Rollin’ With “The Change”

Strategies for a comfortable menopause

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Does menopause mean the end of female sexuality? Absolutely not. This is the beginning of a new phase in life for many women. Physical and psychological changes do occur, however, and are often interwoven. During this transitional time, it’s especially important for women to be gracious with themselves and to know with confidence that they can find help.

Two years ago, a 56-year-old woman came to my practice complaining of her menopausal symptoms. “My life is miserable. In the day I’m constantly looking for cool, open spaces. At night I’m throwing the blankets off and avoiding physical contact with my husband because of his body heat. To top it off, I now avoid sex because every time we try, I’m in excruciating pain and then end up with either a yeast or bladder infection. I can’t keep living like this.”

Her anguish and desperation were palpable, but there were answers to her problems. After two weeks of treatment with natural estriol vaginal cream, her vaginal pain was reduced by 80 per cent, as were her yeast and bladder infections. By four
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weeks, she had 100 per cent resolution of these symptoms as well as her hot flashes, for which I recommended dietary changes and oral hormone phenolics of natural estrogen and progesterone.

This case is a good example of the fact that just incorporating a few natural treatments can often alleviate the distressing physical and psychological symptoms a woman can struggle with as a result of changes in the hormonal levels of estrogen, testosterone, progesterone and DHEA.

Estrogen
Following menopause, a woman’s total estrogen production declines by 70 to 80 per cent, resulting in hot flashes, night sweats, painful intercourse, vaginal dryness and burning, and an increase in yeast and bladder infections. Suffering with even one of these symptoms can make sex a turn-off, but the most common complaint related to decreased sexual desire and pleasure is painful intercourse.

Adequate estrogen levels are needed to keep the vaginal area thick and supple. When estrogen levels fall, the vaginal area becomes thin and easily irritated. Estrogen also maintains blood flow to the vagina, ensuring that optimal lubrication and orgasm occur during intercourse.

Estrogen also maintains sensitivity of the cervix. For many women, sexual pleasure is achieved through cervical stimulation; therefore, with declining estrogen, the cervix becomes less responsive and can lead to a decreased ability to achieve orgasm.

Testosterone
Testosterone is in fact just as important to a woman’s sexual satisfaction as it is to a man’s. Testosterone is responsible for the intensity of orgasm, the ability to achieve climax, the sensitivity of the clitoris and sexual interest. As early as 1939, studies concluded testosterone’s positive effect on libido and the ability to achieve orgasm. There’s no exact level of testosterone that is necessary for sexual desire, but if testosterone falls below a woman’s individual base level, she may experience a drop in libido.

Progesterone
Progesterone more indirectly affects a woman’s sexuality. During menopause, when the ovarian levels of all the sex hormones (estrogen, testosterone and DHEA) decline, adrenal conversion of progesterone to these hormones increases. For many
women this may be enough to help them regain their sex drive. However, some menopausal women experience a significant drop in progesterone, which may result in insomnia, depression, irritability and anxiety.

**DHEA**

DHEA is known as the youth hormone because of its ability to enhance energy, vitality and sexuality. Unlike the other sex hormones, less is known about DHEA, so it’s best not to self-supplement without supervision. However, studies in the United States have shown that many women who don’t feel their best when on estrogen and progesterone find that a small amount of DHEA can make them feel energized and sexually vibrant. The understanding behind this is that DHEA is known to convert to testosterone; consequently, women who are low in testosterone and then supplement with DHEA often show a dramatic rise in libido.

**What About Sex?**

You’ve heard the saying, Use it or lose it? Well, it’s true: studies corroborate that sexual intercourse improves vaginal tone, sensitivity and lubrication. In general, sex increases blood flow to vaginal tissue and keeps the vaginal muscles toned. You can compare it to exercise that tones and strengthens your body and helps you to feel healthy and energized. The message is that sexual intercourse helps to prevent vaginal dryness, urinary tract infections and loss of sexual pleasure. A healthy sexual life is healthy for you.

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**Premarin Madness**

12 million: number of North American women in menopause currently taking Premarin, the top-selling hormone replacement drug, which is made from pregnant mares’ urine (PMU). This drug is also the third most prescribed drug in the world, just behind Tylenol.

$1 billion US: amount earned annually by drug manufacturer Wyeth-Ayerst for sales of Premarin

600: approximate number of Premarin horse farms in Canada

95: total percentage of Premarin horse farms that are operating in Western Canada

30,000: amount of foals slaughtered annually as a result of PMU farms in Canada

40 million: litres of decomposing mares’ urine in a giant vat that has leaked into local waterways from a Premarin plant in Brandon, Manitoba

100,000: number of women per year who stop taking Premarin due to side-effects that include severe hair loss, breast and uterine cancer, kidney disease, inflammation of pancreas and more

$12 million US: amount spent annually by Wyeth-Ayerst on a PR firm to cover up negative publicity about Premarin

To learn more about the Premarin industry, visit United Animal Nations, uan.org, Equine Advocates at equineadvocates.com. Sign the Canadian petition at helphorses.com.
Hormone Replacement Therapy: A Risky Business

Hormone Replacement Therapy (HRT) is like a vampire. No scientific wounds ever kill it because the financial motivation to keep pushing it is simply too great to resist.

The precursor to HRT was estrogen replacement therapy (ERT), touted in the mid-'60s as a way for women to stop the aging process and eliminate the unpleasant symptoms of menopause. The first blow to ERT came in 1975 with a study showing the risk of endometrial cancer was 4.5 times greater in women taking estrogen (14 times greater if taken for more than seven years). There was some evidence that including progesterone would reduce this risk, thus HRT was born (using artificial progestin).

The risk of cancer still exists with HRT. A 1995 study estimated the risk of fatal ovarian cancer as 15 to 71 per cent higher, depending on the duration of HRT. A 2002 study showed a 60 to 85 per cent increased risk of breast cancer. Risk of stroke has been shown to be about 50 per cent higher.

In other cases, the touted benefits have failed to be proven. Recent studies have showed that HRT does not slow down the onset of Alzheimer’s, nor does it measurably improve quality of life or lower rates of coronary heart disease.

Hormones are big business for many doctors and drug companies. Pharmaceutical industry-sponsored Web sites, and even government health information sites, still promote ERT and HRT—and downplay the risks.

Women approaching menopause should consider the risks of the quick-fix approach embodied in HRT, and understand that current enthusiasm may arise from the marketing efforts of pharmaceutical companies. Alternative approaches based on diet, exercise and natural estrogens may not be patentable, but they may be more successful and certainly carry less risk.

David Crowe

References available upon request.

My last words are, Don’t suffer in silence. There is nothing to be embarrassed about when your body changes. Sex and sexual function are normal, healthy and vital aspects of our being. Talk to your physician if you’re concerned. More often than not, there is help for you. Understanding your own body and working with a doctor who understands you as a whole person are the keys to maintaining lifelong emotional, psychological and physical well-being.


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Basic Menopausal Supplements

- Optimal multivitamin with minerals
- Vitamin C (1,000 mg per day)
- Daily calcium/magnesium with vitamin D (1,000 mg: 400 mg: 400 IU ratio)
- Vitamin E (natural source - 400 IU per day)
- Additional supplements (evening primrose oil, chasteterry, black cohosh, dong quai, ginseng and others) may alleviate symptoms.
- Consultation with a naturopathic doctor is advisable.

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