Menopause and Hormones

According to U.S. Census data from 2000, there are approximately 37.5 million women reaching or at menopause in the age group of 40 to 59. The average age of menopause has been estimated to be between 50 and 52. Menopause is defined as the absence of a period for twelve consecutive months. During this time, there are changes occurring in a woman's body including overall decreased production of estrogen and progesterone.

Hormone problems can occur when the balance between these two hormones is suboptimal. Menopause is a natural part of aging, but symptoms that may occur as the hormone levels change include hot flashes, sleep disturbances, difficulty concentrating, irritability, headaches, and vaginal dryness. The traditional approach to menopause has been to recommend hormone replacement therapy, which has been based upon the belief that women are estrogen deficient. In fact, the opposite may be true resulting in estrogen dominance. This is a state in which there is too much estrogen, deficient progesterone levels, or both. An increasing number of informed practitioners are becoming aware of this phenomenon and adjusting treatment recommendations accordingly.

Estrogen and progesterone are the main sex hormones that fluctuate throughout a woman's life as well as during her monthly cycle. Estrogen is more dominant in the first half of the cycle and then progesterone becomes the dominant hormone after ovulation occurs until menstrual bleeding begins. Estrogen has many functions in the body, including promoting sexual organ development, the growth of ovarian follicles, regulating the menstrual cycle, maintaining tissue integrity of the uterus and vagina, decreasing the rate of bone loss, plus many more. Progesterone can be considered an estrogen antagonist and prepares the uterus for egg implantation, maintains pregnancy, and suppresses ovulation among many other functions.

There are several factors that can contribute to estrogen dominance. Environmental estrogens known as xenoestrogens are chemicals that mimic estrogen in our bodies. Plastics, pesticides, and hormone-fed meats and milk all are sources of exogenous estrogens. Stress also plays a role by impacting the adrenal gland to pump out more cortisol, thereby depleting the available progesterone to meet that demand. Poor nutrition, lack of exercise, and obesity can also negatively impact the ratio of hormones in the body.

The recent National Health and Nutrition Examination Survey reported that nearly half of postmenopausal women in the U.S. have used hormone replacement therapy at some time, and over 1/3 of those have been on oral pills for more than 10 years. These numbers are staggering when you take into consideration the increased risk for heart attack, stroke, blood clots, breast cancer, dementia with hormone therapy. The good news is that there are other alternatives available for women. Dietary changes, improving liver function which affects hormone metabolism, exercise, avoiding xenoestrogens, herbs, and homeopathy all focus on supporting the body and causative factors versus symptom relief. They can be appropriately utilized with a naturopathic doctor's guidance to address the individual's unique needs, and help a woman gain control of her health through a natural part of the aging process.

Author: Dr. Marci Scott