

Menopause and complementary therapies

The use of complementary therapies is a popular choice for the management of menopausal symptoms. Some over-the-counter therapies available to treat perimenopausal (stage before menopause) symptoms include phytoestrogens, wild yam creams and herbal medicines. Complementary therapies also include homoeopathy, traditional Chinese medicine and acupuncture, massage, aromatherapy and kinesiology.

It is important to make an informed decision about the type of treatment you choose. Don't self-prescribe any medicine, including complementary medicines as misinformation about 'natural' medicines may lead to inappropriate choices of therapy. Always seek advice and treatment from a qualified and reputable practitioner.

Be advised by your doctor and other healthcare providers, as some complementary treatments can interact with other medications and cause side effects.

Complementary therapies, HRT and menopause

Many women are troubled by menopausal symptoms such as vaginal dryness, hot flushes, night sweats and psychological symptoms. Women in the menopausal age group are high users of complementary therapies to help manage their symptoms.

Menopause also speeds up bone loss due to the reduction in oestrogen, which can increase a woman's risk of osteoporosis and bone fracture. Hormone replacement therapy (HRT) has been shown to significantly reduce menopausal symptoms and, if commenced at or after menopause, prevents the accelerated bone loss and to some extent reverses the bone loss. HRT has also been shown to reduce fractures related to osteoporosis – however, the use of HRT as a preventive measure to reduce fracture risk is controversial.

Updated evidence has shown HRT to be an appropriate 'first line' therapy for postmenopausal women with an increased risk for fracture who are under the age of 60. Commencing HRT after the age of 60 is not recommended as the first option for preventing osteoporotic-related fracture.

Complementary therapies that reduce your risk of osteoporosis include adequate calcium intake or supplementation (1000–1200mg of elemental calcium). Low vitamin D is associated with a greater incidence of hip fracture and vitamin D supplementation can increase bone density, reduce the risk of hip fracture and reduce falls especially when taken with calcium.

High impact exercise (running, skipping, jumping, team sports like netball, and high impact aerobics) as well resistance type (strength training) activities probably provide the most benefit for improving bone mineral density.

Some other popular therapies, including phytoestrogens and the herb black cohosh, may have some effect on bone-forming mechanisms. While evidence, particularly for phytoestrogens on maintaining and improving bone density is increasing, the exact type and dose has not been established, nor have they been proven to reduce the risk of osteoporosis.

Remember that no therapy can replace regular physical activity (30 minutes of moderate exercise daily) and a healthy diet. Both are essential to good health, including reducing your risk of cardiovascular disease and diabetes.

Phytoestrogens and menopause

Phytoestrogens are plant compounds that are similar in chemical makeup to the female sex hormone oestrogen, but much lower in strength. They act at the oestrogen receptor sites in a woman's body, which may reduce menopausal symptoms in some women.

Phytoestrogens can be found in foods and also in supplements. The three types of phytoestrogens and their dietary sources include:

- **Isoflavones** – good sources include soy products, beans (such as lima beans, chickpeas and lentils) and red clover.
- **Lignans** – good sources include fruit, vegetables and grains, and oilseeds such as linseed.
- **Coumestans** – good sources include sprouting seeds such as alfalfa.

Some women will have some symptom relief from consuming phytoestrogens as part of a balanced diet and in quantities equivalent to those in an Asian diet. This is equivalent to consuming either 220g tofu, or 3 cups soymilk, or 56g soy flour or 2 cups cooked soybeans daily.

Some concern has been raised about a link between soy products and breast cancer. There is no evidence to suggest that consumption of soy foods in amounts consistent with an Asian diet is detrimental to breast health. However, women who are at high risk for breast cancer or are breast cancer survivors are advised not to take highly processed soy supplements (such as soy protein isolate, isoflavone-rich soy extracts or isoflavone capsules) as these preparations seem to act differently in the body than foods made from soy beans or soy flour.

Wild yam creams and menopause

There is no medical evidence to support the claim that wild yam creams can ease menopausal symptoms. Traditionally, wild yam is not used as a cream but taken orally. Most herbalists specialising in the management of perimenopausal women do not prescribe or recommend wild yam cream, yet it remains a popular over-the-counter remedy for women who self-prescribe.

Wild yam creams were originally marketed as containing progesterone, but this is not the case. Although wild yams contain a compound called diosgenin, which can be used to synthesise progesterone, the diosgenin has to be chemically changed in the laboratory.

Herbal medicines and menopause

More research on the effectiveness of herbal preparations to manage the symptoms of menopause is needed. The best way to use herbal medicines is to be prescribed by a trained natural therapist. A herbalist or naturopath may prescribe one of many remedies to help manage an individual woman's menopausal symptoms, such as remedies for sleep disturbance, mood changes or libido, as well as remedies for hot flushes and night sweats.

Herbs are medicines and should be treated with respect and caution. Some complementary medicines, such as St John's Wort, may also interact with other medications you may be taking, causing potentially harmful side effects.

Generally a prescription is tailor-made to suit the woman's individual needs, rather than the 'one size fits all' formulas available over the counter.

Evening primrose oil and menopause

Despite the popularity of evening primrose oil for the management of menopausal symptoms, it has been shown to be no better than taking a dummy pill for the treatment of hot flushes.

Black cohosh and menopause

Black cohosh (*Cimicifuga racemosa*) was used traditionally by North American Indians to ease menopausal symptoms and menstrual cramps. Some studies have shown that black cohosh is useful in reducing symptoms associated with menopause, including hot flushes. In Australia, remedies containing black cohosh can be sold in pharmacies, supermarkets, health food stores and other outlets.

Concerns about black cohosh and liver damage have been publicised. While there does appear to be an association between the use of black cohosh and liver damage, it is thought to be very rare. The Therapeutic Goods Administration established an expert advisory group to review these rare cases of liver damage, and concluded that black cohosh is still suitable for use in complementary medicines.

In 2008 the warning advice required on medicine labels for black cohosh was changed to better inform consumers about the risk and how to recognise the early signs of liver damage.

If you take black cohosh, it is important to seek medical attention as soon as you detect any signs of liver damage. Symptoms of liver disease can include jaundice (yellowing of the skin or whites of the eyes), dark urine, nausea, vomiting, diarrhoea, weight loss, unusual tiredness, appetite loss, fever, bloated abdomen or abdominal pain.

Progesterone creams and menopause

Progesterone is a female sex hormone that also declines after menopause. Medical science accepts that menopausal symptoms are due to falling oestrogen levels and there is a popular belief that an incorrect ratio of progesterone to oestrogen is the cause. To date, there is no medical evidence to support the theory that supplementing the body's progesterone levels with progesterone creams can ease menopause symptoms or reduce the risk of osteoporosis.

The main use of progesterone is to protect the lining of the uterus in women using oestrogen. Progesterone products are now available on prescription only. They are sometimes combined with other biological hormones including oestrogens and testosterone in creams or lozenges as a form of hormone therapy.

Caution for women on hormone therapy

Some women who use combined hormone replacement therapy (oestrogen plus progesterone) may decide to substitute progesterone creams for the progestogen component of their hormone therapy. This can increase the risk of cancer in the uterine lining (endometrium) because not enough progesterone is absorbed through the skin from these creams.

A study published in *The Lancet* found that progesterone creams applied to the skin don't increase the amount of progesterone levels in the blood to any significant degree and do not protect the endometrium.

Seek reputable information

There is a lot of information available about complementary or 'alternative' menopause treatments. Not all information you may read will come from a reliable source. Many of the remedies that are promoted to women are not recommended by natural therapists or have been shown to be ineffective.

Complementary therapies are often based on traditional knowledge. Some have not been subjected to the same vigour of testing that clinical trials for pharmaceutical medicines are subjected to. For this reason, their effectiveness has not been as strongly proven. However, the increasing use of complementary therapies has begun to fuel scientific research and there is now scientific evidence about the safety and effectiveness of some therapies.

Where to get help

- Your doctor
- Complementary therapist
- Tel. 1800 JEAN HAILES (532 642)
- National Herbalists Association of Australia Tel. (02) 8765 0071
- Australian Natural Therapists Association Tel. 1800 817 577
- Medicines Line (Australia) Tel. 1300 MEDICINE (1300 633 424) – for information on prescription, over-the-counter and complementary medicines

Things to remember

- Complementary therapies for the management of menopausal symptoms are popular with some women.
- Many of these therapies have not been subjected to clinical trials, so their effectiveness has not been proven.
- Popular therapies include phytoestrogens, progesterone creams, wild yam creams and herbal medicine.

- When using natural therapies, it is advisable to seek the advice of a trained natural therapist.

This page has been produced in consultation with, and approved by:

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