONTINENCE



Urinary incontinence is basically a lack of bladder control. It is caused due to the earlier discussed physical deterioration of the body. As the woman ages, her pelvic muscles become weaker. This can then result in urine "leaking out" when pressure is applied to the bladder walls during actions such as laughing, coughing or sneezing.

About Incontinence

About 40% of women going through menopause suffer from incontinence and the percentage is roughly the same among post-menopausal women. The severity in

which it appears is different from one woman to the next.

Some women might find that only a small amount of urine comes out when they cough or laugh loudly, whilst other women need less stimulation and/or experience bigger flows of urine leakage.

Having a proper understanding of incontinence can help treat or prevent it when and if the time comes.

Types of Incontinence

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

- **Urge incontinence:** It is when a sudden urge to urinate arises, followed shortly by uncontrollable leaking of urine. The time between the urge and the urine beginning to flow usually ranges from a few seconds to a minute. Urge incontinence often occurs while sleeping, drinking, or is triggered by the sound of running water. Other terms for urge incontinence are: reflex incontinence, overactive bladder or spastic bladder. This is also the most common incontinence among elderly people. General signs of urge incontinence are the need to urinate more than 7 times a day or more than 2 times a night.
- **Stress incontinence:** This is the most notable type of incontinence among menopausal and post-menopausal women. This is when the walls of the bladder are under stress such as when the woman is laughing out loud, lifting something heavy or sneezing.
- **Overflow incontinence:** This type of incontinence arises when the woman is not able to completely empty her bladder. The bladder then fills up and overflows, causing a constant dribbling or leakage of urine. Overflow incontinence is often found among woman with damaged bladder and/or blockages in the urethras. Nerve damage due to diabetes also often plays a role.

Symptoms of incontinence: Most symptoms have already been covered but are also listed below.

- Urine leakage during sneezing, laughing, or coughing
- Urine dribbles when lifting heavy objects or running
- Not being able to reach a toilet in time once the urge to urinate arises
- Urine continues to leak out after urinating
- Continual urine leakage

Causes of Incontinence

Stress incontinence is usually caused by an imbalance in hormones, especially a decrease in the levels of estrogen.

Estrogen helps maintain muscle strength, including the muscles that control the bladder. It is also a crucial part in maintaining a healthy urinary tract lining.

As a result of decreased levels of estrogen as the woman enters menopause, the muscles that control the bladder weaken.

BODY ODOR CHANGES



To add to night sweats and hot flashes, menopause brings with it changes in body odor for the worse. Luckily this can be controlled to some extent. Tests have proved that vegetarians have a more attractive body odor than people who eat meat.

What is Body Odor?

Body odor is one of the byproducts of sweat, which is the body's way of cooling itself down. Women have 2 types of sweat glands, namely:

Eccrine Glands

- Found all over body
- Produce sweat with no odor
- Releases sweat onto the body's surface

Apocrine Glands

- Fatty sweat is produced inside of the gland
- Found close to hair follicles
- Sweat gets pushed to surface while women experience anxiousness, stress or when they exercise

These apocrine glands are located close to the hair follicles on the scalp, underarms, and in the groin area. Bacteria feed on this sweat when it is secreted. This results in the creation of waste products, fatty acids, ammonia, and chemical reactions that form a noticeable odor which is unique for each and every woman.

Changes in Body Odor due to Menopause

Many of the other menopausal symptoms can lead to increased sweating, which in turn leads to body odor. Hot flashes and night sweats are the biggest cause when looking at other symptoms as causes. Psychological symptoms such as depression or anxiety can also lead to an increase sweating.

Causes of Changes in Body Odor

Hormonal Causes

It comes as no surprise that estrogen once again plays a role in the cause of the symptom. Estrogen is responsible for regulating the hypothalamus, a section in the brain that regulates body temperature. When menopause causes the estrogen levels in the body to drop, the brain receives a false signal that says the body is overheating, and it then releases sweat in order to cool down the body. This then results in the change in body odor.

Other Causes

These causes include:

- Dietary habits
- High stress levels
- Certain diseases
- Genetics (Hereditary causes)
- A wardrobe containing lots of synthetic, non-breathable fabrics like polyester will prevent sweat from evaporating and leads to increased body odors.

IRREGULAR HEARTBEAT



A common symptom experienced by woman during menopausal transition is irregular heartbeat. Changes in estrogen levels often naturally prompt this cardiovascular phenomenon as a woman approaches menopause.

Cardiovascular Terminology

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

Episodes of irregular heartbeat may seem alarming to woman during this time, but it is nevertheless normal.

Learning more about the symptoms, causes and treatments of irregular heartbeat during menopause is the first step towards managing it.

About irregular heartbeat

When the heart beats faster or more forcefully than regular, it is known as irregular heartbeat, or medically as heart palpitations or tachycardia. This often gives woman an awareness of their own heartbeat and may be very unpleasant, making her feel as if her heart has skipped a beat or is pounding out of her chest.

Changes in heart rhythm may or may not occur during irregular heartbeat.

Heart Function

The heart's very own electrical system coordinates the heart rhythm. At the heart's natural pacemaker, the sinus or sinoatrial (SA) node, an electrical impulse begins with each heartbeat.

The rate and rhythm of a heartbeat is set by the electrical impulses produced by the SA node.

ITCHY SKIN



Like any teenager will confirm, changing hormones have a big impact on one's skin. It comes as no surprise then that women experience itchy skin when they go through menopause. Skin changes can start at peri-menopause (5 to 10 years leading up to menopause) and continue all the way through until post-menopause.

About Itchy Skin in Menopause

Itchy skin is medically known as "pruritis". It causes significant discomfort and an even disrupts one's sleep.

During menopause, itchy skin is often accompanied by other skin issues such as acne, thinning skin, wrinkles and skin pigment changes.

Another ailment concerning the skin is known as "paresthesia". It is defined as sensations of numbness, "pins and needles," tingling, or pricking of the skin. A specific type of paresthesia, known as "formication" is found in a small number of menopausal women. This is when there is a creepy-crawling sensation felt on the skin, much like what is felt when ants run across the surface of one's skin.

Symptoms of Itchy Skin

Symptoms can be experienced in a variety of ways, although many women report that the elbows and the T-zone of the face initial places where itchy skin can be noticed. Other women say that areas of the skin are very dry and itchy, such as the neck, limbs, back or chest. Itchy skin can even affect a woman's nails during menopause.

Causes of Itchy Skin

Hormonal Causes

The biggest reason for the development of itchy skin is a change in hormone levels.

Estrogen is very important in maintaining healthy skin. It is responsible for stimulating the production of skin collagen, a fibrous protein that gives strength, elasticity, and support to the skin and other tissues.

Lower levels of estrogen also decrease the body's ability to hold moisture and retard the body's production of natural skin oils, also contributing to itchy skin.

Acne and Menopause

Women who suffered from acne during their adolescent years often develop acne again during menopause. Increased levels of androgen during menopause are thought to result in a bigger risk of acne during menopause.

Menopausal acne often affects the lower face area and can usually not be treated with teen acne treatments.

Other Rare Causes of Itchy Skin

Apart from hormonal causes, other medical issues can also cause itchy skin. These are rarer than hormonal causes, but very important to note, especially in cases where itchy skin is accompanied by other unexplained symptoms.

These causes include:

- Drug side effects
- Skin cancer
- Diabetes
- Fungal Infection
- Vitamin Deficiencies
- Herpes
- Hypothyroidism
- Drug abuse or withdrawal

It is advised to speak to a dermatologist if you are concerned about the causes of itchy skin and other unexplained symptoms.

Treatment of Itchy Skin

Itchy skin can be treated in a natural manner by making simple lifestyle changes and/or using natural treatments.

Self-Care for Itchy Skin

- **Healthy diet:** Consume more omega-3 fatty acids found in foods such as salmon, walnuts, fortified eggs, sardines, flaxseed, and soy. Taking in enough vitamin B is also critical to skin health.
- **Increase water intake:** This will help keep the skin hydrated.
- **Avoid hot showers:** Hot water can be harsh and drying. Experts advise taking shorter showers using warm water, not hot water.
- **Moisturize after showers:** Mineral oil and petroleum jelly are both very good skin Moisturizers and do not cost much.
- **Use gentle, non-irritating soaps.**
- **Use a quality, broad-spectrum sunscreen.**
- **Avoid other irritants:** Avoid smoke, excess exposure to the sun, excessive stress, and lack of sleep.

Natural Treatment for Itchy Skin

Self-care measures are good ways to manage the symptoms of itchy skin, but to battle the root of the problem, hormone imbalance, natural supplements should be used. Natural remedies involve little or no risk to a person's health and are generally easy to use.

Other, not so common, Menopausal symptoms

BREAST PAIN

Breast pain is one of the most commonly found symptoms of menopause as it can affect up to 70% of women. While postmenopausal women can experience breast pain, it is most common in premenopausal and perimenopausal women. Although breast pain is usually only mild, in about 10% of women who experience it, it is so severe that it significantly alters their daily lives and abilities.

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

Breast pain is categorized as:

- **Cyclical:** breast pain due to hormonal changes, making it the most common kind of breast pain in pre- and perimenopausal women.
- **Non-cyclical:** It is not related to hormonal changes and is more common in postmenopausal women.
- **Extra mammary breast pain:** A discomfort that originates outside the breast.

Symptoms of breast pain

In general terms symptoms include:

- tenderness
- tightness
- soreness
- burning
- swelling
- dullness
- aching

Causes of Breast Pain

It has been found that the most common cause of breast pain in women is due to hormonal changes.

This is easily visible when considering women experience the most breast pain during periods of increased hormone fluctuation such as during menstruation, pregnancy and menopause. Other, rarer causes range from serious health issues to dietary issues.

Other Causes of Breast Pain

- Cholesterol and heart drugs
- Breast size
- Prior breast surgery
- Breast trauma
- Stress
- Mastitis
- Oral contraceptive use
- Antidepressants
- Alcoholism
- Hormone Replacement Therapy
- Breast cysts

Breast Pain Diagnosis

Although breast pain during menopause is very normal, it is always a good idea to see your doctor when it arises.

Breast pains are sometimes an indication of breast cancer, though it is very rare. Seeing a doctor will just help put your mind at ease knowing it is simply one of the symptoms of a natural occurrence, menopause.

Breast Pain Treatments

There are some lifestyle changes that can help relieve the pain. These include avoiding dietary and lifestyle triggers of breast pains, getting regular exercise, receiving massage, and practicing relaxation techniques.

BURNING TONGUE

Burning tongue may be a very painful and irritating symptom of menopause and is when someone experiences a burning feeling on their tongue. Burning tongue is described as feeling the same feeling constantly as when you take a sip of coffee or tea which is too hot, and burning your tongue.

Women are seven times more likely to be affected by burning tongue than men. Burning tongue is often caused by a hormonal imbalance and thus woman going through a hormonal transition, as the time leading up to menopause, have a much higher risk of developing this symptom.

About Burning Tongue

Also going by the name burning mouth syndrome, it's medical names are: glossodynia, glossopyrosis, oral galvanism, stomatodynia and stomatopyrosis. The pain of burning tongue is usually felt on the tongue, mostly on the tip and the back, or on other parts of the mouth.

The pain is usually gone during the night and increases progressively during day time into the evening. Burning tongue often happens instantly and has been known to last for years. Typically, those suffering from it have no lesions or visible signs on the tongue or mouth.

Causes of Burning Tongue

Several possible causes for burning tongue exist, but because the phenomenon is very common in postmenopausal women, researchers believe hormonal imbalance, specifically low estrogen levels, are the main cause in woman.

The fact is that 40% of menopausal women are affected by burning tongue, occurring between three years before menopause and 12 years following menopause. "Supertasters", people with denser, more abundant taste buds who have a heightened sense of taste, are affected more dramatically by burning tongue than those with a normal amount of taste buds.

Estrogen plays a part in the makeup of saliva, and researchers believe a decrease in estrogen levels can cause burning tongue. Estrogen does in fact affect the bitter taste buds which are located on the back of the tongue, and without adequate estrogen levels, some women start to lose these taste buds. The bitter taste buds are surrounded by a collection of pain neurons that activate when the taste buds are damaged by a lack of estrogen.

Other Causes of Burning Tongue

Although burning tongue is primarily caused by hormonal imbalance in menopausal woman, there are some other causes of it as well. These 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

Consult a doctor if pain or soreness in your tongue, lips, gums or any other area of your mouth persist for several days and they can search for any possible causes and help with the right treatment.

ELECTRIC SHOCKS

Some women can experience electric shock sensations during menopause. Electric shocks like these usually affect the head and/or layers of tissue under your skin. This symptom may occur in isolation or preceding a hot flash, a common symptom characterized by an intense and sudden feeling of heat in the body.

There is some evidence that suggests that sensations of electrical shocks are the results of changing hormone levels during menopause, which has a direct effect on the cardiovascular and nervous systems. Researchers are still trying to understand this symptom better.

Sensations of electric shocks often last a brief time, and many women report these sensations occur just before hot flashes.

Causes of Electrical Shocks

Hormonal fluctuations have a direct and proven effect on the body's nervous system during menopause. Ever-changing levels of estrogen, one of the main reproductive hormones unbalanced during menopause can affect the nerve tissue, possibly causing women to feel sensations of electric shocks. Scientists suggest that misfiring of neurons in the nervous system might be to blame for the feeling of electrical shocks during menopause. During menopause, imbalances in hormones can disturb the hypothalamus in the brain, producing symptoms such as hot flashes.

GUM PROBLEMS



Women are at a greater risk for dental problems, including gum problems, during times such as menopause and other hormonal instabilities. These problems are mostly associated by changing estrogen levels or the natural ageing process of the body, such as in the case of menopause.

Dental and Gum Problems during Menopause

With menopause comes a whole lot of dental and gum problems. Gingivitis, the medical term for gum disease, happens when bacteria multiplies and build up between your gums and teeth, leading to irritation and inflammation. The risk of bone problems, which may affect teeth and jawbone, and osteoporosis, which targets the teeth and jaw, increases with menopause.

Symptoms of Gum Problems

Usually women who develop gum problems during menopause are aware of the symptoms. One of the first symptoms of gum problems is when your toothbrush bristles turn pink while brushing, indicating that gums bleed from slight pressure.

Causes of Gum Problems

The most common cause of gum problems during menopause is fluctuations in estrogen levels. Many oral tissues, such as the gums, salivary glands, joints and jawbones, are affected by estrogen levels.

As the body prepares to shut down the reproductive functions, estrogen levels begin to rise and fall, leading to a decrease in estrogen production. This decrease in estrogen is connected with an increased risk of tooth loss, gum problems and osteoporosis.

Preventing Gum Problems

Preventing gum problems is better than treating problems. Here are some guidelines for preventing or reducing gum problems during menopause:

- 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

Although these measures can go a long way in treating gum problems, they cannot address the root of the problem: hormonal imbalance. But there are natural and safe ways to address this hormonal imbalance problem.

JOINT PAIN

Although joint pain is common amongst both aging men and women, it is also a symptom of menopause.

This is because the health of a woman's joints is partly dependent on certain hormones. When the levels of these hormones start fluctuating during menopause, joint pain can arise.

About Joint Pain

The medical term for joint pain is "Arthralgia". It can be described as stiffness or swelling in or around a joint. There are 360 different joints in the human body.

Joint pain usually occurs in joints that take high impact such as the knees, hips, and back. Many women notice the joints in their hands become stiffer and more painful as they get older.

Types of joints

There are different types of joints found in the human body. The ones associated with joint pain are listed below:

- **Ball and Socket Joints:** Enables easy movement as well as rotation. The shoulder and hip are examples of ball and socket joints.
- **Condylloid Joints:** Only enables movement, not rotation. They can be found in the jaw and fingers.
- **Gliding Joints:** Allow bones to glide past each other with minimum friction. Examples of these are the joints in the ankles, wrists and spine.
- **Hinge Joints:** Provide movement similar to that of a door hinge. The knee as well as the ulna part of the elbow makes use of hinge joints.
- **Pivot Joints:** Enables bones to twist or spin around other bones. They are located in the neck and the radius part of the elbow.
- **Saddle Joints:** Allows for movement in all directions, but not rotation. There is a saddle joint in the thumb.

The risk of women developing joint pain is 10 times bigger than the risk of men developing it. Since joint pain is common among women approaching menopause, it is even sometimes referred to as "menopausal arthritis". It can cause extreme discomfort and make everyday tasks unbearable.

Symptoms of Joint Pain

Typical symptoms of joint pain due to menopause include:

- pain
- stiffness
- swelling
- warmth in the joints
- extreme pain during exercise

Causes of Joint Pain

Joint pain, like most other symptoms of menopause, is caused by fluctuations in the hormone levels. Although it is not yet clear what exactly links estrogen to joint pain, it is very clear that it does have an effect on it. It is also partly due to the fact that estrogen keeps inflammation down, and inflammation is a big reason for joint pain.

Other Causes

Besides hormone instability there are other factors that cause joint pain, as shown below:

- Too little exercise
- Previous injuries
- Weight and/or dietary issues
- Wear and tear on the joints
- Tumors and Cancer

- Metabolic disorders
- Heredity
- Inflammation of the joint
- Stress
- Bone Diseases
- Muscle loss

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

MUSCLE TENSION



An onset of muscle tension can be noticed by many women as they approach menopause. As a normal part of getting older, this is a common menopausal symptom; however, to help alleviate muscle tension related to menopause, treatments can be administered.

Women between the ages of 45 and 55 begin to experience hormonal fluctuations. This is the pre-empt to 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 closely related to stress and anxiety. Always tight or strained muscles are the feeling of muscle tension. This is sometimes to the point of frequent pain, or even persistent and ongoing pain. Pain or cramps can be experienced in any of the body's muscles as a result of muscle tension

Causes of Muscle Tension

As mentioned above, muscle tension is primarily caused by hormone imbalances in women approaching menopause. As a woman nears menopause her body reacts in many ways. Her hormones, primarily estrogen and progesterone, start to fluctuate as they prepare to settle into low levels for the rest of her life.

Other Causes

There are other potential causes of muscle tension prior to menopause, other than hormonal imbalances. They are:

- Stress
- Anxiety
- Past injuries
- Inactivity
- Bad posture

Both **estrogen and progesterone** contribute to the cause of muscle tension. First, the stress-hormone cortisol is affected inhibitive by estrogen.

When the estrogen is too low, the levels of cortisol rise, causing a rise in 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 calms your body and mind. When your body experiences a drop in progesterone prior to menopause your muscles tend to become tense.

TINGLING EXTREMITIES

Tingling extremities is not a common symptom of menopause and post-menopause however, it is an unsettling and unexpected symptom some woman experience. Feet, legs, arms and hands are commonly affected but any part of the body can be affected.

Hormone fluctuations are usually the result of tingling extremities during menopause. Tingling extremities during menopause are usually the result of fluctuations in hormones.

Tingling extremities during menopause and post-menopause, in most cases, do not indicate that something more serious is going on.

About Tingling Extremities

Tingling extremities is medically known as paresthesis and can occur at any time. In more

mild cases, certain body postures pinching a nerve or a pressed artery, causing a limb to temporarily "fall asleep" can bring about tingling extremities.

After pressure is relieved, in these cases, the tingling extremities return to normal

Symptoms of Tingling Extremities

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

Tingling extremities are usually cause for concern however, these sensations can be a symptom of another condition.

Causes of Tingling Extremities

Tingling extremities are normally experienced due to a natural fluctuation in hormones. **Estrogen**, one of the primary hormones that

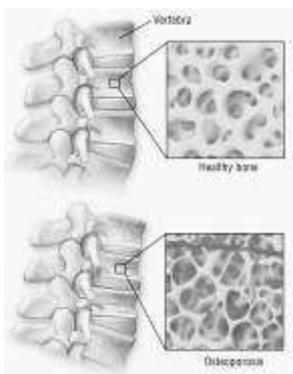
fluctuate during menopause, has a complex effect on the central nervous system.

An imbalance of estrogen in the body during menopause can affect the nervous system, producing symptoms like tingling extremities. Estrogen fluctuations during menopause is a prime cause of tingling extremities, however other medical conditions can trigger tingling in 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

OSTEOPOROSIS (should be prevented at all cost)



Because osteoporosis can lead to severe health problems, like chronic back pain and broken bones, it is considered as one of the most serious menopausal symptoms. This disease can come on very slowly and go unnoticed until a bone is broken or fractured, usually in the back or hips, and can threaten a woman's physical health.

33% of women over 50 will, due to osteoporosis, experience bone fractures. The hormonal changes that precede menopause and the lower hormonal levels of post-menopause has major part in the onset of osteoporosis.

About Osteoporosis

Osteoporosis, literally meaning "porous bone", is a disease that weakens bones and increases the risk of sudden and unexpected fractures. A characteristic of the disease is the loss of bone mass and strength and it often progresses

without any pain or symptoms. Once a fracture has occurred, it is much more likely that more will happen.

80% of osteoporosis sufferers are women. Men usually have stronger bones that don't lose their mass as easily and men who do contract the disease usually only get it much later in life than women.

Calcium and Healthy Bones

99% of calcium in the human body is stored in the bones and teeth. Bones, like any other part of the body, is constantly regenerating itself by losing cells and fusing new ones. Growing bones need calcium as a structural material to build the right bone density.

Calcium is needed throughout one's life, from young to old, as when one gets older bones lose their mass and calcium is needed to retain the mass.

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

Symptoms of Osteoporosis

It is hard to notice osteoporosis before one gets a bone fracture, because osteoporosis has very little immediate symptoms.

Common Symptoms of Osteoporosis

- Loss of height as a result of weakened spine and fractured bones, especially the hip bones
- Bone pain and tenderness in the 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

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.

- **Family history** - 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.
- **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 not get enough calcium.

Osteoporosis Diagnosis

A bone density scan is one of the only ways to test if a person has osteoporosis. This measures the mineral amount in bones. Large machinery is required for this test and it must be done in a hospital or doctor's office with the right equipment.

Bone density is measured on a point scale, namely a "T" score. Normal bone density has a T score of -1 or higher, a T score of -1 to -2.5 indicates osteopenia, a milder form of osteoporosis, and a T score of less than -2.5 indicates osteoporosis.

Causes of Osteoporosis

Due to osteoporosis being linked to hormones, women make up 80% of its sufferers and mostly women who have menopause. Fading estrogen levels in women who are in the beginning of menopause, put these women at a much higher risk for osteoporosis.

Estrogen and Osteoporosis

Estrogen levels in post-menopausal women are about one-tenth the amount present in pre-menopausal women and because of this reason,

women approaching menopause and those who have already gone through it are at a higher risk of developing osteoporosis.

Bones aren't able to absorb the proper amounts of calcium to replenish bone mass, as cells slough off and die without the right level of estrogen. Also the body has trouble controlling the amount of bone cells that are destroyed without estrogen to regulate the function. Prevention of bone breakdown appears to be the most important effect of estrogen on osteoporosis.

Healthy bones need a balance of osteoclasts, cells that breakdown bones, and osteoblasts, cells that make new bone. Osteoclasts live longer than their counterparts, osteoblasts, when estrogen levels shrink, thus leading to bones being broken down at a rate much greater than they can be rebuilt, so they grow weak and brittle.

Other Causes

Scientists agree that the main cause of osteoporosis in women as they go past the age of 50, is diminished hormonal levels, particularly estrogen levels, but there are other causes as well.

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 weakening bone fractures that come with osteoporosis is to prevent the disease. There are ways to increase bone mass, or at least limit the fast destruction of bones, common in menopausal women.

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

Nine out of 10 hip fractures in older Americans are the result of a fall and more than 90% of are linked to osteoporosis. 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 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 consider methods with the least side effects and best progress. Starting with lifestyle changes, like a calcium rich diet and exercising, are the first place to start. Combining these lifestyle changes with alternative medicines, like herbs and calcium supplements, is the best route to take. When looking for alternative medicines, keep in mind that because osteoporosis, during menopause, is associated with hormonal imbalance, seek substances that bring a natural balance to hormonal levels, for this will go a long way to treating preventing osteoporosis at the heart of the issue.

5. Treatment for Menopausal Symptoms



Although some women go through menopause without any serious symptoms, more than 70% will experience one of these mentioned symptoms.

The duration of the symptoms can vary. Some women only experience it until the end of their menopausal years (usually mid or late 50s) while other may carry on experiencing them until old age.

It is important to remember that although these symptoms are not very pleasant, menopause is not an illness but a natural occurrence in a women's life.

Luckily, due to the root of most of the causes being hormonal fluctuations, it is possible to treat these symptoms.

Recent discoveries linking treatment of menopause through hormone replacement with multiple health issues such as breast and ovarian cancer, blood clots and heart disease have caused experts to look into safer, natural treatment methods.

Most experts agree that the best way to treat menopausal symptoms is with a combination of lifestyle changes and natural remedies.

Three approaches for treating the 34 Menopausal Symptoms:

- (1) Lifestyle Changes,**
- (2) Alternative Medicine**
- (3) Drugs and Surgery.**

These three approaches should be treated as steps, thus starting with number 1 and then number 2 and if it is really needed, the third option can be followed as treatment.

1: Lifestyle Changes:

This first level of menopause treatment involves the least amount of risk, though it requires the highest amount of self discipline. Many times some simple changes in lifestyle can severely decrease the impact of menopausal symptoms, and help achieve a higher overall level of health.

Techniques for stress reduction, such as meditation, combined with regular exercise and improved dietary habits, can be a great natural menopause treatment.

Diet in particular is vital. Studies have shown that diets containing lots of foods that promote estrogen levels (such as soy, apples, alfalfa, cherries, wheat and yams) are great menopause treatments.

Simple Lifestyle Changes:

- Avoid caffeine/alcohol
- Sleep 7-8 hours per night
- Take 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 ease many symptoms, but they do not address the problem directly at the hormonal source and so further treatment might be necessary. Alternative medicine has proven to be an excellent menopause treatment in a safe and natural way.

2: Alternative Medicine:

Alternative approaches involve very low risk factors and can be an extremely effective way to treat most menopause symptoms. This level of approach can involve several different therapies. Herbal supplements are the most commonly used, although women may turn to treatments such as acupuncture, biofeedback, massage therapy or aromatherapy.

In the case of herbal supplements, there are a few types of herbs and ingredients that can be used for treating menopausal symptoms: phyto-estrogenic and non-estrogenic herbs.

Phyto-estrogenic herbs 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.

Phyto-estrogens like:

- **Maca root extract** (*Lepidium meyenii*) [1]
 - Maca may help with fatigue, symptoms of menopause, sexual dysfunction in women.
 - May help to ease anxiety and depression in postmenopausal women, according to a 2008 study from the journal *Menopause*.
- **Soy extract** (bean) – Isoflavones [2]
 - Soy Isoflavones can help ease menopausal hot flashes, night sweats, and other menopausal symptoms.
- **Red Clover extract** (flower) – Isoflavones [3]
 - Red Clover Isoflavones are used for symptoms of menopause such as hot flashes; for breast pain or tenderness (mastalgia); and for premenstrual syndrome (PMS).
- Black Cohosh [No longer available as safe alternative]

Other Minerals and Vitamins which can help to prevent certain menopausal related problems are:

- **Boron** [4]
 - Boron is used for building strong bones, treating osteoarthritis, as an aid for building muscles and increasing testosterone levels, and for improving thinking skills and muscle coordination.
- **Calcium** (carbonate) [5]

Calcium is essential for strong bones and teeth. Calcium deficiency can lead to disorders like osteoporosis (brittle bones). Good sources of calcium include dairy foods and calcium fortified products such as soymilk and breakfast cereals. Calcium is especially important for young children, teenagers and older women.

- **Vitamin D** (cholecalciferol) [6]

Increased bone strength and reduced risk for falls

Reduce cardiovascular disease risk

Reduce breast and colorectal cancer risk

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.

“**Manna Menopause Support**” was formulated to include the right amount of abovementioned ingredients. This is a safe alternative to supplement a good diet and exercise, to assist the process to overcome menopausal symptoms in the most natural way, without any side effects.



<p>DIRECTIONS FOR USE 2 to 6 Capslets daily, by mouth, with food (2 capslets per meal) Start with 2 capslets. If menopausal symptoms don't subside, increase dosage by 2 capslets, wait 1 day and increase dosage to 6 capslets if needed.</p> <p>INDICATIONS Aids in promotion of well-being of menopausal women.</p> <p>CONTRAINDICATIONS Allergy to the ingredients Pregnancy & lactating</p> <p>DISCLAIMER Manna Menopause Support is a Dietary Supplement and not a medicine.</p> <p>RETURNS POLICY Contact Dune Foods directly for any returns, with proof of purchase.</p>	<p>MENOPAUSE SUPPORT</p> <p>Dietary Supplement</p> <p>DIABETIC FRIENDLY</p> <p>60 Capslets</p>	<p>Supplement Facts Serving Size: 1 Capslet Servings per container: 60 Capslets</p> <table border="1"> <thead> <tr> <th colspan="2">Active ingredients per serving</th> </tr> </thead> <tbody> <tr> <td>Eucalyptus extract</td> <td>200 mg</td> </tr> <tr> <td>Prosopea Flour (Manna®)</td> <td>20 mg</td> </tr> <tr> <td>Soy Bean extract</td> <td>90 mg</td> </tr> <tr> <td>Wild Yam</td> <td>5 mg</td> </tr> <tr> <td>Maca Root extract</td> <td>10 mg</td> </tr> <tr> <td>Calcium lactate</td> <td>60 mg</td> </tr> <tr> <td>Vitamin D</td> <td>0.003 mg</td> </tr> </tbody> </table> <p>Inactive Ingredients: Magnesium stearate, croscarmellose, silicon dioxide. Contains no colorants, preservatives, lactose, gluten, yeast, starch or artificial flavors.</p> <p>Manufactured under GMP conditions for: Dune Foods (Pty) Ltd* Unit 14, Macarini Park ASLA Park (NS) Schoonheid West, 7130 Tel: 088 111 4197 South Africa info@manna.co.za www.manna.co.za</p>	Active ingredients per serving		Eucalyptus extract	200 mg	Prosopea Flour (Manna®)	20 mg	Soy Bean extract	90 mg	Wild Yam	5 mg	Maca Root extract	10 mg	Calcium lactate	60 mg	Vitamin D	0.003 mg
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Store in a cool, dry place Keep out of reach of children

3: Drugs and Surgery:

These treatments often have high levels of health risk and usually have a high cost accompanying them. The most common drug therapy for treating menopause symptoms is hormone replacement therapy (HRT). Although this is a quick and effective menopause treatment that combats the source, hormonal imbalance, it entails serious side effects. It also 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."

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