



Menopausal & Post-Menopausal Concerns: HRT or no-HRT?

This is a very serious question. After the study by the WHO (World Health Organization) was released in 2003, millions of women and their family doctors have been challenged with this question. Medical doctors seem to be taking a wait-and-see attitude (in general), or leave it to their patients to make the decision whether to continue or not. A recent scan of medical articles listed on PubMed indicate that a significant amount of research continues on the effect of HRT for treatment of osteoporosis and heart disease amongst other conditions.

Comments are coming from patients about women, either themselves or relatives and/or friends, who are experimenting with discontinuation of HRT. Clearly the transition is not easy – many find that the symptoms, such as hot flashes, that initiated the use of HRT return very quickly. For women in their 60's, this is very disturbing indeed. Now the question becomes: "should I go back on HRT and accept the increased risk of stroke or cancer?" When this question occurs, it would seem that women are not aware of their options. In naturopathic medicine, several effective treatments are available:

1. herbs such as Vitex agnus, Cimicifuga racemosa and Dong quai
2. soy based supplements such as Isoflavones or Ipraflavone, as well as soy foods
3. homeopathy – constitutional or combination remedies
4. acupuncture
5. hydrotherapy – the therapeutic use of water that aids detoxification and metabolism
6. detoxification – liver cleansing that improves hormone metabolism

In menopause and post-menopause, the natural production of estrogen and progesterone declines. It doesn't stop altogether, with small amounts of estrogen and progesterone coming primarily from the adrenal glands as base hormones are converted into the ovarian hormones. It's these small amounts of hormones that probably maintain women's health in societies outside North America, that haven't adopted a western lifestyle.

Conventional medicine also ignores the concept of treating the underlying cause, and sticks to artificially manipulating physiology to stop symptoms. It's easier to do, and mainstream options to deal with the underlying cause don't exist. But is this justification to ignore evidence that options from Complementary & Alternative medicine (CAM), as offered in naturopathic medicine, are effective? Should they not be presented to women?



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Consider the following information from recent peer reviewed medical/scientific journals:

“Soy isoflavones slightly decrease total cholesterol and LDL levels ... The synthetic isoflavone derivative ipriflavone increases bone mineral density in healthy peri-and postmenopausal women with moderate bone mineral densities ... CONCLUSION: Alternative and complementary medicine may play a role in the management of menopause, however, well-designed large studies are still needed.”

Source: International Journal of Gynecology & Obstetrics 2002 Dec; 79(3): 195-207

A review study of 29 randomized, controlled clinical trials of CAM therapies found: “Soy seems to have modest benefit for hot flashes, but studies are not conclusive...Black cohosh may be effective for menopausal symptoms, especially hot flashes...Single clinical trials have found that dong quai, evening primrose oil ... vitamin E do not affect hot flashes...CONCLUSIONS: Black cohosh and foods that contain phytoestrogens show promise for the treatment of menopausal symptoms.”

Source: Annals of Internal Medicine 2002 Nov 19; 137(10):805-13

“Some evidence points to the efficacy of black cohosh, exercise and possibly Kava and St. John’s Wort, in the treatment of menopausal symptoms.” (This article referred to CAM treatments for pre-menopause health complaints too.)

Source: Primary Care 2002 June; 29(2):297-321.

“The currently recognized standard dose of the isopropanolic aqueous Cimicifuga Racemosa extract...is associated with improvement in menopause symptoms without evidence of estrogenlike effects.” This was a 24 week study rating menopause symptoms by the Kupperman Menopause index, depression assessment, and review of side effects. Menopausal symptoms decreased 70%.

Source: Journal of Women’s Health Gender Based Medicine 2002 Mar; 11(2):163-74



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“Dietary supplements (soy, ginkgo, black cohosh) were frequently used during menopause. Combined use of dietary supplements and HRT seemed to be associated with enhanced relief of certain menopausal symptoms. Women using dietary supplements alone seemed particularly dissatisfied with the menopausal counselling provided by a primary care provider.” This was a study of 100 women, 16% who used combined supplement and HRT therapy, and 32% using supplements only. “Perceived quality of life and overall control of menopausal symptoms were highest among women using dietary supplements alone and women using combination therapy, respectively”.

Source: Menopause 2002 Jan-Feb; 9(1): 72-8

These abstracts (and in the future the full text articles) are available from Pubmed. Three other articles were found reporting efficacy of Remifemin (now Nufem), Black Cohosh, and treatments for vaginal atrophy. In recent years a German homeopathic medicine called Pascofemin has helped many women entering menopause; some benefitted from taking Indole-3-carbinol (I-3-C) as well. Supplements containing Hesperidin and Gamma-oryzanol (aka Ferulic Acid) are also beneficial.

Summary: If you're confused, please consult with a Naturopathic Doctor registered with the Board of Directors of Drugless Therapy – Naturopathy. If you choose to continue with HRT, please request bio-identical hormones; they are available at Hooper's Pharmacy in Port Credit.

These approaches can be supplemented with naturopathic therapies including herbs, nutritional supplements and/or homeopathy. Such an approach will give the majority of women the option to reduce or discontinue HRT, and allow their bodies to finally reach the natural menopausal state that nature intended. Approaches for osteoporosis, cardiovascular and/or cancer prevention or treatment can also be discussed and incorporated.