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THE NATUROPATH'S GUIDE

PERIMENOPAUSE

A focus on the herbal approach for managing perimenopause

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BLACK COHOSH
(*Actaea racemosa*)

PERIMENOPAUSE

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Condition Overview

Perimenopause is a fact of life. It is part of a natural progression that involves a gradual change from the ability to conceive and birth a baby to the end of the normal reproductive phase of a woman's life. It is associated with profound reproductive and hormonal changes. No comparable phenomenon takes place in a man's body (although testosterone levels do decline). While it has a number of definitions experts generally agree that it begins with irregular menstrual cycles, as a result of declining ovarian function, and ends a year after the last menstrual period. After that a woman enters the postmenopausal stage so, technically, menopause is only one day in a woman's life, which is exactly when she has not had a period (amenorrhoea) for 12 consecutive months. Menopause is often referred to as the 'change of life' because it marks the end of a woman's reproductive life. So perimenopause is the change before 'the change'.

For those interested in etymology *'peri'* is Greek for 'around' or 'near' so perimenopause literally means 'around menopause'. The word menstruation comes from the Latin and Greek words for month and moon. *'Mēn'* means month in Greek. *'Pausis'* means "to stop" in Latin. So menopause means "to stop menstruating". Perimenopause, therefore, is the natural transition to menopause and is also known as the 'menopausal transition'.

Although perimenopause is a universal phenomenon among women the timing of the onset, and the duration, of the menopausal transition and the timing of the final menstrual period are not. Most frequently it occurs in a woman's forties but some women enter perimenopause a decade earlier, especially during times of stress. In Australia the average female body hits menopause at 51. Perimenopause lasts an average of four to six years but can be as short as one year or as long as 10 years. Traditionally perimenopause includes an early and a late stage. The early stage is defined by occasional skipped cycles. The second stage is characterised by greater menstrual irregularity with periods of amenorrhea lasting over 60 days and up to 12 months.

Perimenopause is very similar to puberty and the years when the menstrual cycle starts to become established. It is a phase of self-discovery and identification which is not unlike a 'second adolescence'. Both are characterised by hormonal and sometimes emotional fluctuations, and menstrual irregularity. In perimenopause the body's natural secretion of these reproductive

hormones (including oestrogen, progesterone, testosterone) is reduced due to the diminishment of the ovarian follicles, preventing the endometrium from proliferating, resulting in no shedding of the uterus. These changing hormone levels manifest in varying symptoms. This period is characterised by menstrual irregularities, prolonged and heavy menstruation intermixed with episodes of amenorrhoea, decreased fertility, insomnia and vasomotor symptoms (symptoms that occur due to the constriction or dilation of blood vessels) such as night sweats and hot flushes, the cardinal feature of perimenopause. Despite decreased fertility it is still possible to get pregnant, so contraception is important if the woman is sexually active and is not intending to become pregnant.

If a woman has had her ovaries surgically removed she will experience 'sudden' menopause. When the changes in hormone production occur gradually fewer perimenopausal symptoms may be the result. This may be one reason why 'naturally' perimenopausal women tend to suffer fewer symptoms than women with premature menopause or women whose menopause is induced surgically or with drugs. Delving into surgical and medically induced menopause is beyond the scope of this guide.

The experience of perimenopause has many variations and the frequency, intensity and duration of symptoms will vary widely from woman to woman. Although most symptoms are not life-threatening, they may actually have a negative impact on the quality of life and the physical and mental health of perimenopausal women. However all women can rest assured it will pass as it is merely the space of time between a normal menstrual cycle and the point when the periods stop. The symptoms associated with this phase will gradually ease during menopause and postmenopause.

Perimenopause is more than a biological event and societal and cultural factors contribute greatly to how a woman will react. In the modern developed world, where other milestones for women such as puberty, menarche, menstruation and pregnancy are slowly being demystified, and are no longer taboo, the transition between the reproductive years and menopause is still rather perplexing with its unpredictability. Many women may suffer perimenopause in silence and shame because they are living in a society that worships youthfulness and people strive to maintain it at all costs. Within the silence there are whispers of it as a time of hormonal 'chaos' as they enter 'old age', 'the end' and become 'a crone'. The doyenne of herbal medicine for women's health in Australia, Ruth Trickey, says: "Far from becoming an old crone overnight, the perimenopausal woman...is energetic and ready for the challenges this new phase can bring. Being fifty-something isn't old, but for all sorts of complex reasons women have somehow confused ageing and menopause. Many lump together the years between menopause and 80 with the tag 'postmenopausal woman'; and it's not the energetic 50-year-old, it's the 80-year-old they visualise."

Many women embrace this period of their lives when the fear of pregnancy is gone and monthly bleeding is over. In some cultures women look forward to menopause because it brings higher status, respect and it is seen as a sign of great wisdom. Studies of menopausal women in traditional cultures demonstrate that most will pass through menopause without hot flushes and other symptoms common to menopausal women in developed countries. In this context perimenopause can be viewed as a beginning not an ending. It is a time for renewal rather than buying into the cultural stereotype of aging and fearing the change. It is a good opportunity for a woman to literally pause, rest, re-examine values, enjoy accomplishments and love and appreciate the female processes.

Common Symptoms

Many women go through perimenopause without experiencing any difficulties. For a small number of women the symptoms may be incapacitating.

Missed or Irregular Periods

In addition to a reduction in the number of ovarian follicles there is a marked reduction in the sensitivity of the central nervous system to both the positive and negative feedback effects of oestrogen. These changes in sensitivity explain menstrual irregularities.

Periods That are Heavier or Lighter Than Normal

Heavy periods can cause episodic flooding (periods so heavy they bleed through tampons and pads). With less progesterone to regulate the growth of the endometrium the uterine lining may become thicker before it is shed resulting in very heavy periods. Also fibroids (benign tumours of the uterine wall) and endometriosis (the migration of endometrial tissue to other pelvic structures), both of which are fuelled by oestrogen, may become more troublesome. Heavy or unusual bleeding at any age should always be checked by a doctor, but especially for women over 50.

Hot Flushes (hot flashes)

These and night sweats, they are the most commonly reported symptom of perimenopause and are considered to be a hallmark symptom of the menopausal transition. They are defined as transient periods of intense heat in the upper arms and face, which often are followed by flushing of the skin and profuse sweating. Many hot flushes are followed by chills and can be accompanied by palpitations and a sense of anxiety. Approximately 60% to 80% of menopausal women experience hot flushes at some point during perimenopause. Despite their high prevalence surprisingly little is understood about their exact pathophysiology. Although the origin of hot flushes is not entirely clear studies have suggested that changes in core body temperature regulation, or changes in endogenous hormone levels or both, are associated with the onset of hot flushes. Because hot flushes accompany the decline of oestrogens in the vast majority of naturally and surgically menopausal women there is little doubt that oestrogens play a role in the genesis of hot flushes. However oestrogens alone do not appear responsible for hot flushes because there is no correlation between the presence of this symptom and plasma, urinary or vaginal concentrations. Flushing may contribute to broken sleep leading to fatigue, forgetfulness and even mood swings. Lately, there has been speculation that hot flushes are not just a nuisance and that they may serve a positive role. One theory is that the increase in body temperature sets the stage for a healthier old age by burning up toxins and stimulating the immune response (similar to the increase in immune activity when there is a temperature caused by a cold or the flu). One common Chinese formula for sweating associated with weakness contains astragalus, codonopsis, dong quai, black cohosh, atractylodes and bupleurum.

Mood Changes Including Low or Swinging Mood, Irritability, Depression and Anxiety

Existing premenstrual syndrome can get worse. Women with an optimistic attitude towards menopause tend to have a more positive body image and their depression level is lower. Studies of mood during menopause have generally revealed an increased risk of depression during perimenopause with a decrease in risk during postmenopausal years. The strongest predictor of depressed mood is a prior history of depression and is likely due to fluctuating and declining oestrogen levels in part. Although the precise mechanisms are yet unknown regulation of serotonin and norepinephrine may change as oestrogen levels fluctuate and thus contribute to depression. Some women may be more vulnerable than others to hormone-related mood changes. The unpredictability of perimenopause can be stressful and provoke some episodes of irritability. The best predictors of mood symptoms at midlife are life stress, poor overall health and a history of depression. Together with all the changes associated with perimenopause many middle-aged women are often occupied with other challenges. These include physical disease affecting them or their husband, the death of their spouse or parents, caring for ill family members, marital difficulties and grown children leaving home. The departure of children into leading their own independent lives may trigger depression in women.

Breast Tenderness (mastalgia)

Spikes in hormone levels can affect breast tissue. Sore and swollen breasts is a common complaint in patients with breast pain associated with perimenopause. While the causes of mastalgia are overwhelmingly benign, concern for malignancy is often a source of anxiety in those with mastalgia. This has contributed to breast pain becoming the most common breast-related symptom for which a woman will seek consultation from her doctor.

Fatigue and Memory Problems

Many women complain of short-term memory problems and difficulty concentrating during perimenopause. Although oestrogen and progesterone are players in maintaining brain function there's too little information to separate the effects of aging and psychosocial factors from those related to hormone changes.

Decreased Libido

The physiologic changes of perimenopause affecting sexual response are largely mediated by oestrogen. Decreased sexual intercourse and libido changes can be caused by structural and physiological changes associated with perimenopause, depression, marital discord, illness, medications or by a combination of all these factors. The ideal treatment for women in midlife is complete evaluation of the factors affecting sexuality and use of a combined treatment approach to improve these factors. Use of such an individualised approach can enable women in midlife to continue to have a satisfying sexual life, should they choose to do so.

Vaginal Dryness (which can cause pain on intercourse) and Dry Skin

Vaginal dryness is associated with oestrogen loss. Hormonal skin ageing co-exists with chronologic and photo ageing.

Urinary Tract Infections, Increased Urgency or Frequency of Urination, Stress Urinary Incontinence

The abundance of oestrogen receptors in the urogenital tract explains why the natural reduction of endogenous oestrogen, the hallmark of menopause, can cause or potentiate pelvic floor disorders and recurrent urinary tract infections.

Insomnia, Sleep Disturbance

Sleep disturbances have been associated with hot flushes. The problem is too complex to blame on hormone oscillations alone. Sleep cycles change with aging and insomnia is a common age-related complaint in both sexes.

Headaches, Migraines or Making Existing Migraines Worse

Oestrogen withdrawal can have a secondary impact on headache patterns.

Joint and Muscle Aches, Worsening of Existing Fibromyalgia

Entering menopause may for some be like constantly being in the 'low oestrogen' part of the cycle, heightening the pain experience for any given pathology.

Weight Gain

The hormonal changes across perimenopause substantially contribute to increased abdominal obesity which leads to additional physical and psychological disease.

Hair changes and increased facial hair. The reduction in ovarian hormones and increased androgen levels can manifest as hair and skin disorders. Although hirsutism, unwanted facial hair, alopecia, skin atrophy and slackness of facial skin are common issues encountered by postmenopausal women, these problems receive very little attention relative to other menopausal symptoms. The visibility of these disorders has been shown to cause significant anxiety and may impact on patients' self-esteem and quality of life, particularly given the strong association of hair and skin with a woman's femininity and beauty, which is demonstrated by extensive marketing by the cosmetic industry targeting this population and the large expenditure on these products by menopausal women.

Fertility Issues (in women who are trying to conceive)

The age of 41 is considered to be the point when fertility stops and sterility starts. Spontaneous conception rates are minimal in perimenopausal women mainly due to a qualitative and quantitative loss of female egg cells. In the rare case of spontaneous conception achievement complications are more likely.

Increase in Cholesterol Levels

This puts women at a higher risk for heart disease.

Risk Factors

The severity of symptoms, and age of perimenopause onset is related to genetic, behavioural and environmental factors:

Exercise

Physical activity is a potent tool for health promotion and disease prevention in perimenopausal women as well as in the population as a whole. It has a positive effect on hot flushes, night sweats, weight and body fat, bone density and changes in mood.

Smoking

A number of studies have linked smoking to risk of early menopause and it has been suggested to cause destruction of the ovarian follicles.

Obesity

Midlife obesity is associated with a different menopausal experience including associations with menstrual cycle length prior to the final menstrual period, age at the final menstrual period and higher prevalence of vasomotor symptoms. High body mass index (BMI) has been associated with late menopause in some studies but not all. Women with a higher BMI may experience a lower level of perimenopause symptoms due to the production of oestrogen by aromatase in adipose tissue.

Alcohol Consumption

Low and moderate alcohol intake might be associated with later onset of menopause although the magnitude of the association is low.

Caffeine

Caffeine use is associated with greater vasomotor symptom bother in postmenopausal women.

Genetics

Numerous studies have confirmed the role of genetics in determining a woman's age at menopause. A new study not only reconfirms this association but additionally suggests a link to familial longevity.

Race/Ethnicity

Racial and ethnic differences exist with respect to how a woman approaches perimenopause.

Climate

Women living in countries with higher temperatures and lower altitudes reported more frequent and problematic hot flushes. On the other hand high altitude, which can significantly affect oxygen availability with consequent short- and/or long-term body adjustments, may affect perimenopause. Compared to lowlander native women living at sea level, high-altitude native women living at high altitude have a shorter reproductive life span because of delayed menarche and earlier menopause. A recent study said it is well known that chronic exposure to altitude causes reversible fertility impairments in humans who are not well adapted.

Education

The risk of onset of menopausal symptoms was significantly lower in women with high education. Association found with education could be due to better lifestyle habits in those with higher education resulting in reduced onset of menopausal symptoms.

Age of Menarche

Having early menarche increased the risk of premature and early menopause by 80%, while the risk doubled for women without children. Furthermore, the combination of early menarche and having no children resulted in a five-fold increased risk of premature menopause and twice the risk of early menopause compared with women having later menarche and two or more children.

Parity (number of viable pregnancies) and Breastfeeding

Both increasing parity and increasing duration of breastfeeding were associated with a decreasing risk of early natural menopause. The lowest risk of early menopause was observed among women

reporting exclusive breastfeeding for seven to 12 months in each level of parity. Results of a 2020 epidemiological analysis of more than 108,000 women observed a lower risk of early menopause among women who had at least one pregnancy lasting at least six months and among those who had breastfed their infants. The risk was lowest among those who breastfed exclusively.

Age at Last Pregnancy

In one recent study women with older age at last delivery were associated with younger age at menopause. Increased number of pregnancies was related to older age at menopause.

Use of Oral Contraceptives

The results of one study suggest that long term use of high dose oral contraceptives accelerates menopause and that use of lower dose oral contraceptives has no effect on age at menopause, although possible bias by residual confounding factors could not be excluded.

How To Get The Correct Diagnosis

A diagnosis of perimenopause is made on the basis of new onset vasomotor symptoms and a change in the pattern of menstrual bleeding. In most cases recording a symptom score helps to make the diagnosis, and at the same time educates the woman and is a basis for assessing efficacy of treatment. Checking a symptom score will often reveal many more unreported perimenopausal symptoms.

Measuring sex steroids or gonadotrophins is not helpful as these fluctuate on a daily basis. If a woman is distressed by perimenopausal symptoms she should tell her doctor because some symptoms could indicate other problems that need treatment such as fibroids or even cancer. Depression, anaemia and hypothyroidism are the most common conditions that may mimic perimenopausal symptoms or indeed occur concurrently. Unstable diabetes may cause hot flushes. Medication, such as the selective serotonin reuptake inhibitor (SSRI) family of anti-depressants, may also cause hot flushes.

In her book Women, Hormones and the Menstrual Cycle Trickey says: "Blood tests for levels of follicle stimulating hormone (FSH) are not infallible but despite expert opinion are often used to diagnose menopause. Elevated levels reflect the declining levels of oestrogen. FSH levels often fluctuate day to day during perimenopause and can give misleading results but will remain consistently high once a woman has become menopausal. By then, however, a woman will not need a blood test to tell her. Sometimes the blood levels of oestrogen and progesterone are measured to see whether they are within the normal limits but this is an even more unreliable test than the FSH level and in most cases this test will only be a waste of time and money."

Doctors recommend women have a regular check-up, preferably every year. This includes checking blood pressure and breasts, performing a vaginal (internal) examination and a regular cervical screening test (recommended every five years).

Conventional Treatment & Prevention

Depending on symptoms and medical history doctors may provide prescription relief for perimenopausal symptoms with oestrogen (hormone) therapy. These include the combined oral contraceptive pill, menopausal hormone therapy, or MHT (formerly called hormone replacement therapy, or HRT), and Mirena, a progestin-releasing intra-uterine device (IUD) for heavy bleeding.

MHT contains oestrogen to treat perimenopausal symptoms and may contain a progestogen to protect the lining of the uterus from cancer in women who have not had a hysterectomy. This can be done with pills, creams, gels and skin patches. MHT reduces hot flushes and night sweats by around 80%. Although MHT can alleviate the symptoms in many women it is often delaying the inevitable. Once MHT is discontinued the symptoms often return, sometimes with more severity. It is now apparent that MHT is not the panacea for perimenopause. In fact, for perimenopausal women who are well it seems to have more potential risks than benefits. In a 2018 New South Wales risk analysis it was found that current users of MHT have approximately double the odds of developing

oestrogen receptor positive breast cancer compared to women who had never used MHT. Hormone therapy can also induce increased risk of coronary heart disease as well as pulmonary embolism (blood clots in the lungs). Women with a strong breast cancer history or women with an increased risk of clotting should avoid hormones. Prior to starting hormones it is recommended to get a mammogram (to rule out breast mass) and a pelvic ultrasound (to rule out a thickened endometrial lining and assess whether there are fibroids).

Other menopause medications are more targeted. For example prescription vaginal creams can alleviate dryness as well as pain from intercourse. Antidepressants can help with mood swings. For migraines, gabapentin (Neurontin), a seizure medication, can be an option. Some of these medications have side effects that may limit their usefulness.

"At menarche you meet your wisdom; with monthly bleeding you practice your wisdom; and, at menopause, you become your wisdom."

North American Indian saying.

Bacopa
Bacopa monnieri

INTERVENTION	Hormone modulator, phyto-oestrogen	Adaptogen	Antihydrotic	Nervine, sedative, anxiolytic	Digestive, hepatoprotective, antioxidant	Demulcent
Burdock			✓	✓	✓	✓
Lemon Balm		✓	✓	✓	✓	✓
Californian Poppy			✓	✓		
Chamomile			✓	✓	✓	
Ginkgo Biloba			✓			✓
Gotu Kola	✓		✓		✓	
Magnolia			✓	✓		
Motherwort						
Oats Green		✓	✓		✓	
Oats Seed		✓	✓		✓	
Passion Flower	✓		✓	✓	✓	
Withania	✓		✓		✓	

Natural Therapies For Treatment & Prevention

There are two main issues for perimenopausal women. The first is the need for a safe and effective way to manage the symptoms of the transition phase of menopause and the second is the need to reduce risk of chronic degenerative diseases. Women should be moved towards a general health program as soon as possible as this will ultimately improve their symptoms and lessen their duration. Ensuring optimal health and improving health parameters more generally will not only improve symptoms during the transition phase when hormones first start to decline but also reduce the risk of osteoporosis, heart disease and other chronic diseases. As J.R.R Tolkein, author of Lord of the Rings, said "The old that is strong does not wither".

Many women turn to practitioners for explanation and reassurance. Because perimenopause is a natural process naturopaths focus on supportive care, empathy and education throughout the process rather than 'treatment'. Empowerment of patients is particularly useful for managing perimenopausal symptoms. However, this natural transition is not always a smooth one and in certain cases the physical and emotional effects associated with perimenopause can be quite severe and may significantly disrupt the lives of women experiencing them. To help reduce these effects, and ensure quality of life throughout this transition, perimenopausal women are encouraged to adopt positive lifestyle changes, good dietary habits and a positive attitude to this phase.

Perhaps the number one thing naturopaths will get asked about perimenopause is how to stop hot flushes. However there are no 'packages' that can be given to all women. Perimenopause is experienced differently by each woman so what works for one patient may not work for another. Therefore perimenopause management requires a lot of listening. A thorough detailed history and case taking is required. Individual formulations take into account each woman's unique constellation of perimenopausal symptoms. Naturopaths look at the whole person and address those areas that need attention whether it is diet, lifestyle, gastrointestinal issues, thyroid issues or nutrient deficiencies. They can then make recommendations based on a woman's overall health and symptom presentation and assist the body to adapt to new hormonal levels by reducing the effects of oestrogen withdrawal (hot flushes, mastalgia, psychological symptoms and fatigue).

Natural medicines have a long history of being used to improve the transition through menopause into the next phase of life although results will not be instantaneous. Herbal treatments, for example, black cohosh, will require two weeks to observe its effect and three months before optimal benefit can be observed. There are many herbal medicines in particular that are very effective in not only relieving the symptoms of perimenopause but also in managing the underlying cause of the symptoms, the hormonal fluctuations and depleted adrenal function. The adrenal glands play an essential role in managing the stress response, energy maintenance and in the production of sex hormones when the ovaries begin winding down production in the perimenopausal years.

A therapeutic approach could include these factors:

Diet

Diet has a direct influence on perimenopausal symptoms and is believed to contribute to the marked differences in symptoms experienced by women from other cultures, especially hot flushes.

- Adopt a general wholefoods diet high in fruit, vegetables, wholegrains, protein, nuts, seeds and legumes.
- Stabilise and maintain an ideal weight.
- Optimise digestion and nutrient absorption for bone health, prevention of cardiovascular disease and cancer. Encourage optimal digestive processes with fibre rich foods.
- Eat more phyto-oestrogen rich foods. Most plant foods contain beneficial compounds known as phyto-oestrogens. When broken down in the body they have a weak oestrogen-like effect which has been proven to reduce hot flushes and vaginal dryness. Phyto-oestrogens are abundant in soy products (tofu or miso combined with soy sauce), legumes, seeds (flaxseed or linseed), sprouts, nuts and whole grains. They also contain vitamins and minerals.
- Optimise hydration.

What to avoid

- Reduce known triggers. The impact of hot flushes can be reduced if triggers can be identified and avoided. For example hot drinks, hot weather, stressful circumstances, excessively spicy foods. Caffeine, alcohol and smoking can trigger flushes.
- Saturated, trans and hydrogenated fats, simple and refined carbohydrates, sugar and processed foods.
- Avoid large meals.

Lifestyle

Exercise

Regular exercise can help improve mood, weight gain issues and hot flushes. With the loss of oestrogen both bone strength and heart health are more vulnerable. Exercise can counteract this.

Clothing

Some women find it helpful to dress in layers to help them cool down more quickly during hot flushes. Light and loose-fitting clothing, made from natural fibres such as cotton, is much less likely to aggravate sweating. Avoid synthetic materials. Wearing light breathable nightwear, or sleeping naked, might help ease hot flushing. Some women sleep on a towel, or folded sheet, so they can take it out of the bed if it becomes wet rather than changing the sheets. A bedroom fan may also help.

Rest and Relaxation

Address sleep hygiene.

Manage Stress

Stress reduction techniques such as mindfulness or meditation.

Address Sexual Health

Encouraging circulation and tone in the genital area through pelvic floor exercises or more general regimens such as exercise, yoga or tai chi. A water-based vaginal lubricant can help make intercourse more comfortable. A vaginal moisturiser can help keep needed moisture in vaginal tissues.

Cultivate Community

Having a community to talk to can make it easier for women to cope with the changes so they do not feel alone and isolated.

Education

Empower women with knowledge so they can practice smart self-care.

Shatavari
(Asparagus racemosus)

Potential Treatment Plans

Perimenopause	Black Cohosh	Dong Quai	Paeonia	Red Clover	Sage
Hot flushing with sweating	Alfalfa	Black Cohosh	Fennel	Red Clover	Sage
Anxiety	Chastetree	Dong Quai	Fennel	Hops	Magnolia
Vaginal dryness	Dong Quai	Fennel	Korean Ginseng	Red Clover	Shatavari

Alfalfa
(Medicago sativa)

Desired Herbal Actions and Potential Herbs Include:

Hormonal Modulators, Phyto-Oestrogens, Female and Uterine Tonics, Bladder Tonics

To assist in regulating and supporting hormonal cascades and to improve bone mineral density. To improve bladder tonicity (see the naturopath's guide to urinary tract infections). Herbs such as alfalfa, black cohosh, chastetree, crateva, dong quai, false unicorn root, fennel, hops, Korean ginseng, lady's mantle, paeonia, red clover, shatavari, tribulus, wild yam.

Adaptogens and Adrenal Restoratives

To support women through the transition, hypothalamic-pituitary-adrenal axis modulation and reduction of cortisol secretion in cases of fatigue and overwork. To support stress recovery. Herbs such as astragalus, codonopsis, Korean ginseng, liquorice, rehmannia, rhodiola, schizandra, shatavari, Siberian ginseng, withania.

Antihydrotic, Cardiovascular Herbs

Alleviate hot flushes and associated perspiration. To regulate and support cardiac function. Herbs such as hawthorn, motherwort, sage.

Nervine, Sedative, Hypnotic, Antidepressant, Anxiolytic, Cognitive Enhancer

To support mood and sleep, address anxiety and depression and improve cognition. To assist in regulating the circadian rhythm (see the naturopath's guide to anxiety). Herbs such as chamomile, ginkgo, hops, Korean ginseng, lavender, liquorice, motherwort, oats, pulsatilla, rehmannia, St. John's wort, Siberian ginseng, valerian, vervain, withania.

Emollient, Demulcent, Astringent, Vulnerary

To address mucous membrane dryness and menorrhagia. Herbs such as chastetree, chickweed, fenugreek, golden seal, Korean ginseng, lady's mantle, marshmallow, shatavari, shepherd's purse.

Hepatoprotective, Hepatic, Cholagogue, Bitters, Antioxidant, Digestive

To improve nutrient absorption, lipid profile and assist with clearance of oestrogen metabolites, reduce oxidation. Herbs such as alfalfa, astragalus, burdock, dandelion root, fennel, globe artichoke, glossy privet, Korean ginseng, shatavari, St. Mary's thistle.

Sage
(Salvia officinalis)

Herbal Support Could Include:

HERB NAME	DESCRIPTION	ACTIONS
Alfalfa *(Medicago sativa)* 	Alfalfa, an energetically cooling herb, has a long tradition of use as an Ayurvedic medicine used in central nervous and digestive system disorders. It has been shown to be used in treatment of perimenopausal symptoms in women. Hot flushes and night sweating completely disappeared with the treatment of alfalfa extract.	Hormone Modulator Antioxidant Tonic Detoxifier Hepatoprotective Antidiabetic Antirheumatic Cardio Tonic
Black Cohosh *(Actaea racemosa)* 	Black cohosh is the herbal medicine most commonly recommended for managing psychological and physical symptoms of perimenopause such as hot flushes. Clinical studies have been largely inconclusive and the exact mechanism of action is not known, although it appears to have multiple potential mechanisms of action.	Hormone Modulator Uterine Tonic
Chastetree *(Vitex agnus-castus)* 	A 2019 clinical trial found that administration of chastetree as a phyto-oestrogenic medicine can alleviate perimenopausal symptoms in women including anxiety and hot flushes.	Hormone Modulator
Dong Quai *(Angelica polymorpha)* 	Dong quai is a traditional Chinese herb that is most often used in combination with other herbs (such as *Matricaria chamomilla* and *Paeonia lactiflora*) to treat female reproductive problems. The main mechanism of action is by exerting a vasodilator action on the blood vessels. The increased blood flow resulting from vasodilatation helps in hot flushes and vaginal dryness. The sedative action of this herb may be beneficial during stress and mood swings resulting from hormonal changes.	Uterine Tonic Hormone Modulator Cardiotonic Sedative Hepatoprotective Blood Tonic

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Fennel *(Foeniculum vulgare)* 	Fennel's main application is in hot flushes but it can also help anxiety and depression. Vaginal fennel ethanol extract cream showed an improvement in vaginal dryness and sexual functions in perimenopausal women due to its oestrogenic effects.	Hormone Modulator Digestive
Hops *(Humulus lupulus)* 	Numerous clinical trials have documented significant reductions in the frequency of hot flushes following the administration of hops. This is thought to be due to the oestrogenic nature of hops.	Phytoestrogen Hormone Modulator Hypnotic Nervine Sedative Anxiolytic
Korean Ginseng *(Panax ginseng)* 	A recent review found that clinical trials showed positive effects of Korean ginseng on sexual function, sexual arousal and total hot flushes score in perimenopausal women. It has also been demonstrated to improve psychological symptoms, particularly fatigue, insomnia and depression, in perimenopausal women.	Adaptogen Tonic Phytoestrogen Antioxidant Demulcent Stimulant Cardioprotective Hepatoprotective
Magnolia *(Magnolia officinalis)* 	The clinical activity of magnolia on anxiety, irritability and insomnia in perimenopause was evident in a clinical trial.	Anxiolytic Antidepressant Sedative Antioxidant

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Paeonia *(Paeonia lactiflora)* 	Experiments show that constituents in paeonia affect the ovarian follicles through their action on aromatase enzyme. Aromatase is widely distributed throughout the body and plays an important role in the development of the follicle and ovulation. In perimenopausal women aromatase increases the peripheral conversion (in the fatty tissue) of androgens to oestrogen and seems to reduce the incidence of hot flushes. Paeonia works well when used with dong quai.	Hormone Modulator Cognitive Enhancer Sedative
Red Clover *(Trifolium pratense)* 	Red clover is one of the most widely researched botanicals for perimenopausal health. In a recent review red clover alleviated hot flushes in perimenopausal women. It may also have a beneficial effect on vaginal dryness and the lipid profile of perimenopausal women.	Phytoestrogen
Sage *(Salvia officinalis)* 	The results of a 2019 study showed the severity of hot flushes, night sweats, panic, fatigue and concentration had significant differences before and after the consumption of sage extract.	Antihydrotic Antioxidant Anxiolytic Cognitive Enhancing
Shatavari *(Asparagus racemosus)* 	Shatavari is colloquially referred to as ‘she with one thousand husbands’ in the Ayurvedic tradition in reference to its effects on sexual function and has demonstrated positive results in animal studies, but is yet to be tested through human trials.	Phytoestrogen Female Tonic Hormone Modulator Adaptogen Digestive Hepatoprotective Antioxidant Demulcent

Hops
(Humulus lupulus)

Conclusion

Perimenopause is an inevitable natural process in a woman's lifecycle and symptoms are not necessarily indicative of disease. Instead of being viewed with trepidation it can be approached with a sense of excitement and joy at the prospect of entering a new phase of life. Hollywood screen legend, actress Lauren Bacall, famously summed it up during her midlife: "I am not a has-been, I'm a will-be".

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