
Menopause and complementary therapies

Summary

- Complementary therapies for the management of menopausal symptoms are popular with some women.
 - Not all of these therapies have been subjected to rigorous clinical trials, so their effectiveness has not been proven.
 - Popular therapies include phytoestrogens and herbal medicines.
 - Progesterone creams and wild yam creams, once popular over-the-counter choices for perimenopausal symptoms, have not proven to be effective treatments.
 - When using natural therapies, it is advisable to seek the advice of a practitioner trained in their use.
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The terms 'natural therapy', 'complementary therapy', 'complementary medicine' and 'alternative therapy' are often used interchangeably to describe therapies or medicines that fall under the umbrella of natural therapies.

The National Health and Medical Research Council (NHMRC) refers to complementary and alternative medicine (CAM) as a wide range of healthcare practices, therapies, procedures and devices that are not presently considered within the field of conventional medicine.

In Australia, this includes, but is not limited to:

- acupuncture
- aromatherapy
- chiropractic
- homeopathy
- massage
- meditation and relaxation therapies
- naturopathy
- osteopathy
- reflexology
- traditional Chinese medicine
- vitamin and mineral supplements.

Complementary medicine generally refers to a non-mainstream approach being used together with conventional medicine, whereas alternative medicine refers to a non-mainstream approach in place of conventional medicine.

Complementary therapies in the treatment of menopause

Menopause marks the end of the monthly cycle of menstruation in a woman's life, when the ovaries no longer release eggs. For some women, the use of complementary therapies is a popular choice for the management of menopausal symptoms.

Some over-the-counter therapies available to treat perimenopausal (the stage around the time before and after menopause) symptoms include phytoestrogens and herbal medicines.

It is important to make an informed decision about the type of treatment you choose. The information should come from reliable sources.

Many people self-prescribe natural therapies because they are 'natural' and because they believe there is no harm

in doing so. However, side-effects and interactions with other medication can occur. Self-prescribing of any medication is not advised.

Often, information about natural therapies is obtained from unreliable sources and can lead to inappropriate choices of therapy, or may prevent or influence a person receiving appropriate medical care.

Make sure you are advised by a healthcare practitioner trained in natural therapies, who can prescribe appropriately and know when to refer for medical treatment. While traditional Chinese medicine, acupuncture, osteopathy and chiropractic are regulated by a national board established under the Australian Health Practitioners Regulation Agency (AHPRA), other complementary therapies are unregistered professions in Australia.

Complementary therapies that are not regulated by AHPRA are self-regulated by their respective associations and there can be great variability in standards of education and therefore the standard of the practitioner.

Always tell your doctor if you are taking any complementary medicines.

Complementary therapies, supplements and menopausal symptoms

Many women are troubled by menopausal symptoms including hot flushes, night sweats, vaginal dryness and psychological symptoms. Women in the menopausal age group are high users of complementary therapies. A recent study of over 2,000 Australian women showed that over 13 per cent used CAM for hot flushes.

No supplement therapy can fully replace regular physical activity and a **healthy diet**, which are both essential to general good health. **Australia's Physical Activity Guidelines** recommend 150 to 300 minutes of moderate physical activity, or 75 to 150 minutes of vigorous physical activity, per week. The guidelines also advise minimising prolonged sitting times and breaking up long periods of sitting as often as possible.

Women in the postmenopausal age group are at increased risk of developing cardiovascular disease, type 2 diabetes and osteoporosis. Moderate exercise and a healthy diet help to reduce the risk of developing these diseases.

Bone density and menopause

The drop in oestrogen at menopause can speed up bone loss, which can increase a woman's risk of osteoporosis and bone fracture. Adequate calcium and vitamin D levels are important as calcium is essential for building bone, and vitamin D helps to absorb calcium.

Postmenopausal women require 1,300 mg of calcium per day. Ideally, this should be obtained from high calcium food sources in the diet such as dairy milk, canned fish with bones, yogurt, spinach, broccoli and almonds. Where this cannot be achieved with diet alone, then calcium supplements may be required to meet the recommended daily intake.

For adults with a daily dietary intake of 500 to 900 mg of calcium, increasing or supplementing this intake by a further 500 to 1000 mg per day will result in a beneficial effect on bone mineral density. Supplements made of calcium citrate, hydroxyapatite or calcium carbonate are well-absorbed forms of calcium.

There is some controversy around high doses of calcium supplementation and the increased risk of cardiovascular (heart) disease. Concerns have been raised that supplements over 1,000 mg daily may increase the risk. (There does not appear to be an increased risk of heart attack in people who obtained their calcium from diet alone – the recommended means of obtaining calcium.)

After reviewing current research, the National Osteoporosis Foundation and American Society for Preventive Cardiology concluded that there is no relationship between calcium intake (from food or supplements) and the risk of heart disease. Calcium intake from food and supplements that does not exceed 2,000 to 2,500 mg per day is considered safe for cardiovascular health.

Women taking calcium supplements, particularly women with osteoporosis or taking medications for osteoporosis, should not stop taking calcium supplements without first consulting their doctor.

Vitamin D is important for bone health as it helps calcium to be absorbed, The main source of vitamin D in Australia

is the sun. However, many Australians do not have adequate vitamin D levels. In fact, about one third of all Australians over 25 years of age are vitamin D deficient, and vitamin D deficiency has been observed in nearly two thirds of women.

The dose of vitamin D supplementation may vary, depending on individual levels and requirements. Research suggests that the optimal level of vitamin D in the blood should be at least 50 nmol/L, and optimal levels for bone health are often recommended to be over 75 nmol/L. Vitamin D supplements of at least 800 IU are recommended and often higher doses are prescribed in cases of moderate to severe deficiency.

High-impact exercise (such as running, skipping, jumping, hopping, team sports such as netball and high-impact aerobics) as well as resistance-type activities (strength training) is beneficial for improving bone mineral density.

Phytoestrogens and menopause

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

Phytoestrogens can be found in foods and also in supplements. The three types of phytoestrogens are:

- isoflavones – good sources include soy products, beans (such as lima beans, chickpeas and lentils) and red clover
- lignans – good sources include flaxseed (also called linseed), fruit, vegetables and grains
- coumestans – good sources include sprouting seeds such as alfalfa.

About one third of the population has the specific bowel bacteria that converts isoflavones in soy to a more potent phytoestrogen (equol). These women may 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 any one of about 100 g of tempeh, 200 g of tofu, 75–100 g of soybeans or 300 g of soy and linseed bread 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.

In fact, recent reviews of scientific literature show that there is a small reduction in the risk of developing breast cancer when women consume the phytoestrogens found in soy, especially if women consume a diet high in phytoestrogens before puberty.

Consuming a moderate amount of soy does not increase the risk of breast cancer recurrence in western or Asian women breast cancer survivors.

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.

Herbal medicines and menopause

More research on the effectiveness of herbal preparations to manage the symptoms of menopause is needed. Much of the information on herbal medicine and menopause treatment comes from traditional use.

The best way to use herbal medicines is for them to be prescribed by a trained natural therapist. A herbalist or naturopath may prescribe one of many remedies to help manage a woman's own 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 as such. Some complementary medicines, such as St John's wort (*Hypericum perforatum*), may interact with other medication you are taking, causing potentially harmful side effects.

Generally, a herbal medicine prescription is tailor-made to suit your needs, rather than being a 'one size fits all' formula 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 placebo (dummy pill) for the treatment of hot flushes.

Black cohosh and menopause

Black cohosh (*Actaea racemosa*, formerly known as *Cimicifuga racemosa*) was used traditionally by North American Indians to ease menopausal symptoms and menstrual cramps. It is the most well researched of all herbs used for menopause.

The quality and results of the research on black cohosh vary, with some studies showing that black cohosh is useful in reducing symptoms associated with menopause, including hot flushes, and others not.¹⁻⁴ Research has indicated that specific standardised extracts of black cohosh in the herbal products Remefemin® and Femular® is effective.

While this herb is used to help with symptoms associated with low oestrogen, it is not an oestrogenic herb; it does not act like the female hormone oestrogen, it is not chemically similar to oestrogen and is not a phytoestrogenic herb. It is not clear how black cohosh works, but it is believed it may mimic the way the brain chemicals serotonin and dopamine work.¹⁰

A recent systemic review concluded that black cohosh in combination with St John's wort showed an improvement in perimenopausal symptoms compared to a placebo. In Australia, remedies containing black cohosh can be sold in pharmacies, supermarkets, health food stores and other outlets.

Concerns have been raised about black cohosh and liver damage. While there does appear to be an association between the use of black cohosh and liver damage, it is thought to be very rare. Analysis of all 69 reported cases of suspected liver damage (hepatotoxicity) associated with black cohosh concluded that only one case had a possible association with black cohosh and that there is very little evidence that black cohosh increases the risk of liver damage.

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, and if you detect any signs of liver damage, it is important to seek medical attention straight away.

Symptoms of liver disease can include:

- jaundice (yellowing of the skin or whites of the eyes)
- dark urine
- nausea and vomiting
- diarrhoea
- weight loss
- unusual tiredness
- appetite loss
- fever
- bloated abdomen
- abdominal pain.

Red clover and menopause

Red clover (*Trifolium pratense*) has been used in recent years for menopausal symptoms as it contains isoflavones (phytoestrogens), which have a selective oestrogen-like action in the body.

Most of the research conducted on red clover has been conducted on the over-the-counter product Promensil (containing red clover isoflavones). Some research shows that red clover may be useful for hot flushes or other

menopausal symptoms. Other research concludes that there is insufficient evidence to show its effectiveness. Researchers suggest that the differences in results may be because of the quality of the different formulations used, and the dose of isoflavones.

Some researchers propose that red clover isoflavones may be more effective in postmenopausal women rather than premenopausal women. This could be because the weak oestrogen-like action of the isoflavones works more effectively when the body's oestrogen levels are lower, as in after menopause.

Some limited research has shown that red clover has a possible effect on maintaining bone health, but as yet there is no research to show that it can protect against bone fracture. There are conflicting reports as to whether red clover can lower LDL-cholesterol ('bad cholesterol').

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 is taken orally. Most herbalists specialising in the management of perimenopausal women do not prescribe or recommend wild yam cream.

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.

Progesterone creams and menopause

To date, there is no medical evidence to support the theory that supplementing the body's progesterone levels with progesterone creams can ease menopausal symptoms or reduce the risk of osteoporosis.

The main use of progesterone is to protect the lining of the uterus in women using oestrogen.

Caution for women on hormone therapy

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

Complementary therapies – seek reputable information

There is a lot of information available about complementary or alternative menopause treatments. Some of this information comes from unreliable sources. Some 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 rigour of testing that pharmaceutical medicines are subjected to during clinical trials. For this reason, the effectiveness of some complementary therapies has not been as strongly proven.

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
- Naturopath, herbalist or complementary health practitioner
- **Jean Hailes for Women's Health** Tel. 1800 JEAN HAILES (532 642)
- **National Herbalists Association of Australia** Tel. (02) 9797 2244
- **Australian Natural Therapists Association** Tel. 1800 817 577
- **NPS Medicinewise** – Medicines Line. Tel. 1300 MEDICINE (1300 633 424) – for information on prescription, over-the-counter and complementary medicines

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