

Natural Therapies for Menopause: A Scientific Literature Review

by Gary Null, Ph.D and Martin Feldman, M.D.

Alan R. Gaby M.D., in his article, "The Natural-Hormone Alternative," (Holistic Medicine, Summer 1995) enumerates the increased risks inherent in the use of hormone replacement therapy (particularly estrogen) for postmenopausal women. These include breast and endometrial cancers, heart disease, and many reported side effects such as breast pain, worsening of fibrocystic breast disease, vaginal bleeding, high blood pressure, nausea, vomiting, headaches, jaundice, fluid retention, impaired glucose tolerance, increased risk of gall bladder disease and aggravation of estrogen-dependent conditions, like uterine fibroids and endometriosis. These risks are compelling reasons to be aware of and emphasize the various alternative therapies, beyond even the natural hormones suggested by Dr. Gaby for postmenopausal problems like breast complaints, hot flashes, osteoporosis and cardiovascular disease.

We reviewed two thousand and fourteen articles from over two thousand journals for the years 1980 through 1995. Out of those two thousand, only the thirty articles that follow analyze natural therapies for menopausal problems. This limited scientific literature does support the benefits of natural approaches such as diet, exercise, and supplements for postmenopausal health.

Despite the documented risks of hormone replacement therapy, the vast and overwhelming majority of scientific articles we found qualified only estrogen replacement therapy as the superior remedy for menopausal problems. There

is an apparent bias toward drug therapies, due perhaps to pharmaceutical industry funding for these studies or the nature of the peer review process. Another barrier to finding studies supporting use of natural remedies in the medical databases is the classification scheme at the National Library of Medicine. The structure of diet, vitamin, mineral and medicinal plant keywords and classification limits the availability of what little natural healing information is left from other barriers. Additionally, many international studies, specifically Chinese studies, are often omitted since they are philosophically opposed to double-blind studies. Lastly, scientific studies may not verify the benefits of natural remedies as often because they tend to require more time to work, not having an immediate drug-like effect, and people who use them are not likely to exclude all outside influences which repeatable scientific experiments demand. In spite of these shortcomings in the medical literature, it contains enough information to guide the menopausal woman in ameliorating many of the problematic effects of menopause through diet, supplements, and exercise thereby eliminating the need for hormone replacement therapy in most cases.

Below are key phrases with references, from each of thirty abstracts which recommend natural therapy alternatives.

Literature Review

Age Onset of Menopause

- Factors associated with onset of menopause in women aged 45-49. Torgerson DJ; Avenell A; Russell IT; Reid DM. *Maturitas*, 1994 Aug, 19(2):83-92.

This cross-sectional sample of women aged 45-49 found that age, smoking, age of maternal menopause, parity, social class, and meat and alcohol consumption were all independently associated with an early natural menopause.

- Epidemiologic aspects of early menopause and ovarian cancer. Cramer DW. *Annals of the New York Academy of Sciences*, 1990, 592:363-75; discussion 390-4.

Case-control data suggest that galactose consumption through the ingestion of high-lactose dairy foods may be a dietary risk factor and that galactose metabolism, as measured by galactose-1-phosphate uridyl transferase, may be a genetic risk factor for early menopause and ovarian cancer. Supporting evidence includes animal studies, case reports, and ecologic studies. Avoidance of a high galactose diet may decrease the risk for early menopause and ovarian cancer.

Menopause Climacteric

(the following two studies recommended natural therapies in addition to hormone replacement therapy.)

- A simple way to manage menopause. Haddock DA. *Postgraduate Medicine*. 1990 Sep 1, 88(3): 131-5, 138.

Estrogen replacement therapy combined with adequate calcium supplementation and exercise is the only well-established prophylactic regimen. When estrogen therapy is medically contraindicated, medroxy-progesterone acetate or salmon calcitonin (Calcimar, Miacalcin) combined with calcium supplementation may be offered.

- Current considerations of the menopause. Wu CH. *Annals of Clinical and Laboratory Science*, 1985 May-Jun, 15(3):219-28.

In addition to hormonal therapy, nutritional supplements such as calcium and vitamin D and physical exercise are essential to the well-being of women in the postmenopausal period.

- Menopause. Collins JB. *Primary Care; Clinics in Office Practice*, 1988 Sep, 15(3):593-606.

Women should be instructed in adequate calcium intake, 1000 mg per day premenopausally and 1500 mg per day postmenopausally. A diet high in calcium, low in cholesterol and fat, and a weight reduction program should be made available as early as possible and continued indefinitely.

Osteoporosis and Menopause

- Effects of vitamin K and oral anticoagulants on urinary calcium excretion. Jie KS; Gijsbers BL; Knapen MH; Hamulyak K; Frank HL; Vermeer C. *British Journal of Haematology*, 1993 Jan, 83(1): 100-4.

In a subgroup of postmenopausal women, vitamin K induced a decrease of the urinary calcium loss.

In a subgroup of postmenopausal women, vitamin K induced a decrease of the urinary calcium loss.

- Prevention of postmenopausal bone loss with 1 alpha-hydroxy vitamin D3. A three-year prospective study. Pouilles JM; Tremollieres F; Ribot C. *Clinical Rheumatology*, 1992 Dec, 11(4):492-7.

Results indicate that 1 alpha (OH) vitamin D3 could be useful in preventing postmenopausal bone loss provided it was complemented by regular monitoring of urinary calcium excretion.

- Osteoporosis and menopause: a feminist analysis of the social construction of a syndrome. MacPherson KI. *Ans. Advances in Nursing Science*, 1985 Jul, 7(4): 11-22.

The feminist perspective of osteoporosis as a common problem of aging is presented, and alternatives to hormone replacement therapy such as weight-bearing exercise and adequate calcium intake are suggested for prevention.

- Treatment of patients with postmenopausal osteoporosis and steroid-induced osteoporosis with the preparation Rocaltrol (1,25(OH)2 vitamin D3). Koev D; Todorova S; Diankov L; Khristova D; Tsachev K. *Vutreshni Bolesti*, 1988, 27(2):11722.

The x-ray examination showed stabilization of bone changes and lack of new compression fractures. In all patients clinical improvement was established with diminishing of the bone aches and retaining the body height before and after treatment with Rocaltrol.

- Relationships between usual nutrient intake and bone-mineral content of women 35-65 years of age: longitudinal and cross-sectional analysis. Freudenheim JL; Johnson NE; Smith EL. *American Journal of Clinical Nutrition*, 1986 Dec, 44(6):863-76.

A four year clinical trial showed that in postmenopausal NS (placebo) but not S (calcium supplemented) subjects, energy, protein, calcium, phosphorus, zinc, and folate correlate significantly with change in radius bone mineral content; high levels of intake correlated with slower loss (p less than 0.05). Several nutrients besides calcium are related to bone loss in women.

- Caffeine, urinary calcium metabolism and bone. Massey LK; Whiting SJ. *Journal of Nutrition*, 1993 Sep, 123(9):1611-4.

Oral doses of caffeine increase the urinary excretion of calcium, magnesium, sodium and chloride. Uncompensated losses of calcium would be a risk factor for development of osteoporosis, especially for older women. They do not seem to compensate adequately to maintain their former calcium balance, especially when calcium intakes are below recommendations.

- Calcium supplementation with and without hormone replacement therapy to prevent postmenopausal bone loss. Aloia JF; Vaswani A; Yeh JK; Ross PL; Flaster E; Dimmanian FA. *Annals of Internal Medicine*, 1994 Jan 15, 120(2):97-103.

Although less effective than estrogen-progesterone-calcium, calcium augmentation alone significantly retards bone loss from the femoral neck and improves calcium balance in recently postmenopausal women. Dietary calcium augmentation should be recommended as a strategic option in helping to prevent early postmenopausal bone loss.

- Calcium supplementation in osteoporosis. Fujita T; Fujii Y; Kitagawa R; Fukase M. *Osteoporosis International*, 1993, 3 Suppl 1:159-62.

Employing oyster shell electrolytate as the calcium source in patients with a mean age of approximately 80 years, bone mineral density was kept

significantly higher than in age-matched, non-supplemented patients over a period of two years. In separate experimental studies, rats maintained on 2% calcium showed higher bone mineral content and lived longer than did controls maintained on 1% calcium. Age-associated deterioration of renal function and hyperlipidemia were also prevented by calcium supplementation.

- The menopause and bone metabolism. Delmas PD. *Revue Francaise de Gynecologie et D Obstetrique*, 1985 Mar, 80(4):237-40.

Calcium therapy slows down the decline of bone caused by osteoporosis in menopausal and postmenopausal women by 50%.

(The following study recommended natural therapy in addition to estrogen therapy)

- Effect of estrone sulfate on postmenopausal bone loss. Genant HK; Byalink DJ; Gallagher JC; Harris ST; Steiger P; Herber. *Obstetrics and Gynecology*, 1990 Oct, 76(4):579-84.

Estrone sulfate 0.625 mg daily, combined with 1000 mg elemental calcium supplementation, was the minimum effective dosage to prevent loss of spinal bone mineral density in postmenopausal women over a 12-month period.

Hot Flushes and Menopause

- Behavioral treatment of menopausal hot flushes: evaluation by ambulatory monitoring. Freedman RR; Woodward S. *American Journal of Obstetrics and Gynecology*, 1992 Aug, 167(2):436-9.

A study of thirty-three women with frequent menopausal hot flushes undergoing paced respiration had significant reductions in hot flush frequency and respiration rate, as well as increases in tidal volume. Paced respiration training may be a useful treatment alternative for the

reduction of hot flushes in women who cannot tolerate hormone replacement therapy.

- Does physical exercise influence the frequency of postmenopausal hot flushes? Hammer M; Berg G; Lindgren R. *Acta Obstetrica et Gynecologica Scandinavica*, 1990, 69(5):409-12.

It appeared that moderate and severe vegetative symptoms with hot flushes and sweating were only half as common among the physically active postmenopausal women.

- Impact of stress on objectively recorded menopausal hot flushes and on flush report bias. Swartzman LC; Edelberg R; Kemmann E. *Health Psychology* 1990, 9(5):529-45.

Twenty-one postmenopausal women who reported having frequent hot flushes each underwent psychophysiological monitoring during stressful and nonstressful laboratory sessions. Significantly more objective flushes were recorded during the stress session than during the nonstress session.

Menopause and Cardiovascular Disease

(The following study recommended natural therapies in addition to hormone therapy)

- Menopause and cardiovascular disease. Philosophe R; Seibel MM. *Naacogs Clinical Issues in Perinatal and Women's Health Nursing*, 1991, 2(4):441-51.

The replacement of estrogen to menopausal women is believed to improve the lipid profile and reduce the arterogenic changes that increase the risk of cardiovascular disease. However, this form of preventative therapy is futile unless other factors that promote cardiovascular disease also are modified. Such modification may be achieved by following a well-balanced diet, combined with an exercise program,

cessation of smoking, weight control, and the monitoring of blood pressure and diabetes in high-risk patients.

Postmenopausal Breast Complaints

- Mastodynia. BeLieu RM. *Obstetrics and Gynecology Clinics of North America*, 1994 Sept 21(3):461-77.

A survey of treatments used for breast pain by 276 consultant surgeons in Britain in 1990 revealed that 13% prescribed evening primrose oil. Breast specialists were more likely to begin treatment with primrose oil, tamoxifen, vitamin B6, and analgesia, reserving other hormonal therapies for more difficult cases.

Breast Cancer and Breast Cancer Prevention

- Diet, alcohol consumption and reproductive factors in a case-control study of breast cancer in Moscow. Zaridze D; Lifanova Y; Maximovitch D; Day NE; Duffy SW. *International Journal of Cancer*, 1991 June 19, 48(4):493-501.

Dietary factors are more important for post-menopausal than for pre-menopausal breast cancer. The decreased risk of post-menopausal breast cancer was associated with high intakes of cellulose, mono- and disaccharides, vitamin C, beta-carotene, and also polyunsaturated fatty acids. In general, the results of the study indicate that high risk of breast cancer is associated with high intakes of nutrients derived from animal products, and low risk with high intake of those from vegetables and fruits.

- Phase II study of tamoxifen and high-dose retinyl acetate in patients with advanced breast cancer. Boccardo F; Canobbio L; Resasco M; Decensi AU; Pastorino G; Brema F. *Journal of Cancer Research and Clinical Oncology*, 1990, 116(5):503-6.

Preliminary results of a study of 33 postmenopausal patients with advanced disease suggest that the combination of tamoxifen and high-dose retinyl acetate (vitamin A) is a safe and effective regimen for breast cancer patients.

- Treatment failure and dietary habits in women with breast cancer. Holm LE; Nordevang E; Hjalmar ML; Lidbrink E; Callmer E; Nilsson B. *Journal of the National Cancer Institute*. 1993 Jan 6, 85(1):32-6.

Epidemiological and experimental evidence suggests that breast cancer risk can be reduced by dietary measures. Dietary habits at the time of diagnosis may affect prognosis, at least for patients with estrogen-receptor-rich breast cancers. Dietary fat may have an effect on growth or spread of breast cancer, both of which may vary according to type of fat. Total fat and saturated fatty acids were the dietary parameters most strongly associated with risk for treatment failure.

- The role of fat, animal protein and some vitamin consumption in breast cancer: a case control study in southern France. Richardson S; Gerber M; Cenee S. *International Journal of Cancer*. 1991 Apr 22, 48(1):1-9.

All food items which showed significantly elevated odds ratio (high-fat cheese, desserts and chocolate and processed pork meat) in a multivariate analysis contained a high proportion of animal fat. For post-menopausal women, there is a particularly strong association with saturated fat in a multivariate analysis including all other significant nutrients. Along with some recent studies, our results give support to the hypothesis that dietary fat is a risk factor in breast carcinogenesis.

- Role of diet in cancer incidence in Hawaii. Kolonel LN; Nomura AM; Hinds MW; Hirohata T; Hankin JH;

Lee J. *Cancer Research*. 1983 May, 43(5 Suppl):2397s-2402s.

Preliminary findings from ongoing case-control studies show a positive association between breast cancer risk and intake of dietary fat (particularly saturated fat) and animal protein in postmenopausal women, especially the Japanese.

- Nonhormonal alternatives for the management of early menopause in younger women with breast cancer. Bachmann GA. *Monographs/National Cancer Institute*. 1994, (16):161-7.

Current medical practice recommends the use of alternatives to estrogen replacement therapy for the treatment of menopausal sequelae in younger women with breast cancer, although this clinical recommendation is undergoing reappraisal. The use of several nonestrogen approaches for the prevention and treatment of osteoporosis has been promising. Traditional recommendations to maintain skeletal integrity, such as weight-bearing exercises; a diet rich in calcium and limited in caffeine, alcohol, and protein; avoidance of smoking; and measures to minimize trauma have been expanded to include the use or investigation of drugs (either alone or in combination). These drugs include progestins, vitamin D metabolites, injectable and intranasal synthetic salmon calcitonin, bisphosphonates, sodium fluoride, parathyroid hormone, growth factors, tamoxifen, etc. Strict control of the known risk factors, such as smoking, dyslipidemia, and hypertension as well as exercise, weight control, and the use of tamoxifen, are employed for the prevention and treatment of cardiovascular complications.

- Approaches to breast cancer prevention. Stoll BA. *Clinical Oncology (Royal College of Radiologists)*. 1990 Mar, 2(2): 108-16.

For women seeking advice on prevention, non-toxic supplements to the diet such as beta-carotene, vitamin A analogues or selenium compounds, and the avoidance of alcohol and obesity, are examples of practical advice which can do no harm yet may help to protect against breast cancer development.

- Dietary phytoestrogens and cancer: in vitro and in vivo studies. Adlercreutz H; Mousavi Y; Clark J; Hockerstedt K; Hamaiaainen E; Wahala K; Makela T; Hase T. *Journal of Steroid Biochemistry and Molecular Biology*. 1992 Mar, 41(3-8):331-7.

Based on an investigation of thirty postmenopausal women, it is suggested that lignans and isoflavonoids may affect uptake and metabolism of sex hormones by participating in the regulation of plasma sex hormone binding globulin levels and in this way influence their biological activity and that they may inhibit cancer cell growth like some flavonoids by competing with estradiol for the type II estrogen binding sites.

Conclusion

In closing, it is fair to say that there are a variety of safe and available natural therapies and lifestyle interventions for treating and preventing the symptoms and problems associated with menopause. These approaches include a reduction of dietary saturated fat (particularly animal fats), caffeine, alcohol and protein consumption; an increase in dietary intake of beta-carotene, vitamins A, C, D and K, selenium, cellulose, polyunsaturated fatty acids, fruits and vegetables, and calcium; increased weight-bearing and aerobic exercise; weight control; stress management; and avoidance of smoking.

continued on page 26

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continued from page 14

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