**Piece of Minds Medical Hypnotherapy**

**Menopause**

**The menopause can be defined as the end of menstruation and due to oestrogen production decrease in the body by the ovaries. In true terms, the menopause is classified after one year of no menstruation- that is, your last menstrual period. Menopause comes from two greek words, menos which means month and pausos which means an ending. You may have heard of the term ‘peri-menopausal’ and this describes the time prior to the menopause when you are still menstruating but your cycle is very different to the norm. During the peri -menopause the levels of female hormones (oestrogen and progesterone) will fluctuate until low levels of oestrogen stop all bleeding.**

**The average age women in the UK and USA experience the menopause is around 51/52 years (NICE) but it can be earlier (premature menopause) or after this time. However in Japan, women tend to menstruate longer and this may be due to genetic or environmental factors. In Rajput culture in India the menopause is looked upon very different to the west and can be viewed as liberating. Here, women can remove their veils if they wish and mix more widely with men.**

**A woman is born with an infinite number of egg cells stored in her ovaries (over a million) and this number decreases with age and depending on how many eggs are released each month of their cycle. Ovaries are controlled by two hormones: Follicle Stimulating Hormone (FSH) and Luteinising Hormone (LH). As a woman ages, the ovaries become less and less responsive to these hormones and produce less oestrogen. Over time, oestrogen levels decrease and a woman’s period will stop. These hormonal levels can be measured by blood analysis. Oestrogen is involved in a range of bodily functions and oestrogen receptors can be found in cells throughout the body: the brain, breasts, bones and the abdomen. So as you can imagine, a decline in this hormone may affect these functions.**

**The cause of premature menopause (under 45yrs) can be natural or by surgical intervention. There may be approximately 1% under 40yrs and 0’1% under the age of 30yrs affected by premature menopause. Surgically-induced menopause results from removal of both the ovaries. Radiotherapy and chemotherapy can also induce an early menopause.**

**The fall in levels of oestrogen and progesterone trigger a wide range of symptoms and around 70% of women experience common symptoms such as hot flushes (flashes in the USA) and night sweats. Other symptoms may be heart palpitations, irritability, mood swings, insomnia, low sex drive, vaginal dryness causing painful intercourse, fatigue, anxiety, poor concentration & focus (brain fog), muscle and bone ache, sore breasts, headaches, bloating, allergies, weight gain, hair thinning, dizziness, body odour changes, facial hair and many other symptoms.**

**The short-term effects of the menopause listed above, cause concern to many women but potentially the long term effects can be more onerous. Decreases in oestrogen levels result in an increased risk of osteoporosis. Osteoporosis is the thinning and weakening of the bones due to the decrease in the protective oestrogen level and fractures may occur due to this. Other associated effects may be cardiovascular disease, urinary incontinence and pelvic organ collapse.**

**Each woman will be affected differently by the menopause and while some may suffer many side effects, others have very little. Treatment will depend on the symptoms one is experiencing. The most common treatment is Hormone Replacement Therapy (HRT) prescribed by a doctor or specially trained nurse. Around the time of the menopause the ovaries will gradually stop producing the hormones oestrogen and progesterone and HRT is a replacement for these hormones. It is a proven treatment that helps overcome hot flushes and vaginal discomfort. There are several types of HRT and your doctor will discuss this with you and prescribe the best form for you in consultation.**

**There are many benefits of taking HRT but also some precautions that you need to be aware of before making the decision to take it. By replacing oestrogen with HRT the discomfort of the menopausal symptoms reduce. Symptoms can respond rapidly to HRT treatment and therefore hot flushes can be minimised within a few days. A woman’s sleep pattern, irritability, breast soreness and fatigue can improve relatively quickly. In addition, many women experience an improvement in their psychological well-being after starting HRT and their concentration, retention and recalling of information becomes much easier- leading to a positive mind-set. HRT can often dispel other issues such as loss of interest in sex, over-sensitivity, tearfulness, feeling irritable, anxious or depressed.**

**One of the major benefits of taking HRT is to reduce the risk of osteoporosis. A Women’s Health Initiative Study in the USA by J R Coll Physicians Edinb, (2004), 34 (suppl 13) p2, found the risk of taking HRT out- weighed the benefits of it and therefore it isn’t first line management in the USA to prescribe it for the menopause or to prevent osteoporosis. Here in UK however, we do prescribe it as standard to prevent osteoporosis if the woman is having menopausal symptoms.**

**There is speculation that there are other long-term benefits of HRT which are less common. Studies have indicated HRT may reduce the risk of bowel cancer and the risk of Alzheimer’s Disease but further investigation is needed and on-going. It is widely accepted that HRT does have risks. The main risk is linked to breast cancer, DVT and strokes. The risk of developing breast cancer becomes greater with age. There have been various studies and researched to establish the link between the increased risk of breast cancer and HRT. One study indicates the risk is low, J R Coll Physicians Edinb, (2004); 34 (suppl 13) p3 states it equates to an extra 2 to 6 cases of breast cancer per 1,000 women treated with combined HRT for five years. However in another study ‘Current Problems in Pharmacovigilance, Committee on the Safety of Medicines’, Vol 29, (Sep 2003), p3, they state there are 1.5 cases per 1,000 for women treated with unopposed HRT.**

**The risk of a women suffering a DVT between 50 and 59 not on HRT is 3 per 1,000 women. For those on HRT over 5 years in the same age group, there is an additional 1 case per 1,000. The risk of DVT increases with age. For example there are 8 cases per 1,000 in the 60-69 age group of non-HRT users, which rise to 9 per 1,000 for HRT users over 5 years. ‘Current Problems in Pharmaco-vigilence’, Committee on the Safety of Medicines Vol 29 Sep (2003) p3.**

**HRT may increase the risk of a woman having a stroke (CVA) and heart attack (MI). It is estimated that about 3 in every 1000 women aged 50-59 years not using HRT will have a stroke over 5 years. ‘Current Problems in Pharmacovigilance’, Committee on the Safety of Medicines Vol 29 (Sep 2003) p3. A sensible approach for women requiring HRT for menopausal symptoms would be to have coronary heart disease assessments and then she can make her own decision about treatment.**

**On-line access to menopausal information can be a great source but at the same time be confusing and scary- tread carefully and ask your GP for advice. If you visit the website of Cancer Research UK it states “The evidence indicates that HRT can cause some types of cancer (breast, womb and ovarian) is strong.” Whereas, the BMS website and its factsheet state the risk of breast cancer is “small” or “not high in statistical terms” (ovarian). However, Hannah Short a trainee GP, along with Natasha North convener of Menopause UK, launched the #ChangeTheChange campaign in March 2015 in frustration to the confusing and poor information available to women and medical professionals.**

**NICE guidelines say HRT “is a highly successful treatment for common symptoms of menopause”, and HRT with oestrogen alone “is associated with little or no change in the risk of breast cancer”. They add that oestrogen and progestogen can be associated with an increase in the risk of breast cancer, something that is acknowledged even by supporters of HRT: the ability of progestins to disrupt cell growth, though the mechanism is unclear, has long been known. Micronised progesterone, where the particles are smaller, are better tolerated than synthetic progestins and have fewer side-effects.**

**However, in August 2003, the UK’s Committee on Safety of Medicines circulated in a letter to GPs and other health professionals stated that long-term use of oestrogen and progestogen HRT was associated with “an increased incidence” of breast cancer. Although it is recommended that “the results of the Million Women Study do not necessitate any urgent changes to women’s treatment”, it also states, in an accompanying patient information leaflet, that “the longer HRT is used, the higher the risk of breast cancer”.**

**The effect of all this was profound. “Everyone stopped prescribing,” says Julie Ayres, a doctor who runs a menopause clinic in Leeds. “They do not have time to read beyond headlines.” Although a circular from the Committee on Safety of Medicines later that year repeated that short-term HRT was favourable for menopausal symptoms, HRT prescriptions still dropped by about 50% in the UK between 2002 and 2006. In the US, prescriptions of the two most common HRT brands, Premarin and Prempro, dropped from 61 million in 2001 to 21 million in 2004. Newspaper headlines bombarded women with the message that HRT was dangerous.**

**Nice guidelines suggest that testosterone supplementation can also be considered for menopausal women with “low sexual desire” if HRT alone is not working effectively. However, a footnote in the information indicates that testosterone doesn’t have UK marketing authorisation for this use, the prescriber “should follow relevant professional guidance”.**

**The menopause is not monolithic. Reactions to it can vary widely across culture and geography as I stated earlier and will depend on many factors that include diet, lifestyle, fitness, as well as age. There is no doubt however, that the population of women suffering symptoms is huge and under-served. You can glimpse this in certain studies, such as one from the Trades Union Congress, which found that 45% of safety representatives interviewed said their managers did not recognise problems associated with the menopause. A study by Nuffield Health also found that 72% of women felt unsupported at work when menopausal and that 10% of women considered leaving their jobs as a result of this. A study by the University of Nottingham, released in 2011, reported that nearly half of women found it difficult to cope with the menopause at work. Nearly a fifth thought that it affected how their colleagues and managers perceived their competence. Support in work conditions will not only be appreciated but is vital to get the best out of the woman.**

**According to Menopause UK, there are only 29 menopause clinics in the UK to serve 13 million women. This means there is a third of the female adult population who have reached the menopause, are going through it or are postmenopausal (and may have ongoing symptoms). Coverage is inconsistent but we need to consider that not every menopausal woman needs treatment but there is for the sufferer’s limited availability. The north of England have two clinics for 2.5 million women, whereas the Midlands and the east of England has seven each.**

**Most menopausal women visit their GP first if they need help. One retrospective study published in 2010 found that 18% of women aged between 45 and 64 consulted their GP for menopausal symptoms at least once throughout 1996. By 2005 this figure had dropped to 10%. A 2012 study found that 60% of women cope with their symptoms without any contact with healthcare professionals, preferring to get advice from friends, family and the internet. Yet 10% live with symptoms for up to 12 years.  
  
There are five essential oils that may help relieve menopausal symptoms:**

**Clary sage;**

**Peppermint oil;**

**Lavender;**

**Geranium;**

**Basil;**

**Citrus.**

**Pop a drop of any of the oils on a handkerchief and sniff it regularly. Pop a drop or two in a warm or cool bath or simply add to some carrier oil for a massage. Follow the instructions on the bottle for safety precautions.**

**Crystal recommendations for menopausal symptoms:**

**Lapis Lazuli;**

**Lepidolite;**

**Citrine;**

**Rose Quartz.**

**Keep any or all of these stones near your skin for relief of symptoms. Menopause is associated with the Sacral chakra and therefore a Reiki treatment may also be of benefit to you.**

**Suggested Lifestyle Changes for Menopause Treatment:**

**Mental attitude has a lot to do with how well a woman adjusts to menopause. If it is seen as a tragic end to youth, fertility and sexuality, it can cause significant disruptions in day-to-day life. If menopause is seen as simply the natural transition to the next phase of life, it can be readily accepted and more easily handled. The risks and benefits of oestrogen replacement therapy should be carefully considered. Many women do not require any medical intervention for menopause treatment. By following a healthy nutritious eating plan, participating in adequate aerobic exercise and having relaxation, can help address many practical problems that menopause can bring.**

**Menopause is not a disease, it’s natural and every woman succumbs to it. Some women unfortunately do suffer lack of libido and vaginal dryness due to the drop in oestrogen and this can be unpleasant. However, an over-the-counter product such as Replens Vaginal Lotion, as well as lubricants such as Astroglide are easily accessible and can help enormously. Your doctor can also prescribe a topical oestrogen cream which will restore normal vaginal tissue. Along with HRT, a woman can once again enjoy a natural happy sex life.**

**There are a huge number of menopausal women taking dietary supplements and complementary therapies to relieve symptoms. However, there is little scientific evidence to prove that all complementary therapies actually work. Some dietary supplements however, may be necessary. Anecdotally, many women find that these complimentary therapies help to relieve menopausal symptoms.**

**Hypnosis, NLP, EFT are all easily accessible therapies that can help relieve the symptoms of menopause. These therapies help you control your subconscious mind by using specific positive suggestions for your mind to absorb. Simple measures such as wearing loose cool clothing, open sandals too may also help control your temperature.**

**Acupuncture, acupressure can also offer benefits to relieve menopausal symptoms.**

**It is also a good idea to discuss your menopause with your partner so he can understand how you are feeling and why you are suffering with some of the symptoms. An understanding partner can make the situation a lot better with his support!**

**Night sweats can be very uncomfortable when they wake you up and you feel very hot. One way of dealing with this is to wear light cotton night wear and a light duvet. Personally, I keep my foot outside of the duvet and this seems to control my temperature nicely but this may because I myself have programmed my mind to understand this routine.**

**Emotions play a large part in the menopause and this may be caused by many factors- the lack of sleep due to the sweats, general fatigue, unhealthy life style and/or unhealthy foods. Pamper yourself and keep reinforcing that you are worthy and deserve to feel good! Light a nice candle, read a book and having ‘me’ time all help to make you feel brighter. There are many ways to feel worthy and we are all switched on by different ways but whatever your ‘fix’ is then do it! It could be a haircut, facial or having your nails painted- all things to make you feel good about yourself and this is extremely important.**

**It is perceived that if you are a smoker, you will experience your menopause earlier too. So it goes without saying that smoking can add to the risk of perimenopause. Drinking alcohol can also have an adverse effect on how you feel and function on a daily basis so it would be beneficial to minimise alcohol intake and drink more water.**

**Nutrition and supplements for the menopause:**

**Soy foods. The isoflavones in soy foods may help balance hormone levels. Choices of soy include tofu, soy milk, roasted soy nuts or tempeh.**

**Flaxseed. A substance called lignins in flaxseed may be an important modulator for hormone metabolism. You can grind flaxseeds in a coffee grinder and use 1 to 2 tablespoons per day.**

**Dong quai is known both in China and the West for its ability to support and maintain the natural balance of female hormones. This is one of the herbs for menopause which reportedly is effective if a woman is experiencing heavy bleeding.**

**Black cohosh is one of the best-studied traditional herbs for menopause. It is used to help alleviate some symptoms of menopause and considered an effective hot flash remedy. It appears to work by supporting and maintaining hormonal levels.**

**Vitamin E. A daily dose of 400 IUs of natural vitamin E (as mixed tocopherols and tocotrienols) can help alleviate symptoms of hot flushes in some menopausal women.**

**B vitamins. This group of water-soluble vitamins may help women deal with the stress of menopausal symptoms as it works well on the nervous system.**

**Evening primrose oil or black currant oil. Both are great sources of gamma-linolenic acid (GLA), an essential fatty acid that can help influence prostaglandin synthesis and help moderate menopausal symptoms.**

**Yehudi Gordon runs a clinic for bioidentical hormones, also known as ‘Bespoke HRT’ in Harley Street. He is slender, tanned and looks 20 years younger than his 73 years and evangelical about the benefits of bioidentical hormones. He states the oestrogens within the compounds are derived from plants such as yam and soy, and the progesterone is micronised (finely ground). He claims bioidentical hormones are better processed by the human body than conventional preparations. However, Heather Currie wrote in an issue of Menopause Matters: “There are currently no controls or regulations on the production, prescribing or dosing of bioidentical hormones.” In the US, custom-compounded hormones as they are known, are not regulated by the Food and Drug Administration. I can’t advise on this prescriber but I wonder if his youthful looks are genetic or down to other reasons.**

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