How might it have been different for you, if, on your first menstrual day your mother had given you a bouquet of flowers and taken you to lunch and then the two of you had gone to meet your father at the jeweler, where your ears were pierced, and your father bought you your first pair of earrings, and then you went with a few of your friends and your mother’s friends to get your first lip coloring; and then you went, for the very first time, to the Women’s Lodge, to learn the Wisdom of the Women? How might your life be different?

— Judith Duerk, Circle of Stones
Wisdom of the Menstrual Cycle

Life Cycle of Hormones
Hormones

- **Estrogen**: A female sex hormone produced by the ovaries, the adrenal gland, and (in small quantities) by body fat. Estrogen helps to retain calcium in bones, regulates the balance of high density lipoprotein (HDL) and low density lipoprotein (LDL) cholesterol in the bloodstream, and aids the maintenance of blood-sugar levels, memory functions, and emotional balance, just to mention a few.

- **Progesterone**: A female sex hormone produced in largest amounts during and after ovulation that prepares the uterus for the implantation of a fertilized egg. It also helps reduce body fat, aids in relaxation and reduction of anxiety, and promotes hair growth.

- **Testosterone**: The principal male sex hormone, testosterone is also produced in smaller amounts in women's bodies mostly by the ovaries and adrenal glands. It plays an important role in the health and well-being. Testosterone affects libido, mood, energy, and body fat and helps to protect against osteoporosis.

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Your body makes three main types of estrogen:

- Estradiol: the most prevalent type in women of childbearing age.
- Estriol: the main estrogen of pregnancy.
- Estrone: the only estrogen that is produced by the body after menopause when menstrual periods stop.

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Hormone Havoc

My hormones called.
they wanted to get an appointment to rip your head off!
"Shock-Absorbers"

The Adrenal glands are where the Strength center of your body is located. This is where you get the ability to 'keep on keeping on' and to endure.

Christiane Northrup, MD, Author of Women's Bodies, Women's Wisdom
Hormone Imbalance

Steroidal Hormone Principle Pathways
Illustrating the Chronic Stress Response/Regulation Cycle

Thyroid Function

Factors that Affect Thyroid Function

Weight Gain

Under Stress

Fat storage

Weight gain

Body

Cortisone

Corticotrophin releasing hormone

Adealin

Stimulus

Insulin

Glucose

Stimulus

Cortisol

Central control

Stimulus
Premenstrual Syndrome

P.M.S.
Pissed at men syndrome

- Abdominal bloating, Abdominal cramping
- Accident proneness, coordination difficulties
- Acne, hives
- Aggression, rage
- Alcohol intolerance
- Anxiety, irritability, suicidal thoughts
- Asthma
- Back pain
- Breast swelling and pain, Bruising
- Confusion
- Depression, withdrawal from others, emotional lability
- Edema
- Exacerbation of preexisting conditions (lupus, arthritis, ulcers, herpes, etc.)
- Fatigue, lethargy
- Fainting (vasovagal syncope)
- Food binges, salt cravings, sweet cravings, Headache, migraine
- Heart palpitations
- Insomnia
- Joint swelling and pain
- Nausea
- Sex drive changes
- Sinus problems
- Urinary difficulties

PMS: Causes/Treatment

- High consumption of dairy products
  - Excessive consumption of caffeine (soft drinks, coffee, chocolate)
  - Excessive consumption of high glycemic foods
  - A relatively high blood level of estrogen
  - A relatively low blood level of progesterone
  - Diet that leads to increased levels of the hormone prostaglandin F2
  - Excess body weight
  - Low levels of vitamins C, D, and selenium
  - Magnesium deficiency
  - Lack of exercise
  - MVI, magnesium: 400-800 mg QD, 50-100 mg of B-complex vitamins.
  - Eliminate caffeine.
  - Essential fatty acids in your diet
  - Reduce stress. Women who practice meditation or other methods of deep relaxation
  - Get at least 20 minutes of aerobic exercise three times per week. Brisk walking is all that is necessary.
  - Try reflexology. This measure, involving massage of specific pressure points on the foot, head, or
  - Get more natural or full-spectrum light. Expose yourself to sunlight. During the autumn and winter months, use a full-spectrum light box each morning or each evening.
  - Bioidentical progesterone.
The Wisdom of PMS

- “truth serum”
- there is still a belief among conventional practitioners that these symptoms are strictly hormonal and have nothing to do with a woman’s life, and that they can be “fixed.”
- Rather than ask a woman about her relationships or her career, many doctors quickly prescribe oral contraceptives or Prozac for women with PMS to control symptoms along with their cycles and emotions.

The Wisdom of Heavy Bleeding

- If bleeding prevents you from leaving the house or participating fully in your life for more than two days per month, or if you’ve been diagnosed with iron deficiency anemia

Heavy Bleeding: Causes

- Hormone imbalance
- Fibroids
- Adenomysosis
- excess estrogen, minimal progesterone, too much prostaglandin F2-alpha, and frequently too much insulin
Heavy Bleeding: Treatment

- Check e/p ration if E dominant, consider DIM + Calcium D-Glucurate, cruciferous veggies, liver detox (anger)
- Emotional, lifestyle, physical, hormonal, and, of course, your thoughts.
- Ask patients with heavy bleeding if they are leaking their life's blood into any dead-end job or relationship that doesn't fully meet their needs.
- Are you giving more than you are receiving in return? Is someone or something draining your energy by being a kind of Dracula?
- Take some time alone, sit right down on the earth, and pray for guidance and a boost of energy for yourself.

The Perimenopause Transition

- The hallmark of this transition is a change in the levels of the hormones estrogen, progesterone, and the androgens.
- Three types: artificial, premature, natural
- not solely a physical event—it is also the biggest opportunity for personal growth and empowerment since adolescence.

The Perimenopause Transition

- This transitional perimenopause period usually lasts five to ten years, though the entire process can sometimes take up to 13 years
- menopause itself can only be diagnosed a full 12 months after the transition is finished
The Perimenopause Transition

Progesterone declines/"Estrogen Dominance:
- Breast swelling and tenderness
- Mood swings
- “Fuzzy thinking”
- Irritability
- Trouble sleeping
- Water retention
- PMS
- Weight gain

The Perimenopause Transition

Testosterone declines:
- Decreased sexual response
- Decreased sensitivity in your erogenous zones
- Decreased sense of well-being, energy, and ambition
- Depression
- Loss of or thinning pubic hair

The Perimenopause Transition

Estrogen Declines
- Hot flashes
- Night sweats
- Vaginal dryness
- Decreased energy and ambition
- Depression or mood swings
- Dizziness
- Headaches
- Mental confusion
- Urinary incontinence
- Recurrent urinary tract infections
The Perimenopause Transition
- Testing: estradiol, progesterone, free testosterone
- Saliva, urine, serum
- Not all women have symptoms
- There is no one-size-fits-all approach to optimal health for any given woman.

Perimenopause Treatment
- Start with the simple things first - Diet, exercise, stress reduction, sleep
- Adaptogens: PhytoEstrogens-maca, Pueraria mirifica, and black cohosh, Progesterone-vitex
- "Dusting" of bioidentical hormone replacement…

The Truth about Hormone Therapy
- Until 2002, women going to conventional doctors were prescribed the FDA-approved synthetic hormone Premarin, derived from the urine of pregnant horses; Progesterone, a synthetic progestin; or Prempro, a combination of the two. Premarin was the bestselling drug in the U.S. in 2001, generating $1 billion a year for Wyeth.
- 1994 a study led by the National Institutes of Health called the Women’s Health Initiative (WHI) was started with the hope of establishing that Premarin and Provera would beyond relieving menopause symptoms, protect aging women from heart attacks, strokes, osteoporosis and cancer.
- On July 9, 2002, however, the WHI came to an abrupt halt. The study proved unequivocally that the drugs were unsafe and significant factors in increasing the risk of heart attacks, strokes and breast cancer in the more than 16,000 women studied.
- 2003 the American College of Obstetrics and Gynecology developed new guidelines that encouraged physicians to prescribe the same drugs in lower doses for shorter periods of time. Yet, and this is key, the safety of this "low dose option" was never proven scientifically.
BHRT
- Transdermal (cream/patch), troche, oral
- Compounding pharmacy
- Estradiol 1.2 mg/g QAM
- Progesterone (usp) 50-200 mg QHS
- Testosterone 1 mg QHS TIW
- estradiol 0.02% and 0.5 gm inserted vaginally 2 to 3 times weekly or externally prn
- Never estrogen without progesterone

Monitoring BHRT
- Check in with pt in 2-3 months
- Adjust dose if needed
- Check in with other lifestyle issues
- Labs every 6mo-1 year
- Consider 24 hour urine for metabolites (specialized labs)
- TVUS
- Wean or stop if no longer need or continue if helpful with monitoring

The Wisdom of Menopause
- “Rewiring”
- More than 48 million women, all undergoing the same sort of circuitry update at the same time
- The promise of transformation and healing
- A 1998 Gallup survey, presented at the annual meeting of the North American Menopause Society, showed that more than half of American women between the ages of fifty and sixty-five felt happiest and most fulfilled at this stage of life
“The most fundamental and radical of these changes is learning how to love and accept your precious body right now. It is, after all, the temple that houses your soul.”

— Christiane Northrup, Women's Bodies, Women's Wisdom: Creating Physical And Emotional Health And Healing

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Thank you.