

Natural Approaches to Menopause

The transition from a woman's reproductive to postreproductive years is a natural part of life. Yet like some other natural states, such as adolescence, it can also entail discomfort. Not only do our bodies tell us that something different is happening, but we also don't know how long the process will last or what's in store on the other side.

During *perimenopause*, our ovaries' production of estrogen and progesterone becomes erratic. Because estrogen plays a role in regulating body temperature and sustaining the vaginal lining, most women have some symptoms — most commonly hot flashes, vaginal dryness, and sleep disturbances — as estrogen levels surge and plummet. The length of perimenopause is as unpredictable as its course. It might be over in a matter of months, or it could go on for more than a decade. For most women, perimenopause lasts about four or five years.

A year after our last period, we enter another natural state — *postmenopause*. Although the symptoms abate, the systems and tissues that once relied partly on estrogen begin to register its decline. Bone mineralization slows, and the risk for osteoporosis increases. In addition, diminished estrogen may contribute to the increased incidence of urinary tract infections. Researchers are also investigating its effect on our risk for colon cancer and Alzheimer's disease.

WHY NOT TAKE ESTROGEN?

Since so many menopausal symptoms can be traced to a loss of estrogen, why not address them with estrogen supplementation? For postmenopausal women as a group, it may be an effective solution, but it's not the best one for every individual. Some women have found that estrogen itself has unpleasant side effects, such as breast pain, bloating, or headaches. Others shy away from it because of its association with an increased risk for breast cancer, gallstones, and deep vein blood clots. Although for most women the estrogen-associated risk for such conditions isn't great, it can be worrisome for anyone whose personal history places her at increased risk.

Some women are philosophically opposed to taking a drug for menopausal symptoms. They maintain that the very term "hormone replacement therapy" (HRT) implies that postmenopausal women are deficient in a necessary substance and that midlife is a disease state rather than a normal life passage.

WHAT IS NATURAL, ANYWAY?

If you've decided to pursue a natural course of treatment for any of the above reasons, you'll have no difficulty finding "natural" products. But the term is open to interpretation. Any product whose principal ingredients are of animal, vegetable, or mineral origins fits the legal definition, though it may in no way resemble the ingredients in their natural state. For example, herbal remedies may be prepared from plants that are dried and ground by folk medicine practitioners or they may be extracted through treatment with alcohol

or acetone and compressed into tablets in pharmaceutical plants. Both can be labeled "natural."

Natural can also be a euphemism for "unregulated." The Dietary Supplement Health and Education Act (DSHEA) of 1994 made it legal for manufacturers of dietary supplements such as herbal medicines to make "structure/function" claims — referring to a supplement's effect on the body's structure or function, or a person's well-being — without approval from the Food and Drug Administration (FDA). A structure/function claim is easy to identify because it must be accompanied by the disclaimer, "This product is not intended to diagnose, treat, cure, or prevent any disease." The FDA is empowered to intervene only when alerted to a problem. Because dietary supplements aren't evaluated in clinical trials, as FDA-approved drugs are, there's no guarantee that they are effective or safe.

FEW MEASURE UP

There are no federally regulated standards for herbs, but standardized herbal extracts — which have specific concentrations of at least one compound — are common in Europe, where they have undergone a fair amount of scrutiny. In 1978, a German expert panel, Commission E, was established to evaluate studies of commonly used herbal remedies. It has approved 254 remedies that have long been used in Germany. The commission reviewed several herbs used to treat menopausal symptoms, but approved only two: extracts of *black cohosh* and *chaste tree fruit*. There is far more evidence to recommend the former than the latter, which seems more effective in alleviating the symptoms of PMS than those of menopause.

Indeed, although many products are advertised as natural remedies for menopausal symptoms, such claims are rarely supported by scientific evidence. A search of Medline, the online database of medical literature, indicates that of more than 16,000 scientific articles on menopause published since 1960, only 47 involved herbal treatments for menopause — and all were published in the past decade.

SOME NATURAL APPROACHES

Although the list of tested remedies is small, a few herbal remedies and dietary approaches have been tested in clinical trials.

Soy. Some studies have documented that 20–40 grams of soy protein daily can reduce the incidence and severity of hot flashes, but far less effectively than estrogen does. In fact, in controlled trials to prevent hot flashes, soy is often no more effective than a placebo.

Soy contains compounds — phytoestrogens called isoflavones — that act in the body to mimic or counter the effects of estrogen. Prospective studies have found some evidence that soy might help prevent bone loss associated with menopause, but the studies were too short to conclude that soy consumption might lower the risk for osteoporosis. Longer studies are under way.

If soy were completely benign, it wouldn't matter if we ate large amounts of it while we await further word

about its presumed benefits. But some research has suggested that soy protein may actually stimulate the growth of breast tissue in premenopausal women with breast disease. On the other hand, studies have also found that isoflavone-containing soy products lower circulating levels of estrogen, presumably reducing the hormone's cell-stimulating effects. Because of the uncertainties regarding soy, experts advise eating soy in moderation and as part of a balanced diet (see *HWHW*, August 2001). For women who want to incorporate some soy into their diets, soy beans, soy curd (tofu or tempeh), and soy milk are the most reliable sources.

Products labeled soy extract, isoflavone supplements, and isolated daidzein and genestein should be avoided until there is more evidence about their efficacy as well as their long-term effects.

Black cohosh. Known botanically as *Cimicifuga racemosa*, black cohosh has been used by American Indians for centuries. A few generations ago, black cohosh was widely available to women as the principal ingredient in Lydia Pinkham's Vegetable Compound, a concoction promoted for "women's complaints." Although black cohosh is now available in many forms, from teas to tablets, it has been most studied as Remifemin, a German commercial preparation. Remifemin is standardized to contain 1 mg of 27-deoxyactein, a known active compound.

Black cohosh extract was originally thought to contain phytoestrogens. But studies of the herb's mechanism of action have been inconsistent, and scientists are still uncertain about its estrogenic activity. There is growing evidence from laboratory studies that black cohosh suppresses — rather than stimulates — breast cells. But as yet, no studies have compared breast-cancer rates of women taking Remifemin to those of women on estrogen therapy.

Although it's unclear how black cohosh achieves its effects, there's increasing evidence that it works. Several European studies have found that 40 mg of Remifemin twice a day compares favorably with a standard dose of estrogen in relieving perimenopausal and menopausal symptoms. Side effects seem limited to mild gastrointestinal disturbances. However, until long-term studies are done, black cohosh should not be taken for more than six months.

Natural progesterone. Extolled as a safer, gentler alternative to estrogen for perimenopausal and menopausal symptoms, natural progesterone is extracted from certain species of the genus *Dioscorea*, the wild yam. The term natural progesterone indicates that the compound's chemical composition is identical to that of human progesterone. It is micronized (ground into tiny particles) so the body can more readily absorb it when taken orally. Even so, once it is metabolized in the liver, it does not end up as pure progesterone in the blood.

One oral form, Prometrium, is FDA-approved for use with an estrogen in HRT to protect the endometrium from estrogen's effects. Micronized progesterone is also

available as a cream from compounding pharmacies, but in this form, it is difficult to know how much you are actually getting.

Some proponents claim that natural progesterone cream used alone provides many of the same benefits as estrogen — most commonly, relief from hot flashes and increased bone density. However, the supporting data are scant. The only reported study in which natural progesterone was associated with improvement in bone density was seriously flawed because some of its participants may have been taking estrogen as well. A randomized controlled trial reported in 1999 found that micronized progesterone cream didn't prevent bone loss, but that it was effective in relieving hot flashes.

The availability of another substance, wild yam cream, which contains ground up yams, has somewhat confused the natural progesterone issue. The important thing to remember is that none of the natural progesterone or yam creams have been tested for their ability to protect the endometrium from estrogen's effects, so they should not be a substitute for progestins or Prometrium in HRT.

Vitamin E. Although vitamin E has long been suggested for treating hot flashes, it hasn't been widely evaluated in clinical trials. The best-designed study to date involved more than 100 breast cancer survivors who were suffering from menopausal symptoms. In this randomized controlled trial, the women took 800 mg of vitamin E daily for four weeks and a placebo for an additional four-week period, noting how many hot flashes they had each day. The researchers determined that the women averaged only one fewer hot flash per day when they were taking vitamin E. The women (who did not know the contents of the capsules they took) said that they felt no better during the weeks they were on the vitamin regimen than they did when they were taking the placebo.

Other products. A variety of other products have been promoted and sold for menopausal symptoms, including red clover, ginseng, evening primrose oil, dong quai, and flaxseed. While there's no evidence that such products are dangerous, neither is there compelling data from clinical trials demonstrating their effectiveness.

THE BOTTOM LINE

A host of hormonal and pharmaceutical products have been shown to provide varying degrees of relief from menopausal symptoms and to reduce the risk for degenerative conditions later in life. Few strictly natural products have been shown to do the same. Using any untested remedy — natural or synthetic — is more an uncontrolled experiment than a sound health practice. If you decide to use any of the products mentioned above — or to experiment with any other natural remedy — let your doctor know. Herbs and other natural substances can interact with medications you may be taking.

But stay tuned for new developments. As interest in natural approaches to menopause grows, so does the relevant research. For example, the National Center for Complementary and Alternative Medicine has funded several studies of herbal and dietary approaches to menopausal symptoms and risk reduction. ❖



Black cohosh