

# SWEATY, SLEEPY AND SEXLESS = PERIMENOPAUSE

By Monica Montag, MA, HHP, CN

## TRUE OR FALSE?

Menopause is an event when a woman's monthly flow stops.

True and false.

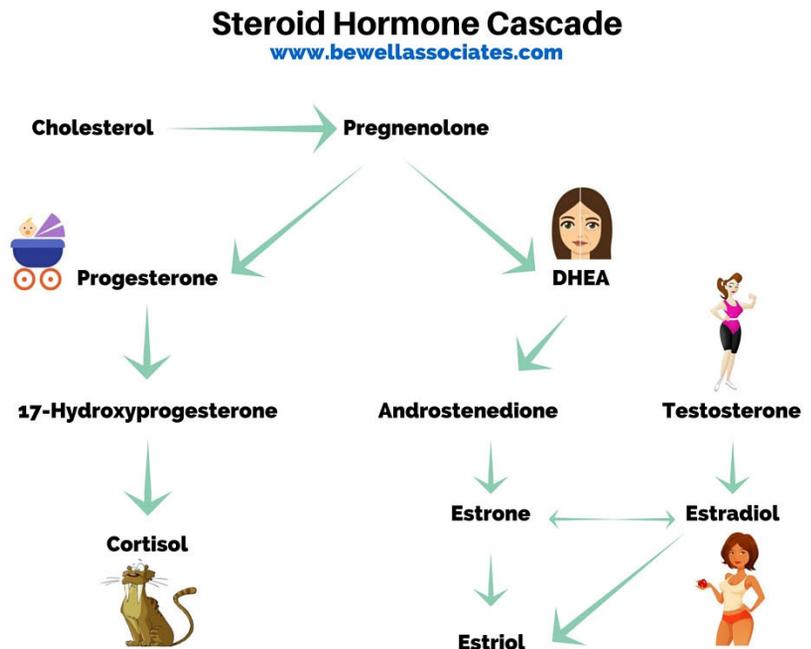
It's not really an event.

It's a process that can last up to 10 years! While the average age of menopause in the U.S. is 52, and is defined as having no bleeding for a full year, perimenopause typically begins in the 40s but can start as early as the late 30s. While some women breeze through "the change", an estimated 40 percent feel various kinds of miserable.

During this time, the dance between the two main sex hormones in women—estrogen and progesterone—changes and hormonal output diminishes. The resulting symptoms are mostly well known and common, but others can be quite strange:

- Irregular periods
- Insomnia
- Heavy bleeding and clotting
- Hot flashes
- Night sweats
- Menstrual migraines
- Vaginal dryness
- Abdominal weight gain
- Dry eyes, nose and mouth
- Mood swings
- Palpitations
- Formication—creepy crawly feeling under the skin, most often on the arms

The most common hormonal depletion during perimenopause is of progesterone. This chart of the Master Steroid Hormone cascade explains why. DHEA



This diagram, which shows how hormones are produced, illustrates why progesterone is so affected by stress and how crucial it is for healthy hormonal balance.

is the "mother" of all three estrogens, of which estradiol is the potent estrogen of our child-bearing years that diminishes during perimenopause. Testosterone is also made from DHEA and similarly declines with age.

The third produces progesterone, which is the calming hormone often considered "nature's valium". Progesterone is the hormone that tends to be most depleted during perimenopause. Why?

Because it's converted into cortisol, the stress hormone. Mid-life is a super busy time for most women: taking care of children and perhaps aging parents while working full time jobs and managing a home. They deplete their cortisol levels and start dipping into their progesterone stores. The resulting estrogen dominance sets women up for uterine fibroids, ovarian cysts, fibrocystic breasts and hormonal cancers, as the growth-stimulating

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estrogens become unopposed from lack of progesterone.

As a practitioner I've found progesterone cream to be the easiest and most helpful support during perimenopause and one that keeps a woman safe from the above mentioned health hazards. It's my first choice for a woman entering this time of life. And even women who have had hysterectomies benefit from progesterone.

Other interventions that I sometimes offer clients are botanicals such as:

Black cohosh (*Actaea racemosa*) is native to Eastern North America and is the best documented herbal intervention for perimenopause. It supports hormonal balance by mimicking estrogen, primarily by binding to opioid receptors in the brain to affect tissues in the body. But it is not an estrogen.

Red clover (*Trifolium pratense*) is rich in phytoestrogens including lignans and isoflavones. As I described above, isoflavones can also weakly bind to estrogen receptors in the body, replacing the body's missing estrogens.

Chastetree (*Vitex agnus-castus*) mimics the soothing actions of progesterone.

Wild yam (*Dioscorea villosa*) is native to North America and also acts as a functional mimetic of progesterone. Most progesterone creams are made from wild Mexican yam or soy.

Soy (*Glycine max*), like red clover, is a member of the legume family and contains phytoestrogens. It has been extensively studied and found to be supportive for improved insulin regulation, weight

loss, bone health, and nail, skin and hair health. It has also been shown to decrease frequency and severity of menopausal discomforts, particularly vaginal dryness, hot flashes and night sweats. The key is to use a non-GMO, organic soy product such as tofu or soymilk. I have a client who has simply used ½ cup of soymilk every evening to prevent all perimenopausal and menopausal symptoms!

These remedies have been safely used around the world for centuries by many generations of women.

I would like to say a word about the very controversial Hormone Replacement Therapy. Synthetic hormones are not the same as Bio-Identical hormones. I do believe that women can continue to feel their best by using the correct types of hormones in a safe way.

For a great resource on this topic please see Dartmouth-trained gynecologist Christiane Northrup, MD's *The Wisdom of Menopause*, a book that has helped many clear up the confusion around this time in a woman's life.

Menopause is the chance to reassess and to decide how we want to proceed with the second half of our lives, to identify what we want more of and what we can let go. Menopause ushers in a time of heightened intuition and wisdom, so embrace the gifts of this important transition!

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