Hormon yoga course

Balance your hormones and align your life with your cycle

Belief becomes biology—Norman Cousins

The world we have created is a product of our thinking. It cannot be changed without changing our thinking—Albert Einstein

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Syllabus

Introduction

From external controll to inner guidance

The mind and the body are intimately linked via the immune, endocrine,central nervous, and connective tissue systems. Today, mind-body research is confirming what ancient healing traditions have always known: *that the body and the mind are a unity*. There is no disease that isn't mental and emotional as well as physical.

Consciousness creates the body, pure and simple. Consciousness isn't just in the head. It is far more vast than our brains and bodies and exists beyond time and space. On a practical day-to-day level, however, our consciousnessis the part of us that chooses and directs our thoughts. Thoughts that are uplifting, nurturing, and loving create healthy biochemistry and healthy cells, while thoughts that are destructive to self or others do just the opposite. We are born with innate love and acceptance of our bodies. Overtime, our bodies and states of health are molded by the habitual thoughts and beliefs that guide our behavior, thoughts and beliefs usually laid down in childhood. To improve our lives and our health and truly flourish, we must acknowledge the seamless unity between our beliefs, behaviors, and physical bodies. Then we must critically examine, name, and change any health-eroding beliefs and assumptions that we have unconsciously inherited and internalized from our parents and our culture.

And new research has shown that the connective tissue throughout our bodies functions as a continuous crystalline matrix in which a change in one area is immediately communicated throughout the entire system, because crystals are well-known energy transmitters and transducers. That means that the slumped shoulders associated with sadness and grief transmit the biochemistry of"sadness" instantaneously throughout the entire body. On the other hand, the very act of smiling sends the opposite message. All emotions, even those that are suppressed and unexpressed, have physical effects. Unexpressed emotions tend to stay in the body like small ticking timebombs—they are illnesses in incubation.

New research has also shown that a gas known as nitric oxide is produced by the lining of every blood vessel in your body during exercise,sex, meditation—and the thinking of joyful or hopeful thoughts. Nitricoxide (not to be confused with nitrous oxide, commonly known as laughinggas) not only instantaneously increases the circulation of blood throughout the body but also is the über-neurotransmitter, having the ability to balance all the other mood-enhancing neurotransmitters such as serotonin and dopamine. I've come to believe that nitric oxide is the physical equivalent of the life force, chi, or prana.

Finding lost connection between body and mind

The science of the mind-body connection, or psychoneuroimmunology (PNI), helps explain how the circumstances of our lives can affect our bodies. PNI and related research show that the hormonal and neurological events within the body and the subtle electromagnetic fields around and within the body form a crucial link between cultural wounding, which we think of as "psychological" and "emotional," and the gynecological or other problems women have, which we think of as "physical."Many women who've survived sexual abuse, for example, divorce themselves from their bodies. Some experience themselves in their bodies only from the neck up. Thats why there is so much mentrsual and pelvic pain problem. The body uses pain to get attention. If the science of the mind-body connection helps explain how our emotional and psychological wounding becomes physical, it also supports our ability

to heal from those conditions. All distress, all healing of distress, and all creation of health are simultaneously physical, psychological, emotional, and spiritual.

The ovaries and adrenals are primary sites of hormone production. They, along with the uterus, vagina, and breasts, are also loaded with hormone receptor sites to receive messages from the brain, immune system, and other organs. It's easy, then, to understand that when we are sad, our female organs "feel" sad and their functions are affected. And when we are happy, our female organs respond in kind. Our thoughts, emotions, and brains communicate directly with our immune, nervous, and endocrine systems and with the organs of our bodies. Moreover, although these bodily systems are conventionally studied and viewed as separate, they are, in fact, aspects of the same system. If the uterus, the ovaries, the white blood cells, and the heart all make the same chemicals as the brain makes when it thinks, then where in the body is the mind? The answer is, the mind is located throughout the body and even beyond.

Misbelief: Medical Science Is Omnipotent

We have been taught that our disease-care system is supposed to keep us healthy. We have been socialized to turn to doctors whenever we have concerns about our bodies and our health. We have been taught the myth of the medical gods—that doctors know more than we do about our bodies, that the expert holds the cure. Despite the fact that each woman is more knowledgeable about herself than anyone else could be, most women are trained to look outside themselves for answers. We live in a society in which so-called experts challenge and subordinate our own judgment and in which our ability to heal or stay healthy without constant outside help is not honored, encouraged, or even recognized.

Millions of women suffer from chronic pelvic pain, vaginitis, painful intercourse, ovarian cysts, genital warts, endometriosis, and cervicaldysplasia (abnormal cells on the cervix that are picked up by a Pap smear)—all diseases of organs that are unique to females. These conditions are the language through which our bodies speak to us. Often they are telling us that we need to heal from a deeper, often unconscious wounding—the ingrained belief that we are never enough and that we are somehow tainted.

We all have choices—and we all have inner guidance and spiritual help available that can help us move toward optimal health and fulfillment. Recovery from the mind-body split means learning to live fully from the inside out in a culture that often negates this way of being in the world. Our bodies and their symptoms are our biggest allies in this endeavor, because nothing gets our attention as quickly. Our bodies never lie. They are impeccable barometers of how well we're living in the present and taking care of ourselves.

To become healthy and whole, you must have enough courage to be intouch with the wisdom of your female body, and to follow the desires of your heart. Nothing is more exciting than knowing that our bodies and our feelings are a clear, open pathway toward our destinies.

Healing from destrictive thoughts and emotion

Learn to handle destructice thoughts and believes

If we don't work through self-destructive thoughts and subsequent feelings ("I am worthless," "I'll never be good enough"), our destructive thoughts and suppressed emotions set ourselves up for physical distress because of the biochemical effect that emotions have on our immune and endocrine systems. Diseases such as rheumatoid arthritis, multiple sclerosis, certain thyroid diseases, and lupus erythema-

tosus, for example, are all called *autoimmune diseases*, meaning that the immune system attacks the body. Why would the immune system attack the cells of the person in whom it is functioning, unless it is getting some kind of destructive message from somewhere very deep within the body? Mental depression has been associated not only with self-destructive behaviors but with depression of immune system functioning. Depression is also an independent risk factor for heart disease and osteoporosis. Many women with autoimmune diseases suffer from depression as well. Studies have shown, for example, that stress and loneliness can help cause latent (inactive) herpes virus to become active. *The same is true for those with Epstein-Barr virus, the virus linked with chronic fatigue syndrome.* This is one reason why, even though over 90 percent of the population has been exposed to and has antibodies to Epstein-Barr virus, only a small percentage actually suffer from the disease. The same is true for those suffering from gastric ulcers associated with *H. pylori* bacteria and from yeast-related diseases. This information is especially relevant to women, since at least 80 percent of all autoimmune disease occurs in us. Even
endometriosis, epilepsy, premature menopause, infertility, and chronic vaginitis have autoimmune components.

Emotional cleansing: Healing from the past
Healing can occur in the present only when we allow ourselves to feel, express, and release emotions and unmet needs from the past that we have suppressed or tried to forget.
When we have allowed ourselves a full emotional release, we end up experiencing compassion for the hurting part of us that has been crying out for acknowledgment and validation. As adults, we come to realize that we now have the skills and strength to get those unmet needs of long ago met directly. As a result our body, mind, and spirit feel cleansed and free.

The Ovary Oath
I believe in aligning daily with my hormones and using food as medicine to support them.
I believe in the power of my cycle and hormones and know that they need to be cared for, supported, and nurtured.
I promise to pay attention to the signals my body gives me so that I can make small course corrections and avoid larger breakdowns down the road.

Female organs and their messages

The Uterus

The oldest oracle in Greece, sacred to the Great Mother of earth, sea, and sky, was named Delphi, from *delphos,* meaning "womb." —Barbara Walker, *The Women's Encyclopedia of Myths and Secrets*

The uterus is located in the low center of the pelvis, in the middle of the pelvic bowl. Also known as the *hara,* this low-belly body center (which includes the ovaries, too) is associated with power, passion, and creativity. This makes sense because the uterus is the vessel in which new life is nourished and brought to fruition.
The ovaries, tubes, and uterus are all part of the female hormonal system. Each of these structures is intimately connected to the others. The circulation of blood to the ovaries depends in part on the intact uterus. Following a hysterectomy, changes in the blood supply to the ovaries result in an earlier menopause in many women. The uterus itself is very sensitive to the effects of hormones. As the cent-

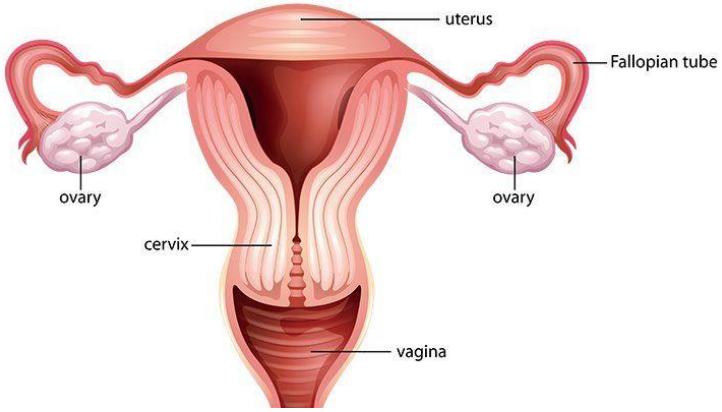
ral organ in the pelvis, the uterus and its attachments to the pelvic side walls, the cardinal ligaments, areimportant but underrated components of the entire pelvic anatomy.

The uterus has hardly been studied separate from its role in child bearing, a fact that reflects this society's baseline cultural biases. After the uterus's childbearing function has been completed or when a woman chooses not to have a child, modern medicine considers the uterus to have no inherent value. The possibility that the uterus might have any function other than childbearing or tumor production has only recently begun to be addressed. In truth, the uterus plays a role in hormonal regulation, sexual satisfaction, and also bowel and bladder function. Its removal is not advisable unless absolutely necessary.

Though there are distinct differences between the energies of the ovaries and those of the uterus, many women have problems in both at the same time. For example, many women whose ovaries are affected by endometriosis also have fibroid tumors in the uterus. It is helpful, therefore, to discuss in general the overall nature of the emotional and psychological energy patterns that create health and disease in the pelvic organs.
The *internal* pelvic organs (ovaries, tubes, and uterus) are related to second-chakra issues. And second-chakra issues are always related to money, sex, and power. Thus the health of the pelvic organs depends upon a woman's feeling able, competent, or powerful enough to create both financial and emotional abundance and stability, and to express her creativity and sexuality fully. She must be able to feel good about herself and about her relationships with other people in her life. Relationships that she finds stressful and limiting, and which she feels she has no control over, on the other hand, may adversely affect her internal pelvic organs. Thus, if a woman stays in an unhealthy relationship or job because she feels she cannot support herself economically or emotionally, her internal pelvic organs may be at increased risk for disease.
Disease is not created until a woman feels frustrated in her attempts to effect changes that she needs to make in her life. The likelihood and severity of disease in this area are related to how well the various other areas of her life are functioning. A supportive marriage and family life, for example, can partially compensate for a stressful job. A classic psychological pattern associated with physical problems in the pelvis is that of a woman who wants to break free from limiting behaviors in her relationships (with her husband or job, for example) but who cannot confront her fears about the independence that making that change would bring.
The uterus is related energetically to a woman's innermost sense of self and her inner world. It is symbolic of her dreams and the selves to which she would like to give birth. Its state of health reflects her inner emotional reality and her belief in herself at the deepest level. The health of the uterus is at risk if a woman doesn't believe in herself, is excessively self-critical, or is putting too much of her energy into a dead-end job or relationship.

The Ovaries

From an energy medicine standpoint, ovaries are the female equivalent of male testicles. They can be thought of as "female balls" because they represent exactly the same thing in the world. When a man goes out into the world to perform acts of difficulty or courage that require manipulating the external world of things or people, he's said to "have balls." For a female, going out



into the world, particularly a male-oriented world, also "takes balls," but she must use her ovarian energy. She should not try to imitate a man, because her ovaries and their energy field can be adversely affected by an overly masculine relationship with the outside world. To maintain health, she needs to understand how to use her "balls" in a life-enhancing way.

Our ovarian wisdom represents our deepest creativity, that which waits to be born from within us, that which can be born only through us, our unique creative potential—especially as it relates to what we create in the world outside of ourselves. Biologically, when a woman ovulates, the egg attracts the sperm to it by sending out a signal to the sperm. The egg simply waits for the sperm to arrive; it does not go actively seeking sperm. The resulting biological creation, a baby, has its own life and consciousness connected to, but also separate from, that of its mother. Although its growth and development are influenced profoundly by the mother, they are at the same time separate from her. She cannot use her will to force her baby to develop faster; nor can she use her will to determine when her child will be born. And once the child is born, she must acknowledge that her creation has and always will have a life and personality of its own, even though it was created from her own flesh and blood.

Similarly, all of the creations that come from deep within us, from our ovarian wisdom—whether they be babies, books, or works of art—have a life of their own that we have a responsibility to initiate and allow but ultimately not to control. Just so, our deepest creativity cannot be forced. It must be allowed the time and space to grow and develop in tune with its own internal rhythm. Like biological mothers, we as women must be open to the uniqueness of our creations and their own energies and impulses, without trying to force them into predetermined forms. Our ability to *yield* to our creativity, to acknowledge that we cannot control it with our intellect, is the key to understanding ovarian power. We must *allow* this power to come through us. This doesn't mean that we passively sit by and wait for our creativity to "happen" to us, however. We are meant to use our second chakra power drive to attract or go after the people, places, and circumstances that will help ensure the safety and nourishment of our
creations (including children).

While uterine health is directly related to a woman's belief in herself at the deepest inner level, ovarian health is related to the quality of a woman's relationships with the people and things outside herself. Ovaries are at risk when women feel controlled or criticized by others or when they themselves control and criticize others.

Vulva, Vagina, Cervix, and Lower Urinary Tract

Given our collective history, then, it is little wonder that the entry points to the female body are associated with problems for so many women. Problems in the vulva, vagina, cervix, and lower urinary tract are primarily associated with a woman's feelings of violation in her one-on-one relationship with another individual or in her job. Given the substantial number of immune cells at the mucosal surfaces, such as our vagina, urethra, cervix, and bladder, and given that the function of these cells is highly influenced by stress hormones such as cortisol, it is not difficult to see how a perception of violation and the subsequent biological cascade of hormones that results in response to this perception might well impair optimal function in this area of the body.

Indeed, it has now been well documented that psychosocial stress increases both the prevalence and incidence of bacterial vaginosis (BV), a type of vaginal infection caused by an imbalance in the normal vaginal bacterial environment. BV raises the risk of postoperative infections, HIV shedding and acquisition, and premature labor in pregnant women. BV is difficult to eradicate and often recurs. Though it is also associated with douching, oral sex, and multiple sexual partners, psychosocial stress has now been found to be an independent risk factor for it, probably because of the adverse effect of stress hormones on the immune function of the vaginal mucosa.

Energy Issues and the Lower Genital Tract

The inability to say no to a boundary violation can lead to in creased susceptibility to infection secondary to decreased levels of immunoglobulin type A or immunoglobulin type M. Think of it this way: Any perception of invasion in one's emotional life can result in in creased permeability of one's immune system boundary, both on the surface areas of the body and internally.

A woman who has a health problem in the vagina, vulva, or cervix may be involved in a situation in which she is being used sexually or in a job without her complete conscious cooperation and consent. Or she may be feeling forced to do something against her consent or to act in a sexual way about which her emotions are divided. In such a situation her body is likely to respond with problems that we associate with sexual violation. These physical problems can appear if, for instance, she is using sex to obtain financial, physical, or emotional security or to manipulate another person, rather than to bring mutual pleasure. Feelings of being used or raped are associated with chronic vaginitis, chronic vulvar pain, recurrent venereal warts, recurrent herpes, cervical cancer, and associated abnormal Pap smears (cervical dysplasia).

Women with episodic urinary symptoms often find that the episodes are accompanied by anger or feeling "pissed off." Getting a urinary tract infection (UTI) may be the body's way of releasing anger. Women with recurrent UTIs should pay attention to what happened in their lives and relationships twenty-four to forty-eight hours before the onset of the symptoms. With practice, we can often become aware of the offending situation and take steps to change either the situation or our response to it. When the anger becomes more chronic and less available on a conscious level, the symptoms may take the form of continual urinary urgency and frequency.

Studies have shown that women with chronic bladder infections have more free-floating anxiety and more obsessive personality traits and tend to experience emotions only through their bodily symptoms (somatoform disorder) compared to women without this problem. In one study, in fact, women with chronic cystitis had scores comparable to those of psychiatric patients for levels of obsessionality. They were also prone to emotional states that were not balanced by their intellect. Several researchers have found that women who feel the need to urinate frequently but who don't have infections are more anxious and neurotic than those without the problem. It has also been found that symptoms of anxiety correlate with urinary urgency (feeling as if she can't make it to the bathroom in time), needing to get up at night to urinate, and frequent urination. Many women can relate to urinary frequency around exam time at school or when trying to get to sleep at night while worried about something.

Chronic vulvar problems such as pain and itching are associated with stress from anxiety and irritation related to being controlled either by a partner or by a situation that in energy terms is equivalent to a partner. An example would be a woman who feels so "married" to a job that totally controls her that, unconsciously, she is not free to experience her life on her own terms.

Gynecological problems in the vulva, vagina, and cervix are often related to a woman's inability to say no to entry into this area of her body when she wants to refuse but doesn't believe she should. These problems are quite literally related to allowing herself to "get screwed."

Besides frustration and anger, another emotion that generally tends to affect our health adversely is guilt. When our guilt is centered on our sexuality, it can become associated with problems specific to our entry points.

Now it is even more important for women to be clear about their sexuality and their choice of sexual partners. It is especially important that women consciously use their freedom to understand what their bodies really want and not be led by the blandishments of partners who equate freedom with irresponsible behavior.

In energy terms, a woman sets the stage in her body for chronic vulvar, vaginal, or urinary problems when she *lacks the courage to change* the negative aspects of an unhealthy relationship. Women with these problems have often had boundary violations early in their childhoods, and so they confuse violation with love. In adulthood, when a woman stays in a relationship with someone she doesn't respect

or even like because she is afraid to leave—for whatever reason, be it fears about financial or physical insecurity, about being single, or about her own dependence—she is participating in a prostitute archetype. If she continues to have sex with someone whom she doesn't respect or love, she is participating in an energy pattern that is associated with chronic vaginal, cervical, or vulvar problems.

Breasts

The female breast is designed to provide optimal nourishment for babies and to provide sexual pleasure for the woman herself. The breasts are glandular organs that are very sensitive to hormonal changes in the body; they undergo cyclic changes in synchrony with the menstrual cycle. They are very intimately connected with the female genital system: Nipple stimulation also stimulates the clitoris and increases prolactin and oxytocin secretion from the pituitary gland. These affect the uterus and can cause contractions there and also in the pelvic floor muscles.

Our culture has skewed the nurturing metaphor in such a way that women too often give themselves away to others, without nurturing themselves. Women give and give and give without regular replenishment until the well runs dry.

Though there is nothing wrong with nurturance, nurturance at the expense of oneself can set the pattern for ill health.

Much breast cancer is related to our need to appear to be self-contained and self-nurturing, which is impossible. Everyone needs the support of others to be fully healthy. The major emotion behind breast lumps and breast cancer is hurt, sorrow, and unfinished emotional business generally related to nurturance." Breasts are located in the fourth chakra energetic center, near the heart. Emotions such as regret and the classic "broken heart" are energetically stored in this center of the body.

Guilt over not being able to forgive oneself or forgive others blocks the breasts' energy. (The other organs in the fourth chakra, such as the lungs, are also susceptible to this energy pattern.)

An important 1995 study found that the risk of developing breast cancer increased by almost twelve times if a woman had suffered from bereavement, job loss, or divorce in the previous five years. It is important to note that long-term emotional difficulties were not associated with breast cancer.

Benign Breast Symptoms: Breast Pain, Lumps, Cysts, And Nipple Discharge

The most common reason women seek medical consultation for breast symptoms is breast lumps or cysts. Though most of them are benign, these must be closely monitored to make sure that they are not cancerous. (Nipple discharge is a less-common symptom but can still be cause for concern.)

Approximately half of all women who go to doctors go because they have some kind of pain in their breasts. Cyclic mastalgia, or breast pain that comes and goes depending on the menstrual cycle, is usually caused by suboptimal iodine levels, excess hormonal stimulation of the breast from hyperestrogenism, excessive caffeine intake, or even chronic stress. It is *not* a risk factor for breast cancer.

Breast Cysts

Breasts are very sensitive to hormonal changes, and nonmalignant lumps or thickenings often go away over time. But it is a standard medical recommendation that you tell your health care practitioner immediately about any lump you find. You want to know if the lump is a cyst. Breast cysts are very common in women in their forties when their hormone levels are changing. Breast cysts, which are fluid-filled, are diagnosed by placing a needle in them under local anesthetic and aspirating the contents.

Sometimes a physician cannot tell a solid lump from a cyst on examination, so ultrasound is needed to make the distinction. If the lump is a cyst, its contents, usually yellow or greenish brown fluid, can be aspirated. Most experts feel that cyst fluid can be dis carded because it is rarely helpful to analyze it. The cyst will disappear following aspiration in most cases and no further treatment is required.

Treatment For Benign Breast Symptoms

The vast majority of women have breast pain from time to time. Breast pain is the number one reason why women visit clinics specializing in breast care. Unfortunately, like so many other women's health issues, breast pain too often has been viewed by the medical profession as a neurotic all-in-her-head kind of disease, and so it hasn't received the attention and care that it deserves. But every one of us knows that pain is a sign of imbalance somewhere in our lives. And breast pain is no exception.

The burning question that most women with breast pain want answered right away is this: "Is my pain a sign of cancer?" The link between breast pain and breast cancer is very low. In fact, in one study of women with breast pain in whom no breast cancer was found on routine screening exams, less than 1 percent (0.5 percent, to be exact) actually went on to develop subsequent breast cancer at some point in the future.

What Causes Breast Pain?

To get relief from your breast pain, you first have to understand why it may be there. There is no doubt that the most common type of breast pain occurs premenstrually and is related to the hormonal changes in your body that are part of your menstrual cycle. In the luteal phase of your cycle (the two weeks before your period begins), all women have an increased tendency to retain fluid and to gain a pound or two. But in susceptible women, this slight fluid increase, as well as other hormonal changes associated with the menstrual cycle, can cause pressure or inflammation in the breast tissue, resulting in breast tenderness. The same inflammatory chemicals such as prostaglandins and cytokines that cause menstrual cramps can also cause breast tenderness. Your breast tissue actually goes through cyclic changes each month that mirror those that are happening in your uterus. The difference is that the buildup of fluids and tissue in your uterus passes out of your body in the form of your menstrual flow. But the buildup of fluid and cellular tissue in your breasts simply gets reabsorbed back into your body. So it's not difficult to see how pain might result in many women, particularly if their iodine intake is too low or if they are eating a diet that favors cellular inflammation. Some women experience breast pain that is not related to the menstrual cycle at all. No one knows what causes this. Some sources think it is related to inflammation in the body, whereas others think it is related to neuroendocrine changes resulting from subtle interactions between our environment, our perceptions, and our hormonal and immune systems (breast pain has been linked to alterations in steroid and protein hormones, including estrogen, progesterone, LHRF [luteinizing hormone releasing factor, made by the hypothalamus], and prolactin). The key to pain relief is following an inflammation-reducing diet and supplementation program, including iodine, and at the same time acknowledging and then releasing the various emotional states, including trauma, depression, anxiety, and learned helplessness, that have been shown to alter the body's immune and hormonal systems.

Women hormonal system

Modern women face an unacknowledged epidemic of hormonal imbalance. Hysterectomies are still the number-one surgery performed on women.

Hormones affect everything. Have you ever struggled with carb cravings, acne, oily hair, dandruff, dry skin, facial /body hair, cramps, headaches, irritability, exhaustion, constipation, irregular cycles, heavy bleeding, clotting,

shedding hair, weight gain, bloating and water retention, anxiety, insomnia, infertility, lowered sex drive, or bizarre food cravings and felt like your body was just irrational? It's not; it's hormonal.
If you have any of the above symphtoms, in first step you have to restore your hormonal balance.

What can cause hormons to go haywire:

- stress, multitasking, overactive life, too much intellectuality
- not respecting your cyclic nature
- emotional pressure, negative thoughts, traumas, depression, too much work
- long lasting NUTRITION AND VITAMIN DEFICIENCY
- heavy metals, viruses, bacterias and other toxic factors in organs, liver, glands
- nutrition high in sugar and refined carbohydrates, excess alcohol, late night food, skipped meal
- sedentary lifestyle or over exercise
- autoimmun disease

Yet women remain mystified at their bodies' seemingly random display of disconnected symptoms, never thinking that they are connected and hormonally based.
Your body deserves and prefers to be in hormonal homeostasis—a state of equilibrium.
It is possible to reset your hormones and to reclaim a satisfying and enchanting life and it can be done without synthetic drugs or expensive therapies.
You just have to know how to get there and make a commitment to a different path. Sometimes it's just a few tweaks; sometimes return to homeostasis entails major changes. But you have to understand the underlying causes first. My approach is to target what is causing the imbalance, and then to systematically fix it.
The human body has an innate ability to repair and self-regulate, but that ability often gets bulldozed by the enduring stressors, distractions, and interruptions of modern life. Once you rediscover your body's ability to shift toward balance, you'll find that it's easier to move toward balance than to stay imbalanced. Attend to your hormones today, and the process will serve your mood, weight, energy, sex drive, sleep, and resilience for decades to come.
There are countless people who think that a prescription pill or medical procedure will solve their problems, and that anything less is a waste of time.
Modern conventional medicine—with its focus on pathology, drugs, and surgery—functions largely by using drugs to mask symptoms. But that still small voice in each of us knows that depression is not a Prozac deficiency and that a headache is not an aspirin deficiency. Taking symptom-masking drugs can be likened to shooting out the indicator lights on the dashboard of your car to reassure yourself that all is well. A much wiser approach is to look under the hood and see where the problem lies in the first place.
Believe it or not, most problems, including hormone imbalance, can be largely relieved through lifestyle changes alone.
The best time to get and stay healthy is before you face annoying and inconvenient problems, such as weight gain and mood swings, and before you develop a serious health condition, such as depression or breast cancer. Why not create lasting change now, before you find yourself in a doctor's office, holding a prescription for meds because you've developed an illness —or worse, being rolled on a hospital for an invasive surgery.

We need a completely new paradigm that encompasses a quantum shift toward being preventive, proactive, and lifestyle-based, with emphasis on the role and responsibility of the individual in daily choices, habits, and long-term consequences.
The conditions that women exhibit might be different from one female to the next, based on your genetic predisposition and lifestyle factors, but focusing on the symptoms and/or the conditions is less valuable than addressing the underlying causes. By going to the root cause of endocrine disruption and

treating it properly, we can actually trigger the endocrine system to get itself into healing mode and start functioning the way it was intended.
When you're healthy and feeling well, you have the energy to move in the direction of your dreams and to create the life you want to live. When your endocrine system is working at its best, you're more excited about yourself and about life.

Many of us have the opportunity to have and do it all—but the downside is that while juggling careers, love, travel, and families, we're not giving our bodies the support they need to sustain these demands. Current diet and lifestyle trends afflict women with problems related to their reproductive health. These issues affect us in our teens, conception years, and menopause.
I believe that when women's bodies don't thrive, we fall out of sync with our lives—out of the zone of possibility, and away from our life's purpose. And when we're not healthy and happy, we lose our way. Too many of us are searching for answers to healing and self-empowerment in the wrong places, with the wrong teachers, and suffering needlessly as a result. What we must do is learn how our endocrine systems function, and how to align our feminine selves with our hormones. This will help prevent chronic gynecological issues and guide us toward our fullest lives.
Your endocrine system functions in a completely regulated, predictable way and dictates every aspect of your behavior and physical and mental activity from your health, to your thoughts, to your mood, and so much more. The sooner you step into this journey, partner with your endocrine system, and resolve your health issues with every meal, every day, the more magnificent your future will be. This is a permanent lifestyle change that's easy to do and pleasurable to maintain, and it's never too late to start! (See Protocol later)

This course is for women of all ages. A common myth about hormones is that you don't need to worry about them until menopause. The truth is, many hormone levels, such as estrogen and testosterone, start to drift downward when you're in your twenties. Some hormones, such as cortisol, may spike too high and pull other hormones offline. Women younger than thirty may not yet feel affected by the aging process, but perhaps they want to get pregnant or avoid the diagnosis of breast cancer their mom just received.
Those in their thirties may feel increasingly tense and overwhelmed, in need of better strategies on how to relax. They may want to prevent the high blood pressure, prediabetes, and accelerated aging that come with chronically high stress levels. Women in their forties and fifties may want to regain some of the buoyancy of their youth. Perhaps they want to wake up feeling restored again, without the brain fog from disrupted sleep. Women in their sixties, seventies, and eighties may want to optimize their cognitive and executive functioning—to improve their thinking, memory, and competitive edge.
When your endocrine system is compromised, you don't have good access to your innate nature of change. It's like a CD that's skipping—you can't move forward in other areas of your life when your

hormones aren't moving fluidly. Now, think about the complexity of not having enough of certain hormones circulating in your brain, or too much of those hormones—you literally can't think straight. So how are you supposed to intelligently and strategically look at your life and create new ideas and connections when the brain doesn't have access to an ideal chemical environment? You can't!
Hormones that flow from glands in your brain dictate what organs throughout your entire body—all the way down to your ovaries—do. The hormones that those glands release, in turn, govern every major process your body performs, from setting your internal thermostat, to metabolizing food, to keeping your heart beating, to regulating your mood, to determining your fertility, and so much more. So whether or not you ever find yourself in Downward-Facing Dog, nurturing this mind-body connection to improve its function is essential for living a healthier, richer, and more gratifying life.
Hormonal problems are the top reason for accelerated aging, which occurs when the hormones that build muscle and bone decline more quickly than the hormones that break down tissue to provide energy. The result: our cells experience more wear and tear, less repair, and we feel and look older than our age. The goal is to have your breakdown in proportion to your repair, or even better, more repair than breakdown.
Untreated hormone imbalances can have serious consequences, including osteoporosis, obesity, and breast cancer. Clearly, it's important to tune the body's hormones to their optimal levels, both individually and in relation to each other.
Your genes are merely a template. In other words, your body is full of natural mechanisms for repair and healing. When you nourish and augment these built-in mechanisms, you may prevent and even reverse disease.

Circadian Congruence

You also want your circadian rhythms to be working properly and aligned to the light/dark rhythm outdoors. Nearly every hormone is released in response to your circadian clock and the sleep/wake cycle. Some of us are morning people; some are night owls. When we do shift work at night, the natural rhythms are disrupted. But the basic rule is, to the extent you can, go to bed each night at the same time, wake up at the same time, and get out in the sunshine. This creates circadian congruence, which optimizes your hormone balance naturally.

Excess stress

Never underestimate the power of stress. The stresses in our lives can alter the biochemical machinations of our bodies. This isn't woo-woo; it's medical fact. Stress is the top reason behind most visits to the doctor, and it contributes to all the big causes of death, including heart disease, diabetes, stroke, and cancer.
Unremitting cortisol-raising stress tends to produce free radicals, which may cause mutations and other forms of DNA damage in your cells, and deplete certain micronutrients, including magnesium, vitamins B1, B5, B6, B12, C, and tyrosine. Excess stress also can cause you to excrete magnesium, a mineral key to calcium absorption. Basic supplements can help lower cortisol. Free radicals can be combat with Antioxidants, Glutation and Superoxide dismutase.

Coping with stress

– Women talk, men retrieve
Thats why women like to meet and socialize with their friends and talk about problems. It is like a de stressing program, where they form a stress reducing, protective female netork, leveraging oxytocin, the "love" hormone that also acts as a neurotransmitter (brain chemical). The whole feels much greater than the sum of the parts, as Aristotle famously said, and oxytocin rises in our blood and brains, which lowers cortisol.

How chronic stress effects the body:

- less diversified microbiom and more patogenic bacteria
- immune system shuts down – immunal supression (T cells are put to sleep) – you start to get more inflammation
- decreased sperm production, decreased libido, no ovulation
- sustained high blood sugar – IR
- no detoxification
- much slower digestion
- fascia more restricted, you loose your range of motion
- brain shrinks
- amygdala – fear and anxiety

Organ Reserve And Why It Matters

Never heard of organ reserve? Here's the skinny: Your organ reserve is an individual organ's inherent ability to withstand demands (such as grueling schedules, trauma, and surgery) and to restore homeostasis, or balance. Organ reserve is a crucial aspect of longevity—the more you protect and enhance your functional capacity, the more able you are to bounce back from stresses such as illness, environmental toxins, and injury.

As you age, reserve declines: healthy young people have a reserve capacity that is ten times greater than demand. After age thirty, organ reserve decreases by 1 percent per year, so that by age eighty-five, organ reserve is a fraction of the original capacity.
By practicing the asanas regularly we give a good squeeze, refreshment to our internal organs day by day.

The Ideal Hormonal Specimen

Picture the Ideal Hormonal Specimen. Her hormones perfectly balanced, she has high energy throughout the day, stable moods, and no food cravings. Her full head of hair is glossy and her skin is clear. She easily maintains her weight and her sexual energy. Colleagues never worry that she'll weep in the middle of a big meeting or start sweating profusely.

What's Your Story?

Do you believe that your body can transform into a healthy state? If you don't, why not? What's the story running around in your mind? I want to help you recognize that you may have a very powerful script in your head— one telling you that change isn't possible, even as you're attempting to embark on change. If this is true for you, I want to make sure you're aware of these negative thoughts and bring them from the unconscious to the conscious, where they can be examined and reshaped. Then, every time you start to engage part of the protocol and hear the negative script spring into action, you can begin to replace the old script with a new one. Use plenty of positive assurances: I am healing. Change is possible. I am getting better.
My body is capable of fixing itself. The more you bring positive statements to mind, the faster you'll interrupt the negativity, until it's no longer your first reaction—or any reaction—when you set out to create change in your body and health.

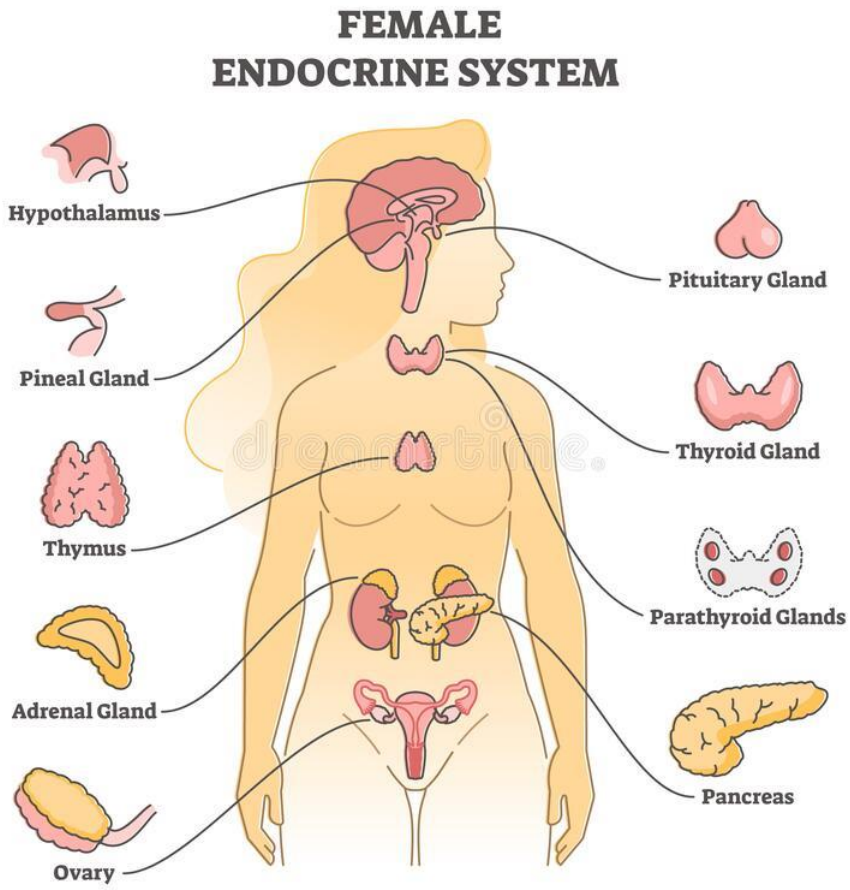
Hormones and the Endocrine System

Food choices, environment, attitude, aging, stress, genetics, even the chemicals in our clothes and mattresses can affect our hormone levels.

The journey of a hormone starts with a dozen endocrine glands: your adrenal glands, pituitary gland, hypothalamus, thyroid, pancreas, and ovaries, among others. These glands control important physiological functions by releasing hormones into the blood, through which they travel to distant organs and cells. In other words, hormones are chemical messengers, like snail mail in the body. They influence behavior, emotion, brain chemicals, the immune system, and how you turn food into fuel.

For instance, the adrenal glands produce cortisol, one of the most powerful stress hormones. Cortisol, in turn, directs your body on how to react in times of stress—more on this later.

The ovaries, which are mostly silos of eggs, produce many hormones, including estrogen, progesterone, and testosterone. (These are referred to as sex hormones because they determine features such as fertility, menstruation, facial hair, and muscle mass.)



The pancreas secretes insulin, which has the primary job of moving glucose into your cells, thereby lowering the glucose in your blood. Fat cells are the largest endocrine gland in the body: fat secretes hormones such as leptin, which regulates appetite, and adiponectin, which adjusts how you burn fat.

Thyroid affects your metabolism, keeping you energized, comfortably warm, and at a manageable weight.

Estrogen is actually a group of sex hormones responsible for keeping women juicy, joyous, and jonesin' for sex. thereby augmenting labor, and when a woman's nipples arestimulated, which facilitates breastfeeding and promotes bonding between mother and baby.

Progesterone counterbalances estrogen by helping regulate the uterine lining (i.e., keeps the lining from getting too thick), emotions, and sleep.

Testosterone is the hormone of vitality and self-confidence—and producing too much is the main reason for female infertility.

Leptin controls your hunger, determining whether you use food as fuel or store it in your midsection; it cross-reacts with the thyroid and most of the other hormones.

Insulin regulates how your body uses fuel from your food, and directs your muscle, liver, and fat cells to take up glucose from the blood and store it.

Oxytocin is both a hormone and a neurotransmitter, which means it acts as a brain chemical that transmits information from nerve to nerve. Some call oxytocin “the love hormone” because it rises in the blood with orgasm in both men and women. Oxytocin is also released when the cervix dilates, thereby augmenting labor, and when a woman’s nipples are stimulated, which facilitates breastfeeding and promotes bonding between mother and baby.

Adrenal gland and Cortisol

These tiny glands sit on top of your kidney in your lower black. They produce the stress hormon, cortisol. The stress response is mediated by your brain. The hypothalamus signals to your pituary gland which signals to your adrenals to make the cortisol. Chronic stress can affect the way how the glands produce hormons. So when the balance is off

Cortisol is the hormone that governs your hunger cravings, digestion, blood pressure, sleep/wake patterns, physical activity, and capacity to cope with stress. It belongs to the glucocorticoid family—a fancy name for substances that can raise your glucose. This is cortisol’s main job: to increase your glucose and store the excess in the liver, through a process called glycogen storage. Glucose gives you energy. If your cells don’t get enough, you wilt.
Your body will make cortisol no matter what. Still, when you are chronically stressed, your body uses cortisol faster than it can be produced, so you need to get more. Where do you get it? You take it from cortisol’s prehormones: pregnenolone and progesterone, fittingly called Pregnenolone Steal. If you have a lifestyle that keeps you in high demand for cortisol, your body will steal from your supply of progesterone (and also from thyroid hormon supply) by shunting pregnenolone so that it can make more cortisol. As if that weren’t bad enough, when chronic stress causes cortisol levels to rise, the cortisol also will block your progesterone receptors.
Perhaps when exercising hard, you’ve had the experience of “bonking.” Suddenly, you feel lightheaded, irritable, and downright hypoglycemic, clues you’ve used up your main energy supply.
As the most potent of the glucocorticoids, cortisol keeps us alive via three key properties. It
• raises blood sugar
• increases blood pressure
• modulates inflammation

DHEA is the good adrenal hormon, which counteracts cortisol. It helps with mental sharpness and memory, anti aging, improves your immune system and it is also very important for the thyroid hormon.

Signs of Cortisol Balance
When your level of cortisol is appropriate and not turning your brain into Swiss cheese, you feel calm, cool, and collected most of the time. You bounce out of bed in the morning. Because you slept well, there are no bags under your eyes, you eat normally with no blood sugar swings, you feel like your body has a good rhythm, and your total load—the amount of physical and psychological stress you’ve got on your plate—is manageable and engaging. You eat nutrient-dense food. You strike a balance in your life between input and output.

How High Cortisol Accelerates Aging

Recall that cortisol's main job is to normalize your blood-sugar levels. When you make too much cortisol, you raise your blood sugar excessively. This may lead to prediabetes or diabetes. Both are common causes of accelerated aging. (To slow the aging process, we must prevent overly taxed adrenal glands and persistently elevated cortisol.)
Furthermore high cortisol builts fat deposit unusual parts of the body, enhances water retention, and promotes accelerated muscle and bone loss.
With high evening cortisol, it's no wonder you have trouble falling asleep, staying asleep, or sleeping deeply. Usually this happens when women checking e-mail, reviewing the next day's to-do list, or catching up on a crime show.
Most folks with symptoms of overwhelming stress have low cortisol in the morning and high cortisol at night—the opposite of what it's supposed to be. You don't want to develop this inversion.

Top 7 health risks linked to high cortisol
1. Abnormal blood sugar, diabetes, and prediabetes. Cortisol's main job is to raise glucose levels. Even small increases in cortisol, such as those experienced when drinking caffeine, can raise blood sugar and increase insulin resistance.
2. Obesity, increased body fat, and metabolic syndrome in women. Too much stress makes you fat, especially at your belly, where fat cells have four times more cortisol receptors than fat located elsewhere. Metabolic syndrome is a cluster of signs, including high blood pressure; high triglycerides, low HDL (or good cholesterol) and elevated fasting glucose.
3. Mood and brain problems, including depression, Alzheimer's disease, and multiple sclerosis (MS). Patients with high cortisol have problems with emotion perception, processing, and regulation, similar to the mood symptoms found in depression. Hypercortisolism linked to depression and suicide, and half of people diagnosed with depression have high cortisol. Excess cortisol shrinks your brain, can uses cognitive impairment, decreases brain activity, and is associated with Alzheimer's disease. An overactive, stressed-out nervous system has been linked to neurodegeneration (breakdown of the nerves) and increased disability.
4. Delayed wound healing.
5. Infertility and polycystic ovarian syndrome. PCOS, the top reason for, has been linked to an overactive HPA axis, which makes sense since high levels of androgens, such as DHEAS (member of the androgen family, and a precursor to testosterone), are associated with early adrenal dysregulation.
6. Worsening sleep. Insomniacs have higher twenty-four-hour cortisol levels.
7. Bone loss in menopausal women and a higher rate of vertebral or spinal fractures are also associated with higher cortisol levels.

Remedy: Accepting your women cycle /No gluten and sugar for 3 month at least / stable blood sugar / sleep 8 – 9 hours / aerobic and HIT raise growth hormon which lowers cortisol / adaptogens like maca, ashwaganda, rosae rodiola, ginseng biloba (2 x 200 – 300 mg) / targeted exercise which lower cortisol (yoga, chi kung) – running is raising cortisol level /Phosphatidylserine (400 mg daily 2-3 months) / 5 HTP amino acid / Antioxidants for free radicals / Omega 3, Mg big quantity, C and B complex / L-lysine combined with L-arginine 1 week / L-tyrosine / DHEA 3-6 month / Breathing, Mindfullness, Meditation / Appreciation, Celebration, Smile/ Herbal oils

Top 5 ways to lower cortisol with yoga
People practice yoga for various reasons—flexibility, weight loss, healing of one type or another—yet I believe that yoga is the best tonic for stress and getting your cortisol to a sweet spot. When you do yoga, here's where you should focus your attention:
1. Chant. Light up your memory and reduce vigilance by a simple chant, such as OM, pronounced ah-ohhh-ummm. Start with a deep inhalation, and chant on the exhale. Repeat slowly, synched with your breath.

2. Deep breathe, through the nose. When we breathe shallowly all day, similar to a rabbit, emergency "sensors" alert the body that we're under attack and need a constant flow of adrenaline and cortisol. Instead, when you breathe into the lower lobes of the lungs, calming sensors tell your body to settle down. Breathing through the nose, slowly and deeply, is especially effective in triggering the calm response.
3. Cultivate presence, and release those clenched muscles. Getting into the present moment is your ticket to normalizing cortisol (assuming you're not exchanging gunfire at this moment and require sharp focus). Most women I know unconsciously grip their muscles, whether in the jaw, neck, shoulders, or lower back. Yoga teaches how to release muscle tension, and this helps to lower cortisol.
4. Invert. Any time you put your feet above the level of your heart, even with your legs straight up against the wall, you activate your parasympathetic nervous system, the rest-and-digest counterbalance to fight or flight (or tend and befriend in women) of the sympathetic nervous system.
5. Be sure to do corpse pose (Savasana). The final pose of a yoga practice, called Savasana in Sanskrit, which means "corpse pose," is considered the most important, and most difficult, pose because it is where you integrate the key stress-relieving practices. While lying fla on your back, close your eyes, breathe deeply, and tune in to a clear state of mind and subtle shifts of energy in your body.

Hypocortisolism

It may sound counterintuitive, but after you've had continuous high cortisol, low cortisol often follows. In fact, low cortisol is the end game of an overtaxed stress-regulating system. Irritability, burnout, and depression are common symptoms, along with low blood pressure, orthostatic hypotension (which is when your blood pressure drops when you stand and you feel light-headed), and uncharacteristic pessimism. You feel out of sorts and out of sync with the natural rhythm that you once had.
Both low and high cortisol can exacerbate the symptoms of an underactive thyroid, or hypothyroidism, which include fatigue, weight gain, and mood problems.

Top 5 Consequences Of Hypocortisolism

There are several troublesome consequences of low cortisol. Some examples include the following:
1. Electrolyte problems. Low sodium and potassium may occur if production of aldosterone, another hormone made in the outer shell or cortex of the adrenal gland, is low from adrenal dysregulation. Aldosterone controls the level of electrolytes in your blood and urine, mediating water retention and blood pressure. Symptoms include a fast pulse, palpitations, light-headedness, fatigue, frequent urination, thirst, and salt cravings.
2. Fibromyalgia. Symptoms of this medical disorder include widespread and protracted pain, a heightened sensitivity to pressure, joint stiffness, debilitating fatigue, and difficulty sleeping. It can be caused by stress and is often coupled with anxiety, depression, and post-traumatic stress disorder (PTSD).
3. Chronic fatigue syndrome. Chronic fatigue syndrome (CFS) is a serious and complicated disorder defined by profound fatigue that is unimproved by rest and worsens with activity; it is associated with low cortisol. Symptoms may include weakness, muscle pain, sleep problems, and impaired memory and concentration, and they may result in reduced participation in daily activities.
4. Bone loss and possible fracture. Women with low cortisol have higher rates of hip fracture.
5. Burnout. When allostatic load is more than you can tolerate, you are at significant risk for burnout.

Remedy: Resting, maintain disciplined 8 hours sleep in long term and licorice (sweet root) 3-6 month, grapefruit juice.

Remember that balancing cortisol is related to stress reduction. So whether your cortisol is high or low, always start with the lifestyle changes that you can make to mitigate stress in your life, both real and perceived.

Progesterone

You can't consider progesterone without discussing estrogen. In proper proportion, they are like the two sides of a seesaw, shifting rhythmically back and forth over the course of the menstrual cycle. It's essential to maintain the delicate balance between these two hormones to feel your most vital.

When your progesterone is low, the result is estrogen dominance, and it's as if the progesterone side of the seesaw slammed into the ground. The consequences can be rage, headaches, cysts, miserable periods, and sleep disorders. You can become fat and moody, and you're more likely to develop endometriosis and problems with uterine bleeding, possibly even cancer. When you have too much estrogen, you have a greater risk of infertility and endometrial cancer, a malignancy arising in the lining of your uterus. Proportionate balance is the goal.

In addition to balancing estrogen, progesterone is important for your overall sense of equilibrium or well-being. It raises body temperature (making it "thermogenic" and a boost to metabolism) and helps your thyroid perform efficiently. It is a natural diuretic, which means it helps you release excess fluid in your body "the luxurious, soothing, mellowing daughter of progesterone; without her, we are crabby; she is sedating, calming, easing, neutralizes any stress, but as soon as she leaves, all is irritable withdrawal; her sudden departure is the central story of PMS.

I can even say that progesterone provides contentment. That's why women report feeling a Valium-like effect in the second half of pregnancy: progesterone stimulates something called GABA receptors, and GABA (gamma-aminobutyric acid) has sedative qualities. Progesterone literally soothes you when you get enraged. It helps you sleep. When you produce the right amount, you feel more levelheaded and relaxed.

Top 5 Reasons For Low Progesterone

1. Aging. Especially relevant from thirty-five onward as you march toward menopause, age is associated with fewer ripe eggs, less ovulation, and low progesterone.
2. Stress. If your problem is unmanaged and chronic emotional stress, cortisol blocks your progesterone receptors, and your body will make cortisol at the expense of pregnenolone and progesterone, causing Pregnenolone Steal.
3. Little or no ovulation. Ovulation is key to the regular, monthly production of progesterone during your fertile years. If you don't ovulate, either because you've run out of eggs or you have another hormonal problem such as excess testosterone, you will have progesterone deficiency.
4. Low thyroid. Thyroid hormone is essential to the smooth operation of the hormone pathways I've described. You need adequate thyroid hormone to make pregnenolone from cholesterol, and then to make progesterone. If you are low in thyroid hormone, you will not make as much progesterone. Additionally, there's a vicious cycle that occurs: when you have low progesterone, it raises thyroid requirements. Your thyroid gland has to work harder. If your thyroid gland is already borderline, it will worsen your low progesterone.
5. High prolactin. Some women make too much prolactin, a hormone in the pituitary of the brain that controls lactation in women. High blood prolactin interferes with the function of the ovaries in premenopausal and perimenopausal women, and as a result, secretion of ovarian hormones such as progesterone, and eventually estrogen, decreases.

Remedy: Yam root, Vitex, Agnolyt, Chastberry C vitamin important 750mg. Bladderwrack (Fucus vesiculosus).

If you need hormon replacement choose prometrium over provera or progestines. Make sure your doctor prescribes biodentical progesterone, NOT progestins, for you.

Estrogen

Here's the short version of what estrogen does:

• Externally, estrogen gives you hips and breasts. More estrogen makes you zaftig, the Yiddish term for voluptuousness.

• Internally, estrogen buffers mood and keeps you on task. Estrogen is nature's Prozac, adjusting the level of available serotonin—anotherimportant neurotransmitter—so that it's in more ready supply. Serotonin regulates your mood, sleep, and appetite, and acts as a general gatekeeper of other neurotransmitters in your brain.

• Estrogen is responsible for the first half of your menstrual cycle, building up the cells lining your uterus to protect a developing fetus. If conception does not occur, the lining is released about every twenty-eight days as your period. If conception does occur, estrogen, combined with progesterone, thickens and deepens that lining for the fertilized egg to settle into and grow.

• Estrogen lights a libidinous fire and gets you obsessing about babies until about age forty-five, when you start thinking that sleep sounds a lot better.

Balance is crucial because estrogen and progesterone have opposing yet interdependent effects, similar to the Chinese concept of yin and yang. Estrogen stimulates the lining of the uterus to grow; progesterone stops the growth, stabilizes it, and then releases it in a coordinated fashion called menstruation. Estrogen stimulates breast cells to grow; progesterone prevents cysts from developing in painful breasts. Estrogen causes you to retain salt and water; progesterone is a natural diuretic. Estrogen promotes moodyness, progesterone puts you in ease and gives a sensation of well being. When estrogen levels are high in relation to progesterone, women often experience a wild ride of emotions before their periods.

It takes two to tango. When they work in tandem, maintaining the body's delicate equilibrium, you dance to a passionate rhythm. When your estrogen and progesterone are synchronized, your bones are strong, dense, and pliable. Your skin is hydrated, smooth, and well girded by collagen. Your metabolism is forgiving. Your cardiovascular system stays clear of meddlesome debris, like clots and plaque.

The highs and lows of estrogen dominance

Because estrogen and progesterone levels are so entwined, let's look at the different combinations that relate to high estrogen:

1. High estrogen relative to normal progesterone. This combination is common in overweight women, and in women who have been exposed to xenoestrogens, which are synthetic chemicals that mimic estrogens. Ovaries are the main source of estrogen, but fat cells make estrogen too. More fat cells mean higher estrogen levels.

2. High estrogen relative to low progesterone. This combination, called estrogen dominance, is more common. Beginning around age thirty-five, as a natural consequence of aging, you begin to run out of ripe eggs. More than half the women over thirty-five have this combination. Estrogen dominance—the medical term is dysestrogenism—isn't a problem in every woman. But many women with estrogen dominance show myriad symptoms of hormonal unrest. Today, it is common to have too much estrogen before you reach age fifty. This is an epochal shift in our estrogen hormones over the past century. I believe the reason is twofold: women are more emotionally stressed, and they're more exposed to artificial estrogens than ever before.

Excess estrogen can lead to a host of annoying ailments: water retention and its first cousin, breast tenderness; painful periods, perhaps endometriosis; mood swings, or your garden-variety free floating irritability—take this a step further, and you have full-fledge anxiety or depression. You might feel foggy, sleepless, and weepy. Maybe you've noticed that you have more headaches, or that your face is redder than you want it to be. These, my friends, are signs of excess estrogen. When estrogen levels are high in relation to progesterone, women often experience a wild ride of emotions before their periods. During perimenopause, the emotional roller coaster can be in play all month long. Beyond mood swings, symptoms can include hair loss, headaches, breast tenderness, bloating, difficulty losing weight, depression, fatigue, insomnia, decreased libido, foggy brain, and/or memory loss. Studies on rats show that high estrogen can interfere with the ability to learn and pay attention.

What causes excess estrogen: top 7 root causes

Several factors can interfere with normal estrogen metabolism, causing you to produce or accumulate too much of the "less good" estrogens, or too much estrogen relative to progesterone. These factors include the aging ovaries, wayward cortisol levels, exposure to xenoestrogens, and nutritional factors such as fat, fiber, and alcohol consumption.

1. Perimenopause Revisited and Diminished Ovarian Reserve

We can blame perimenopause for so many things! In the two to ten years before your final period, your estrogen levels fluctuate madly. Overall, women experiencing perimenopause show higher estrogen relative to progesterone, compared with women in their twenties and thirties. In the years preceding menopause, typically from age thirty-five to fifty, your ovaries produce more estrogen, in some cases double the level of estrogen found in the normal menstrual cycles of a woman in her early twenties. I know this becomes confusing: initially, estrogen levels drop slightly starting in your late twenties, and then estrogen levels increase when your ovaries are running out of ripe eggs, usually after age thirty-five. The fancy name for it: diminished ovarian reserve (DOR). Women are born with one to two million eggs in their ovaries, but by the time you reach perimenopause, you are down to one to three thousand. As your control system (once again, your hypothalamus and pituitary) senses that you are running out of eggs, you make more hormones to stimulate the eggs to hatch so you can become pregnant before it's too late—that is, you make more follicle-stimulating hormone (FSH) and luteinizing hormone (LH), and FSH rises faster than LH.

2. Cortisol-linked estrogen dominance

Premenopausal women treated with hormone therapy—specifically, estrogen plus progesterone—have been shown to develop a high level of cortisol at night. Taking exogenous estrogen raises cortisol levels. Similarly, high levels of cortisol can block your progesterone receptors. Over time, that will lead to lower levels of progesterone, and the result is estrogen dominance.

3. Xenoestrogens

Xenoestrogens are chemicals that can mimic estrogen. (Xeno means "foreign.") These are synthetic chemicals that have an estrogenlike reaction in the body. They come from artificial chemicals that you get exposed to in your daily life, such as plastics in the environment. Think of them as uninvited guests at a costume party. They act like all the other guests, drinking and chatting convivially, but they are really party crashers who will disrupt the whole affair when they take off their masks. Yet the problem

is not only that they are crashing your endocrine party. Xenoestrogens are stored in fat tissue for decades, and your greatest concentration of fat is usually in your breasts. When xenoestrogens bind to your estrogen receptors, they can activate some of them, such as those in the breast, and block others, such as those in the bone. Recall that receptors are like the locks on a cell's nucleus. When estrogen passes from the blood into the cells, it attaches to one of two types of estrogen receptors to trigger a particular task, such as stimulating breast-cell growth or slowing bone loss. Lengthened exposure to estrogen creates a significant risk factor for breast cancer. Xenoestrogens are known endocrine disruptors. They interrupt the action of natural, endogenous hormones, with reproductive and developmental consequences. Just living our normal lives, we are exposed to more than seven hundred of these dangerous chemicals; they can be found in toothpaste, deodorant, sunscreen, food preservatives, the lining of cans that hold food, and many kinds of plastic. Be wary of your cosmetics: one report describes a woman who developed both breast and endometrial cancer after using the same estrogen-containing cosmetic cream for seventy-five years.

4. Obesity and weight gain

We know the health risks to women with obesity: sleep apnea and asthma; diabetes; heart disease; cancer of the breast, uterus, colon, and gallbladder; and premature death.

You may also have heard reports that cases of type 2, or adult-onset, diabetes have been steadily rising in the world. Diabetes involves insulin and its ability to regulate blood sugar. Excess weight and lack of exercise can lead to high levels of insulin. Cells that get too much insulin can become resistant to it. Chronically high insulin increases estrogen; estrone, specifically, increases the cells' resistance to insulin. Ultimately, you get into a vicious cycle: higher insulin creates higher estrogen, which can lead to higher insulin and insulin resistance, which tends to make you gain weight, which leads to making more estrogen. This is a downward spiral with seemingly no end in sight. Enough to get you out there walking, and to just say no when the waitress offers the dessert menu?

5. Diet

Many women have found that a diet high in conventionally raised red meat and refined carbohydrates is likely to cause estrogen overload. That could be because of hormones in the meat, or perhaps from the type of bacteria cultivated in the gut by people who eat a lot of meat. When estrogen is metabolized, it leaves the body in your urine and feces. If you don't have a certain type of bacteria in your gut to process it, the estrogen will stay in your system. When this happens, you don't follow the Golden Rule of Estrogen—"use it and lose it." Instead, you keep recycling estrogen and the process may lead to overload. The "wrong" bacteria are predominant in people who consume large amounts of meats and refined carbs.

I abhor white bread, white sugar, and white rice for many reasons, but one important reason is that they reduce progesterone and worsen estrogen dominance. My recommendation: reduce your intake of refined carbohydrates as a key step to rebalancing your neuroendocrine system.

Alcohol. Consumption of alcohol raises estrogen levels and slows down fat burning.

If you have constipation or anywhere a long term blockage on the way of excertion than your body can not excrete excess estrogen and hormons.

6. Nutritional deficiencies

Specific nutritional deficiencies can also lead to excess estrogen. Low magnesium, zinc, copper for example, is associated with high estrogen levels in both premenopausal and postmenopausal women. Vitamin B12, folate, and an amino acid called methionine are other supplements that can help produce "good" estrogens and decrease formation of "less good" estrogens. Iodine helps to regulate estrogen level. Excess estrogen has a negative effect on thyroid hormon.

7. Mercury (from fish) and heavy metal toxicity

Remedy: reservatrol reduce estrogen / reduce alcohol consumption / lose weight / lots of fiber/ avoid xenoestrogens / avoid meat and diary products from conventionally raised animals / eat prunes / exercise regularly / sleep before 10 PM / Iodine helps to regulate estrogen /healthy microbiom / Take DIM. Di-indolemethane (DIM) is the most potent promoter of 2- hydroxylase, the enzyme that helps to correct dysestrogenism by making more 2-hydroxy-estrone and 2-hydroxy-estradiol. In other words, DIM has been shown to favor the production of protective estrogens and reduce bad estrogens. / Take turmeric (Curcuma longa).
Bioidentical hormones
Melatonin. Melatonin lowers estrogen and may prevent breast cancer. Low melatonin has also been linked to a greater risk of endometrial cancer, another estrogen-dependent cancer. I recommend 0.5 to 1 mg at night if you have sleep problems.
Yam extract bioidentical progesteron

Low estrogen
Estrogen is the hormone that makes and keeps you feminine. With more than three hundred jobs, estrogen is the ultimate multitasker. Among hundreds of other duties, it builds and maintains the structure and function of the vaginal, urethral, and vulvar tissues; it stimulates and develops the female reproductive organs, preparing and maintaining the uterus for pregnancy; and along with its partner, progesterone, it regulates the menstrual cycle. I think of estrogen as a woman's life force, which means having too little can feel like a slow death. Once a lady with low estrogen told me she was "dry, cranky, and barely holding it together."

Reasons why estrogen levels drop:

- Perimenopause and menopause
- Hypopituitarism
- Anorexia nervosa, bulimia, and other eating disorders
- Extreme exercise or training
- Gluten intolerance

Remedy: Black cohosh / Vitamin E / Flax seed /Magnesium / Maca / Shatavari /

Signs of Estrogen Balance
• You have regular periods (estrogen and progesterone work together on this one). If you're postmenopausal, you'll notice the other signs.
• Your joints and vagina feel well lubricated.
• Orgasm regains its central role in your libidinous life, and that sense of dullness is a distant memory.
• You roll with the punches; you don't feel so stressed and overwhelmed.
• Sleep is a crucial part of your self-care regimen, and restores your energy, although you don't prefer it to sex with your partner.
• Your mood is stable throughout your menstrual cycle.
• You have improved brain function: the fog lifts, your memory and recall improve.

Thyroid

The thyroid gland secretes hormones that regulate the activities of almost every cell in our bodies. It controls the body's sensitivity to other hormones, such as estrogen and cortisol. It regulates how quickly we burn calories and maintains our metabolism, which explains why weight control is such a problem when the thyroid is out of whack. In other words, your thyroid is your very own metabolic thermostat. Sluggish thyroid and metabolism are a setup for poor mood—even, perhaps, the slow downward spiral toward cognitive decline and Alzheimer's disease.

It also sets your heart rate, blood pressure, breathing rate, temperature, the speed at which your cells consume oxygen, and more. In infancy and childhood, the thyroid even supports bone growth as well as the development of the brain and nervous system.

When your thyroid is working properly, you feel energetic, think clearly, and are upbeat. Your weight is easier to manage. Your bowel moves food along at a normal pace, in a transit time from ingestion to elimination of twelve to twenty-four hours. You don't wear socks to bed or outline your eyebrows with a brown pencil. Your cholesterol is normal—not too high and not too low. Your hair stays on your head, your skin is moist and your nails aren't dried out, your sex drive is strong, and your memory is crystal clear.

Your thyroid is incredibly sensitive to what's going on inside and outside your body, so even seemingly insignificant things like too few hours of shut-eye, too much chlorine in your water, or too many sugary caramel macchiatos can cause it to go haywire. But that's also the good news. Because your thyroid is so sensitive to what you put in your body and what you do with your body, you can easily support and maintain its health with simple diet and lifestyle changes.

Low Thyroid

Are you tired, run down, listless? Do you have a bowel movement less than once a day? Are you gaining unexplained weight, most of which is fluid? Are you cold all the time, achy, slow thinking, or depressed? Lossing some of your hair? Low thyroid can cause these problems. You may think your sluggishness or poor memory is simply a sign of getting older. Age, however, does not explain a puffy face, high cholesterol, excessive menstrual bleeding, and many other symptoms of low thyroid function.

Low thyroid function resembles to symphtoms of depression. In fact, 15 to 20 percent of people with depression are low in thyroid hormones. That's a statistic too big to ignore. In imaging studies, the hypothyroid brain looks remarkably like the depressed brain: both show subtle changes in blood vessels, myelination (fatty insulation around nerves), and neurogenesis (nerve growth).

Environmental pollutants, termed endocrine disruptors, affect not just the estrogen receptor as xenoestrogens, but also disrupt normal thyroid function. Chemicals that affect either the hypothalamic-pituitary-thyroid axis or thyroid receptors are called thyroid disruptors, and include more than 150 industrial chemicals.

Take Your Basal Temperature

Using your humble bathroom thermometer is a simple way to assess your thyroid. That's because low body temperature is sometimes correlated with low thyroid. Your temperature is normally lower in the morning and evening and higher in the afternoon, so I recommend checking your basal temperature, under your arm, first thing in the morning. If you're still menstruating, check between Day 2 and Day 4 of your cycle. Normal is between 36,5 and 36,8 degrees, but temperature can vary significantly and should be considered in the context of symptoms and blood testing. Nevertheless, if your basal temperature in the morning is consistently below 36,5 degrees, this is further evidence of low thyroid function.

What Causes Low Thyroid?

- Hashimoto's thyroiditis

- Epstein bar virus
- Goiters
- Stress
- Environment
- Nutrition (Zinc, Selenium, Iodon, Mg, Vitamin D) deficiency
- Gluten intolerancy (missing on ADEK vitamin, iron. B 12, folat)

Remedies: L lysin, fish oil (Omega 3), l theanin, l tyrosine (pajzsmirigy), Vitamin A, D, zinc, selenium, copper, iodon

Importance of Iodine

Iodine supports the brain function of a growing infant. Without the right amount of iodine the child can be mentally retarded. All our cells need iodine, not only the thyrods, but the reproductive organs (uterine, breast, prostate, ovaries, testicles) as well.

Iodine is important to detoxify heavy metals. If you eat a lot of fish (mercury), than you definitelly need it.

It is involved in diabetes and stabilizing blood sugar.

One of the most important things is the controll of metabolism through the thyroid. If there is not enought iodine, your metabolism can be shout down by 50 % and there you can gain weight.

When the thyroid produce T4 thats an inactive form, and it is activated by the live, gallblader and bile (80%) and kidney (20%).

To have healthy thyroid, you have to have the other organs healthy as well.

One cause of thyroid problem is the lack of conversion as the above mentioned organs are damaged. For the conversion you also need Selenium.

Iodine should be take with all the other trace minerals.

Causes of iodine deficiency

- No iodine in the soil unless you living within 100 km to the sea
- Low salt diet
- Stress
- Endocrine disrupters (pesticides, secticides, clorid, bromide (pasta, bakery)) can block the absorption of iodine
- High levels of estrogen can block iodine (for example when you get pregnant the spike of estrogen can take strain on your thyroid)
- HRT, birth controll pills, eating food which is not hormon free
- Having a fibroid can deplete iodine
- Liver damage
- Lack of bile (if you do not have saturated fats, cortisol also can block iodine)

Symphtoms

- You get fat
- Make you feel sluggish and brain frog
- Mental retardation
- Cancer
- Fibrocystic breast (especially when you breat feeding)
- Cyst
- Prostate enlargement
- Depression, fatigue
- Thyroid problem

- Menstrual cyle issues
- PCOS
- Miscarriege

Benefits of iodine

- Ability to shring cysts
- Regulating estrogen dominance
- Reduce size of skin tags and warts
- Scar regeneration (put it on about a month, pretty good results)
- Lessen depression
- Reduce hot flashes and heavy bleeding

Remedies: Bioactive blue iodine, sea kelp, 6 eggs daily

Hyperthyroidsm

Hyperthyroidism affects only 2 percent of women (and 0.2 percent of men), but rates increase as you age; 15 percent older than sixty have hyperthyroidism. Symptoms include palpitations, shortness of breath, weight loss, tremulousness or shakiness, and proptosis (eyes bugging out). It's not hard to treat an overactive thyroid, but it's important to do so. If you don't, the symptoms can become more severe over time. Untreated, hyperthyroidism can lead to cardiovascular problems such as a potentially dangerous type of arrhythmia called atrial fibrillation, cardiomyopathy (a disease of the heart), and congestive heart failure. When you have hyperthyroidism, you are more likely to have increased bone turnover, which over time may lead to bone loss and fracture. Another serious consequence is thyrotoxicosis, also known as thyroid storm, which has a significant risk of mortality. One of the root cause of hyperthyroidsm chronic virus or bacteria infection (Epstein bar, Varicella, Anti Stretolizin, Cytomegalo, HPV, Borelia etc.)

Androgens (testosteron)

The combination of excessively high androgens is the most common hormone problem of women in their fertile years, and perhaps even before puberty. After menopause, high androgens are associated with serious health problems, such as heart disease, stroke, mood problems, and cancer. High androgens wreak havoc hormonally for women from the embryo to maturity. Androgens are a group of sex hormones that strongly affect your liveliness, libido, mood, and self-confidence

Because they control the development of typically male characteristics, androgens are considered "masculinizing" hormones, but they also account for emotional well-being, assertiveness, and sense of agency—the capacity a person has to act powerfully in his social structure or an innate sense of belonging. Androgens are the biochemical underpinnings of dominance and desire, and even though males have more androgens than females do, having the right amount of androgens is just as essential to women's health and well-being.

PCOS and IR more info on Common women diseases section.

Hair loss (Outward sign of an inner imbalance in the body)

Sometimes hair loss is associated with high androgens, but more commonly, I find in women that the root cause is vitamin and nutrition deficiency, heavy metal saturation, liver or kidney disfunction, autoimmun diseases, reaction to chemicals (flouride in water, sulfate in shampone), stress, insufficient protein in body, low stomach acid, allergy, inflammation and virus infections, low iron, thyroid hormone imbalance, estrogen dominance, inflammatory diet, high testosteron (androgenetic alopatia)

or insulin resistance. Before people start looking for a solution to their hair loss in a box from the drugstore or a pill bottle from a dermatologist, I encourage them to look inside their bodies. Remember that most symptoms women try to solve with a pill bottle are a message from the body that something is awry. To find a patient's particular reason for hair loss, I order the blood panel listed below:

Blood panel to find the root cause for hair loss

- Thyroid panel (TSH, T3, T4, TPO)
- Ferritin
- Homocysteine (how well your body metabloizing and detoxifying)
- Vitamin D
- Female or male hormons
- DHT
- ANA, sed rate, CPR (suspect autoimmun or joint pain)

Check microbiom

- H. pylor
- Parasite
- Dysbiosis
- Candida
- Leaky gut
- How well you absorbing nutrients from you diet
- EPI
- SIBO
- Recycling toxins?

Check cortisol

Salive test 4 times a day

Wha can we do

- Optimise your diet (Zin, more protein, trace minerals, Methyl B komplex,
- Onion juice (https://www.youtube.com/watch?v=XGYT6RaFX6w), Green tea, Rosemary oil daily for 6 weeks at least
- Reduce inflammation
- Balance your hormons
- Heal your gut microbiom (colostrum)

Top Hormone Imbalances

When your hormones are in balance, neither too high nor too low, you look and feel your best. But when they are imbalanced, they become the mean girls in high school, making your life miserable. Here's the good news: realigning your hormones is a lot easier than running around like a crazy person, depleted and anxious about the little things in life.

Here are the top hormone imbalances:

• High cortisol causes you to feel tired but wired, and prompts your body to store fuel in places it can be used easily, as fat, such as at your waist.

• Low cortisol (the long-term consequence of high cortisol, or you might have high and low simultaneously) makes you feel exhausted and drained, like a car trying to run on an empty gas tank.

• Low pregnenolone causes anomia: trouble finding . . . what's that again? Oh, the right word. Low levels are linked to attention deficit, anxiety, mild depression, brain fog, dysthymia (chronic depression), and social phobia.
• Low progesterone causes infertility, night sweats, sleeplessness, and irregular menstrual cycles.
• High estrogen makes you more likely to develop breast tenderness, cysts, fibroids, endometriosis, and breast cancer.
• Low estrogen causes your mood and libido to tank and makes your vagina less moist, joints less flexible, mental state less focused and alive.
• High androgens, such as testosterone, are the top reason for infertility, rogue hairs on the chin and elsewhere, and acne.
• Low thyroid causes decreased mental acuity, fatigue, weight gain, and constipation; long-term low levels are associated with delayed reflexes and a greater risk of Alzheimer's disease.

Importance of cholesterol: Many of the common sex hormones in the human body are originally derived from cholesterol, which your body turns into pregnenolone. Pregnenolone is the "mother" hormone (or "prehormone") from which other hormones are made. Under normal and calm circumstances in your adrenal glands, pregnenolone is converted either into progesterone or DHEA, another stress hormone and a precursor to testosterone. When you are chronically stressed, you make more cortisol—it gets stolen from pregnenolone and other hormone levels may fall—a process called Pregnenolone Steal. Of course, not all hormones are derived from cholesterol.

Autoimmun diseases

Unfortunatelly it is like a new pandemic as cases are rising in industrialized countries. Every person with the diseases is unique, and women are more affected then men. The exact for this remains unclear, but its been related to interaction between hormon, microbiom and environment.

In autoimmun diseases your immunesystem starts to attacking your organs. There is nearly 100 autoimmun diseases. For example in Haschimoto your immune system attacking your thyroid, in sclerosis the nerves are attacked, in rheumatoid arthritis the joints are in danger, if the liver attacked it can cause autoimmun hepatitis, chrons and colitis your intestines are in danger, in Diabetes I the immun system attacks and destroy the B cells in the pancreas whihc produce insulin, skin autoimmun disease is psoriasis, vitilago, kidney autoimmun diseases is lupus nephritis etc.

The main cause of autoimmun diseases is a combination of genetics and environmemt. Fortunatelly genetics plays a minor role. From the environment food can be controlled easiest. No sugar, proccess food, trans flat, hydrogenated oil. The can cause inflammation in the lining of the gut and also can promote bad bacteria in the microbiom. This is a big deal, because major part of our immune system is in the lining of the gut. Antibiotics, Nsaids, stress can also trigger inflamation and promote bad bacteria in gut microbiom.

Normally the lining is the made by a single layer of cells that are bound together by tight junction, which is a barrier which prevents food, bacteria, viruses from entering your bloodstream. If this junctions are disrupted by inflammation or bad bacteria you can develop condition leaky gut, and then bad things can enter blood stream.

Infection of viruses, allergies, food intolerances, heavy metals (from water, fishes, cigarettes etc.) , pharmaceutical agents can be anothet cause for autoimmun diseases. They can cnfuse the immune system, and can be a trigger for development of autimmun diseases.

However our immune sytsem has a big tolerance and it it not go avry until are not attacked by multiple factors.

Vitamin D is a natural immune modulator, low level of vitamin D can increase the risk of autoimmune diseases.

We can do a lot through diet and lifestyle to reduce inflammation and change the course of the diseases.

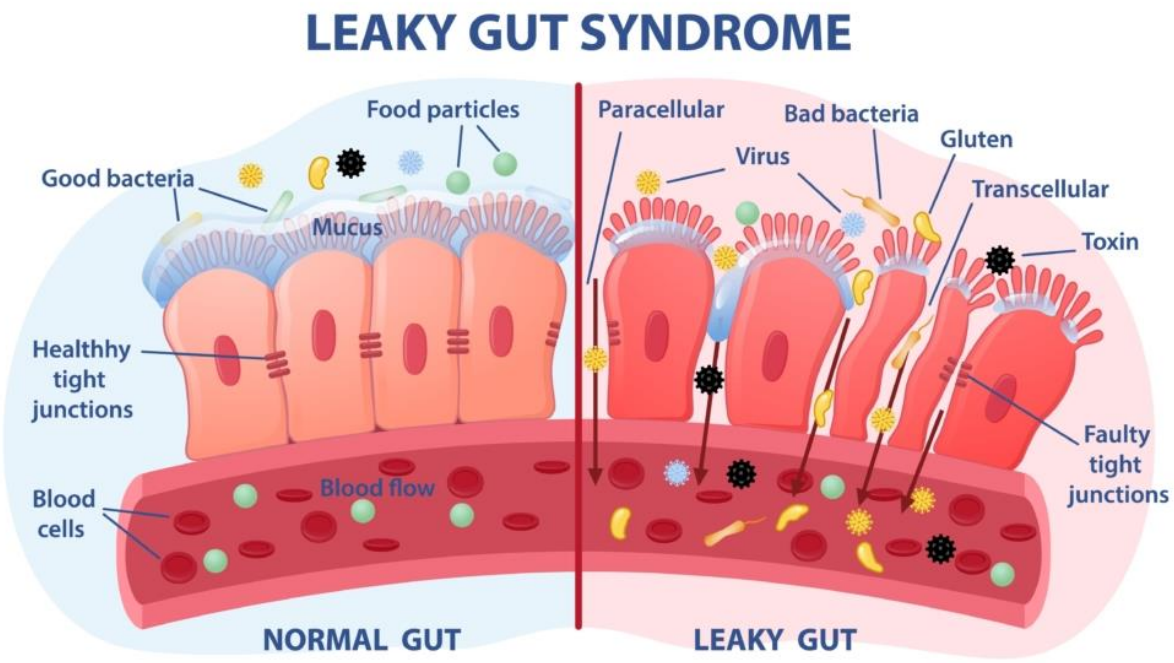
First step to cut out all the inflamatory foods which includes sugar, diary, gluten, oils, process foods and alcohol. With Hachimoto good to cut out soy products. Legumes should be pressure cooked, or soaking them ahead of time and taking a digestive enzime, as for some people causing bloating and IBS. Eggs are nutritios food, but many of us has intolarence. You should check it with an IGG test. The same things applies to nuts.

Antiinflamatory foods are white basmati rice, wild fish, avokado, dark green leafy vegetables, extra virging olive oils, carrots, rasberry, apples, and your meat should be organic. And lots of natural water necessary to flash out toxins.

Key supplements are Omega 3, D vitamin, Tumeric, Methyl B complex, Magnezium. To heal inflammation in the gut we can use L-Glutamine, good probiotics and digestive enzimes. Intermitent fasting also has a detoxifying effect.

Leaky Gut

Abnormal intestinal permeability. It is not just a gut issue. It can affect all aspects of your health. It can affect your hormons, immune system, your skin and even your brain and your mood.



The lining of our gut is only one layer thick and it is made out of cells enterocytes. It was design this way, so we can easily absorb nutritions from food. In a healthy gut the enterocytes are bound together by tight junctions and this creates a protective barrier. In leaky gut inflamation causes disruptions of the tight junctions between the enterocytes. This results in disruption in the protective barrier and this is a big deal as now food particals, viruses, bacteria and other particles can enter your blood stream. This disruptions usually are caused by antibiotics, infections, yeast, gluten, dairy etc.

When non requested particles enter your blood stream, it can cause confusion in your immune system leading to autoimmune diseases (Hashimoto, rheumatoid arthritis, lupus, chron's disease, psoriasis and many others), brain fog, memory issues, joint pain, intolarnces, frequent migrane headaches, skin rashes as acne, rosacea, eczema, GI symphtoms (IBS)

Leaky gut is treatable, if you have it.

What causes leaky gut:

- Sugar, Artifical sweeteners, Chemicals, preservatives, transfat
- Antibiotics
- Stres hormon cortisol can lead to inflamation in the gut
- Acid blokers
- synthetic hormon (birth controll pills)
- infections (H-pylori, yeast infection, bad bacteria etc.)
- SIBO (small intestine bacteria overall)

How to diagnose
From microbiom test

What can we do

- Clean our diets
- Knowing your food intolarences
- Healing enterocytes with L-glutamine amino acid
- improving the health of your microbiom (probiotics (lactbacillus, bifidobacterium, saccharomyces boulardii, spore based bacillus – 20 billion CFU maintanence, 100 billion CFU healing microbiom, 225 billion CFU rebooting your microbiom), yoghurt, fermented food)
- prebiotic (fiber and veggies)
- better digestion: digestive enzime before eating, slow eating, good chewing
- colostrum

The protocol

0) Bringing back lost connection to your body and listen to its signs
I) Addressing the underlying reasons for hormonal imbalance
II) Detoxification of stressors, blockers, liver, kidney, virus, heavy metals, support your organs of elimination etc.
III) Importance of daily routine and proper lifestyle
IV) Focusing on medicinal foods and herbs to sequentially bring the endocrine system back to optimal functioning (stabilize your blood sugar, foodtest – intolerancy, nurturing your adrenals and other glands)

VI) Vitamins and nutrition
VI) Syncing with your menstrual cycle
VII) Engaging your feminine energy

0) Finding lost connection with your body

Let's face it: many women would rather exist from the neck up and would prefer their bodies take care of themselves. (Worse yet, many women believe that to be successful in their career, this is exactly what they need to do.) And yet the hormonal breakdown results from ignoring the wisdom of our own body. That's why I want to make it clear: living in sync with your weekly flux (*more info in Menstrual cycle section*) will actually bolster—not deter —your career success. That's because you'll be leveraging your mental and physical abilities week by week to work more cleverly and seamlessly instead of pushing against your hormonal current every step of the way.

I) Addressing the underlying reasons for hormonal imbalance

Please see introduction and Hormons and glands chapter. And go through the questioner at the end of this note.

II) Detoxification

Exposure to endocrine disruptors (chemicals that interfere with the production, release, transport, metabolism, or elimination of the body's natural hormones) can occur through air, water, soil, food, and consumer products. These disruptors can mimic naturally occurring hormones, potentially causing overproduction and underproduction of actual hormones. They block the way natural hormones and their receptors are made or controlled. Some of the dirtiest culprits include dry-cleaning chemicals, skin-care products, and pesticides.

Large intestines, liver and lymph

Although these organs aren't producing hormones, they're essential for ushering hormones that have been circulating through your bloodstream out of your body. Can you imagine what would happen if the hormones your body naturally produced, as well as those found in the food you eat, medications you take, and products you use, remained in your body? Really, you would have an explosive hormonal experience if it weren't for your elimination group's ability to rid your body of these chemicals that, over time, become toxic to your health. *(A buildup of estrogen, for instance, provides fuel for tumors to grow.)*

Fortunately, the elimination group is your natural detoxifier. The liver breaks down hormones and other substances into smaller, more manageable molecules, which travel through your gallbladder and into your large intestine. There they bind with the fiber you consume in your diet and finally exit your body in the form of a bowel movement. In other words, when you go to the bathroom, not only are you disposing of the by-products of the foods you eat, you're also getting rid of chemical waste—brokendown hormones that otherwise would have overstayed their welcome and compromised your health.

The skin and lymphatic system have an excellent working relationship when it comes to getting cellular waste and hormonal overload out of your system quickly. Your skin is your largest organ and because of its concentration of pores provides a natural way for waste to leave the body— through sweat. Your lymphatic system is a superhighway for clearing away any cellular waste from your bloodstream, and

the lymph node regions are where there's a concentration of action. This is why it's so important to keep the node areas flowing, as they are near key hormone-sensitive areas like breast tissue and ovaries. You most likely have already observed the effects of stress hormones leaving the body via the lymphatic system–skin partnership. Have you ever noticed a dramatic change in the scent of your armpit odor due to a stressful situation? This is your lymph–skin elimination channel trying to help compensate for dangerous levels of episodic stress hormones in the body. Without all of these ways for hormonal waste to leave the body, that delicate hormonal conversation would quickly break down as the hypothalamus would seek to suppress hormonal output.
Given the liver's two phases of detoxification and the necessity of *ample fiber* to properly eliminate toxins from your body through the large intestine, you can see just how critical it is to have adequate dietary intake of these micronutrients. Studies have found that you can't simply supplement with *glutathione, vitamin B, vitamin C, amino acids, or selenium* and expect the organs of elimination to function optimally. These nutrients don't readily become bioavailable when you take them as supplements; if you eat them as they naturally occur in foods, the body can more easily recognize them.

Liver detoxification

How to ease liver by eating GI low food

When you eat refined carbohydrates (such as a candy bar or a bowl of pad thai), your body breaks down those carbs into simple sugars, primarily glucose. Your pancreas reacts to the abundance of glucose in your bloodstream by releasing the hormone insulin. Insulin's mission is to escort that glucose into your body's cells, which use the glucose to replicate their DNA, divide, and make new cells. Some glucose also ends up in your liver, where it's converted into glycogen, a form of energy your muscles rely on. Your pancreas also responds to low blood sugar levels. When your blood sugar dips, which occurs when you don't eat enough or you wait too long between meals, your pancreas pumps out the hormone glucagon. This hormone tells the liver to convert stored glycogen back into glucose and releases that glucose into your bloodstream to bring blood sugar levels back up to par. This process makes sure that your brain, heart, and muscle tissues have adequate energy (in the form of that glucose) to do their jobs. Although your body is programmed to restore glucose as a means of survival, you want to avoid putting it in a state of low blood sugar too often, especially if you're someone who's dealing with a variety of hormonal symptoms. As you'll learn when we look at the elimination group, your liver is responsible for breaking down estrogen that your body has already used and helping it leave your body. When estrogen lingers in your bloodstream, it piles up and throws off the balance your endocrine system is trying to maintain. This creates additional hormonal symptoms. Now, if the liver is frequently focused on converting glycogen into glucose because of low blood sugar, it's going to have less energy to spend on eliminating estrogen and other toxins. In other words, you want to use food to stabilize your blood sugar instead of relying on your liver to do it for you. Controlling your blood sugar level is an extremely intricate and delicate seesaw that easily and frequently goes awry, which helps explain why so many people suffer from diabetes today. Carefully selecting the foods you put into your is one of the best ways to keep your blood sugar levels as balanced as possible.

Detoxification of liver

- Do not eat fried food, eat instead steamed
- Lots of green vegetables
- Milk thistle quality products
- Nettle and walnut tree leaf tea
- Regenor, Silegon, Silymarin
- Dandellion tea

Blood sugar

Let's start with the basics. When your blood sugar, adrenals, and pathways of elimination aren't being cared for and nurtured with an "every meal, every day" approach, they quickly become unstable. The difficulty almost always begins with mismanaged blood sugar. Just as low blood sugar can compromise your liver function, so can excess glucose in your bloodstream. When you consume more sugar than your body needs, the excess gets stored in your fat cells, including those in your liver, which expand to accommodate the surplus. Excessive fatty deposits in the liver decrease the liver's ability to break down estrogen from your body, allowing that estrogen to hang around longer than it should.

For those of you contemplating drastically cutting carbs or eliminating them altogether—don't. Glucose is your brain's primary source of fuel. Without it, you'll feel moody and lethargic and will even experience deficits in your ability to concentrate and retain new information.

Constipation and water retention

Many people don't realize that constipation is more than a simple annoyance. The lining of your large intestine is osmotic in nature, meaning that things can travel in and out through the membrane. If you don't have an efficient transit time because your liver or large intestine is congested or you're lacking the necessary nutrients for them to perform their functions efficiently, the toxins and other chemicals working their way through this pathway can become reabsorbed into your bloodstream and continue circulating throughout your body. It's essential that all toxins and hormones be removed, and quickly. In particular, if you're not metabolizing, breaking down, and removing estrogen as efficiently as possible, an excessive amount will accumulate in the bloodstream and lead to menstrual cramps, fertility, and libido issues.

Conversely, if you experience symptoms related to the large intestine and leave those symptoms unaddressed, over time you'll experience a flare-up of symptoms in the liver, then lymph, then skin.

• Large intestine - Constipation, diarrhea, IBS, bloating
• Liver - Food sensitivities and allergies, pain (sharp or dull) under the right rib cage after eating a rich meal or drinking alcohol, sweating, foul body odor (especially from the armpits and feet)
• Lymph and skin - Acne (cysts, whiteheads, blackheads), rosacea, eczema, dandruff, oily scalp, body odor

Remedy: yoga (malasana, vajrasana, sfinx) / fermented food / spicy food / senna leaf tea / prunes / steamed apples and pears / mg / fiber / 2 glass of warm water after waking up / castor and linseed oil /

For water retention take regulalry high dose of good Mg in the evening, drink dandelion and stinging nettle, tea a few times a week. You can also take bio apple vinegar with lukewarm water on empty stomack and make sure you regulalry clean your kidney. Ginger tea from grate ginger is also a good diuretic.

Fat issue - A Weighty Matter

If you're like many women with endocrine fallout, it may seem like your body is hanging on to an additional 5 – 20 kg for dear life. No matter how little you eat and how much you move, those excess kg refuse to budge. Sound familiar? Well, you may be relieved to learn that there's a physiological reason for this—and you'll be even more relieved to find out that there's a solution for it, too. The root of the problem lies in your liver. As we have seen, the liver is responsible for removing toxins from your body, and it does this by turning fat-soluble toxins into water-soluble ones so they can be excreted through your large intestine, kidneys, and skin. When you have a hormonal problem, however, your liver's function is compromised (often because your pathways of elimination are clogged). This means

that your liver doesn't work as efficiently as it should and thus is unable to remove toxins as rapidly as they build up. Your body copes with this problem by squirreling those fat-soluble toxins into—where else?—your fat tissue. For the moment, this protects your liver because it minimizes the toxic load there. The problem, however, is that it becomes even more difficult to shed weight. Your fat cells don't want to let go of those toxins, because your body knows that doing so would pollute your bloodstream and create a toxic environment for your organs, including your heart and your brain. The end result? Your fat cells cling to the toxins and your body clings to your fat cells. Fortunately, there's a way to get your body to release its white knuckled grip on your fat: up your dietary and supplemental forms of intake of *vitamin A, vitamin B, and vitamin C, as well as sulforaphane and the antioxidant glutathione—nutrients your liver needs to detoxify effectively.* By helping your liver do its job properly, you'll prevent those toxins from becoming backlogged and wreaking havoc on your waistline.
Here's how you can help achieve that:

- Fill your diet with plenty of vegetables from the brassica family: cabbage, cauliflower, broccoli, brussels sprouts, and all kinds of kale. Try to sneak at least one brassica-type vegetable into every meal throughout the day. Add them to smoothies and juices that you make, too.
- Reach for lemons and oranges. Add fresh lemon to your water. However, not all citrus will do—grapefruit contains an enzyme that impedes liver detoxification, so avoid it while you're working on getting your liver back into shape.
- Sneak caraway and dill seeds into as many meals as you can. Grind them in a spice grinder (a coffee grinder works, too) and rub them on chicken, fish, or other meats before baking, combine

Additionally

- Detoxify daily, weekly, monthly and yearly
- Check your hormones, usually thyroid and andrenal disfunction can slow down or inhibit weight loss
- It is important to cease inflammation thorough the body
- Stress management and good sleeping routine is inevitable for weight loss
- Take vitamins and minerals daily
- Main eating law: Eat food which is high in nutrition and low in calorie
- Eliminate sugar, refined product, milk product and processed meat from your diet
- You can not loose weight successfuly without disciplined exercise routine
- Take electrolytes as magnezium, potassium, sodium
- Staying hydrated is extremely important during this cleanse. It supports your body's ability to flush out toxins and keep your bowels regular. Try to drink more water than usual, aiming for at least eight glasses a day. If this makes you feel cold or bloated, drink your water warm or hot. You can also add a little lemon to your water, as this will help with the detox.

Víruses, bacteria

We all meet with viruses and bacterias time to time. If your body is well nutritioned, rested and not overstressed then you can easily handle them. If one of the above is lacking in a long term they can attact your internal organs and glands causing inflammations and lasting diseases.
Some of them are revealed immidietally but some infection can go unnoticed for yours just giving symphtoms like cronic fatigue, oily hair, letargy, achné.
If you have any long persist símphtoms it is good to investigate for HPV, Epstein bar, Cytomegalo, Varicella, Chlamidia, Staphylococcus aureus, e coli.

Remedy: Nigella sativa / L-Lysing 2 x 1000 mg for 2 month (arginin also important 500 mg daily) / Cats Clows 3 month / Artemisia Annua/ Curcumin / Reservatrol / Ganoderma or Shitake mushroom / Celery stalk juice / Antioxidants and flavonids / Lots of vitamins and nutritient dense food

Heavy metal saturation

Heavy metals can accumulate in our tissues, they can cross the barin-blood barrier, they can affect heart, digestive system, your neurons, make you anemic, attack ATP and make you tired, block certain proteins (for example which grows hair), create a lot of free radicals.

We are in contact with a dangerous amont of heavy metal from drinking water, household chemicals, food and soil.
They can go inside our cells and up to the brain causing irreversable degenerations.

Cleaning heavy metal from body and mind (3-6 month)

- Chorella and spirulina double the recommended daily dose
- Lots of corriander leaf and seeds spread to your food 2-3 times daily (so released heavy metal from cells can not travel up to your brain)
- Giga dosage of vitamins and minerals in order to fill cells receptors so heavy metals can not take vitamins place in cells
- Glutation and superoxide dismutase (SOD) prevents free radical damage
- Cilantro, brocoli sprouts (3 times a week), garlic, curcumin, cruciferious vegetables, more organic vegetables, water filter

III) Importance of daily routine and proper lifestyle

Clean your life and activities

Modern world and media focuses on dispersing your attention with its miryad advertisements and make you craving for new things and goods all the time, so you keep purchasing and working to earn money for another purchase. Like a hamster wheel.
When your senses are overused from work, outside noise, too much talking during the day with clients, watching monitor all day long, when you get home you need some kind of compensation.
Easiest way to compensate yourself is to indulge in habits which are not good for your body, mind and hormons, like eating fast food, sweets and carbs, or watching movies till late night, or drinking alcohol.
Try to bring balance and strict daily routine in life.
Meditate and feel what activities make you content and only keep those activities in a long term in your life and abandon those activities which not giving you ful contentment or benefits. Feeling your life with too much coming and going just makes your mind scattered and exhaust your nerves in a long term.
Strict daily routine is the requisite for success and to stay healthy and do not age prematurly.
Identify activities which steal your time and abandon them.
Identify happenings, people, activities in your life which give you stress or make you feel unrest and try to minimize them.
Anything you over or underdo harming your being. **Key is moderation.** Sleeping, eating, resting a lot or little all harms you, try to bring balance in all your activities in your life.

Instead eating always outside, go home and cook your own delicious healthy food. If you have to eat outside try to eat always from one restaurant. If every day you eat from different kitchen, your stomach will be weaken by too many types of spices and dishes.
Prioritize your activities to align them with your health. For example if you make a routine of waking up in the morning to practice asanas, then do not go out with workmates every night.
Choose the right thing and activities in your life and it wil give you a lot of joy in long term.
Daily asana, meditation and sport activities bring you numerous benefits. It will keep you away from doctors, provides you with energy, confidence, clarity of mind and good mood.

Detoxification tips in daily routine

- Morning walk or yoga
- Evening 20 minutes meditation
- Deep, smooth breating and practice of mindfullness during the day
- Warm water for empty stomach
- Lots of healthy spices in your dishes (curcumin, ginger, nigella sativa)
- Tounge scrapper
- Reflexology, massage, sauna (not for men who wants to stay fertile)
- Use a dry brush on skin regularly to help shed old skin and stimulate lymph flow. Brush in the direction of the heart. (These brushes are available at natural food stores.
- Herbal teas during the day (Stinging nettle, dandelion, fenugreek etc.)
- Curcuma to clean your joints, joint exercise, liver, intestines
- Freshly squeezed juices (red beet and carot for 2 month on empty stomach)
- Zellery stick juice
- Apple vinegar or limon water for empy stoach (min. 6 month)
- Daily use of ginger
- Half dl. castor oil once a month

IV) Focusing on hormon diet, medicinal foods and herbs

Instead of juices and sodas take herbal teas to promote hormonal balance and ideal weight.

Herbal teas and beverages contain bioactive compounds or phytochemicals which have been reported to have beneficial effects in the prevention of metabolic disease such as diabetes, glucose intolerance, and obesity. These plant compounds like polyphenols have been associated with antioxidant, antiinflammatory, antineoplastic, and antimutagenic effects in experimental animals; while epidemiological surveys in humans have demonstrated an inverse relationship between the risk of chronic disease and the consumption of polyphenols.

- Chamomile: antioxidants to anti-inflammatory elements, relief from anxiety
- Dandelion: diuretic, cancer-fighting and bone-strengthening properties
- Fenugreek seed: alleviate digestive issues, such as upset stomach and inflammation. It may also help control appetite, relieve acid reflux, and lower inflammation (for mamas increase milk production)
- Red Clover: treatment for menopausal symptoms, PMS, most notably hot flashes, high in isoflavones, compounds that act as phytoestrogens which are similar to the human form of estrogen. Red clover helps keep this sex hormone balanced in the body

- Yarrow: Is great for women experiencing uterine spasms or any painful periods, especially for women with a heavier flow, astringent, anti-inflammatory, antispasmodic, diuretic
- Peppermint: is good for stress relief. It also helps with stomachs and digestive issues and helps to freshen the breath.
- Lady's Mantle: As in the case of Vitex, Lady's Mantle can also help in balancing our female sex hormones by working in opposing ways. For example, in situations of heavy periods or excessive bleeding between periods, Lady's mantle is great in taming hormones working in over-drive through its astringent [i.e. decreasing bleeding] and emmenagogue [stimulates menstruation] actions.
- Motherwort: Can be used for females who do not have periods [amenorrhea] or if periods are delayed by stimulating the onset of menstruation. In addition, this herb is also useful in palliating menopausal symptoms by acting as a relaxing tonic. It's nervine [calming the nervous system] properties are well indicated for women who are anxious an may experience palpitations.
- Raspberry Leaf is a common herb to balance female hormones. The plant compound in red raspberry leaves may have antioxidant effects and can help to relax blood vessels. These compounds may how have a muscle relaxation effect, depending on the amount consumed, making it useful for menstrual cramps in some women [3]. Red raspberry leaf tea is also often used during late pregnancy to support labor and delivery. Discuss herbs with your doctor before starting.
- Rose hips: are a natural source of vitamin C and bioflavonoids. They are a liver, kidney, and blood tonic, and are a good remedy for fatigue, colds, and cough.
- Stinging Nettle Leaf regulating blood sugar, supporting the liver, fighting inflammation. In addition, some reports indicate that nettle leaf can lower DHT, a hormone that is strongly linked to female hair loss (source). As a matter of fact, when it comes to hair loss, many women use nettle leaf not just internally, but also as a restorative hair rinse!
- Shepherd's Purse This herb helps to reduce bleeding and all aerial parts can be used, such as the leaves and flowers.
- Sage: This herb helps to reduce hot flushes.
- Catchweed Bedstraw, Galium aparine is very useful, protects our whole endocrine system. It is a good depurator, also recommended for kidney diseases and prostate. It is also effective in case of hyper- and hypothyroidism.
- Valerian root: Valerian root has mild sedative properties and people can use it as a sleep aid and to treat anxiety.
- St. John's Wort: It increases the levels and longevity of neurotransmitters in the brain, especially serotonin, dopamine, GABA, and norepinephrine. St. John's Wort has been clinically shown to help with mild-to-moderate depression and anxiety (not to be relied upon for severe depression.) Avoid if you take heart medication.

Spices

Ginger Relieves indigestions, lower mentrual cramps, heals irritated skin, reduce nausea, reduces blood sugar, boost immunity, eases arthritis syndrome,

Curcumin It possesses antioxidant, anti-inflammatory, anti-cancer, anti-arthritis, anti-asthmatic, anti-microbial, anti-viral and anti-fungal properties.

Nigella seeds Researchers are investigating nigella seed's protective and therapeutic effects in those living with polycystic ovarian syndrome (PCOS). PCOS is a disorder associated with abnormal hormone levels, among other symptoms, in women of reproductive age. According to studies, nigella seed extracts have helped regulate insulin, testosterone, luteinizing hormone, and thyroid hormone levels, among others. What's more, Nigella sativa extract exhibits estrogenic activity, meaning it acts similarly to the hormone estrogen in your body. In fact, some studies in rats are exploring whether nigella seed extracts could be an alternative to hormone replacement therapy (HRT) during menopause, a time when the body typically produces less estrogen than it used to.

Linseed Flax seeds support hormone balance in two main ways. Firstly, lignins bind to estrogen in the intestine, ensuring that those estrogens get excreted in the feces. This "interrupts" the reabsorption of estrogen back into the blood stream via the liver, meaning that we can reduce the body's overall estrogen. In addition to the important omega-3 fatty acid ALA, flaxseed, NOT the oil, also contains phytoestrogens, which are plant chemicals called lignans. Phytoestrogens act like the hormone estrogen and may help protect against some kinds of cancer.

Dong quai is sometimes called the "female ginseng." Relieves cramps, irregular menstrual cycles, infrequent periods, premenstrual syndrome (PMS), and menopausal symptoms.

Master Program for Optimal Hormonal Balance and Pelvic Health

The following program is effective not only for eliminating menstrual cramps but also for balancing hormones, alleviating PMS, and reestablishing normal periods in women with abnormal, heavy, or irregular
periods. This program is also the mainstay of natural treatment for polycystic ovary syndrome and fibroids as well as endometriosis:

- *Diet*

Eat a low-glycemic-index diet to stabilize hormone levels. A nutrientpoor diet that contains too many refined foods that raise blood sugar levels too quickly (known as high-glycemic-index foods) favors the production of inflammatory chemicals through out the body that result in pain and tissue damage. These inflammatory chemicals (also known as eicosanoids) go by a wide variety of names, including cytokines, bradykinins, interleukins, prostaglandins (including PGF2 alpha), and prostacyclins. Many of the most common drugs on the market, including aspirin, block the effects of these substances. When high-glycemic-index foods are consumed in an individual who also has high circulating levels of stress hormones, the amount of inflammatory chemicals produced is even higher. Menstrual cramps are just one manifestation of this vicious cycle. Others include fluid retention, headaches, insomnia, and muscle aches and pains. In fact, all of the symptoms of PMS are caused, in part, by cellular inflammation from the overproduction of inflammatory chemicals.
Therefore, a nutrient-rich, whole-food diet that balances insulin and glucagon and also decreases the production of inflammatory chemicals is the backbone for treatment of cramps and many other health problems. The basic approach is the following:

- Eliminate or greatly reduce refined carbohydrates (including products with refined sugar and/or refined flour, such as cookies, cake, chips, crackers, and so on).

- Decrease grain products to no more than two or three servings per day. Most dry cereals contain far too much refined carbohydrates to justify their fiber content, so stick with oatmeal and shredded wheat.
- Gluten intolerance: Typically, problems with gluten cause diarrhea, abdominal pain, and bloating. In women, however, sometimes the only tipoff is bone loss, irregular cycles, amenorrhea or difficulty getting pregnant. Gluten intolerance has been linked to altered estrogen levels and consequences such as amenorrhea (no periods for several months), infertility, and diminished ovarian reserve.
- Other intolerances: Take a food intolerance test
- The diet should consist mostly of fresh vegetables and fruits along with lean protein such as chicken, fish, eggs, and legumes. Specifically, cruciferous vegetables such as kale, collard greens, mustard greens, broccoli, cabbage, and turnips have been shown to modulate estrogen levels (helpful for conditions such as endometriosis and fibroids).Try for one or two servings of these daily (or take a supplement containing indole-3-carbinol, the active in gredient in these vegetables;
- If you are overweight, loss of excess body fat increases insulin sensitivity and normalizes insulin secretion, which results in normalization of blood sugar and a reduction in excess androgens. Women with type 2 diabetes often greatly improve their health by this approach.
- Stop dairy foods, especially ice cream, cottage cheese, and yogurt— even low-fat versions of these products. Many women get relief of symptoms such as menstrual cramps, heavy bleeding, breast pain, and endometriosis pain when they stop consuming dairy foods. dairy products cause inflamations, lead to hormonal imbalances and water retention.
- Limit red meat and egg yolks to no more than two servings per week, or eliminate them. If you do eat red meat, use cuts from grass-fed animals. Red meat and egg yolks are very rich in arachidonic acid (AA), which can result in increased cellular inflammation and uterine cramps in susceptible individuals. Not all individuals are sensitive to AA, so this recommendation will not apply to everyone; to find out if you are sensitive to AA, avoid all red meat and egg yolks for at least two weeks, then eat several servings in one day and see if your symptoms return. Red meat can be very high in saturated fats, which also can increase cellular inflammation—that's why you need to stick with the low-fat cuts.
- Eliminate partially hydrogenated fats (trans fats) whenever possible because they increase the production of inflammatory chemicals. Check labels on all prepared foods.
- Eliminate or limit caffeine. As I've learned through the years, just getting off caffeine, even if consumption has been as little as one cup of coffee or one can of cola per day, can have a dramatic effect on PMS for some women.
- Take food intolerance test (https://foodtest.hu/): Do not mix intolerancy with allergy. While allergy has severe symphtoms, intolerance may you even not recognizing for decades or you do not know that your belly fat, stomach upset, bloating, autoimmun disease, IBS, ekcema etc. is the consequence of your food sensitivity.
- Take a fiber supplement containing both soluble and insoluble fiber, which helps the body excrete excess estrogen and other substances. One of the best such supplements is one to two tablespoons of whole psyllium seed husks in liquid every morning (which are much milder than wheat bran); oat bran or slippery elm is also excellent.

- *Nutritional Supplements and Herbal Support*

Take a pharmaceutical-grade multivitamin-mineral supplement daily, all month long. (Look for GMP, which stands for "good manufacturing practice," on the label.) A dietary approach that nourishes the body fully will also help a woman attune herself to her spiritual, intuitive side. This helps reestablish

emotional flow and can often help normalize a woman's hormonal levels. Choose a comprehensive supplement rich in *B complex, zinc, selenium, vitamin E, and magnesium*—you need about 50 to 100 mg of each of the B vitamins (vitamin B6 in particular has been shown to decrease the intensity and duration of menstrual cramps) and 300 to 800 mg of magnesium.

Dian Shepperson Mills, a nutritionist in London and a former trustee of the British Endometriosis Society, reported a double-blind study of dietary supplements that resulted in a 98 percent improvement in endometriosis symptoms over those not on the supplement. The supplements used were thiamine (vitamin B1), riboflavin (B2), and pyridoxine (B6), 100 mg each; zinc citrate, 20 mg; and magnesium aminochelate, 300 mg. Vitamin A (5,000 to 10,000 IU per day) is important because it appears to help regulate excessive estrogen levels.Doses of vitamin A as high as 100,000 IU per day can be given if limited to three months—otherwise, there is a risk of toxicity. (Though 5,000–10,000 IU of vitamin A is well within the safe range, it's best not to use this if you're trying to get pregnant.) Beta-carotene is a safe form of vitamin A that does not reach toxic levels. Vitamin A as well as vitamin C with bioflavonoids (500 mg per day) have also been shown to decrease menstrual blood loss. If you have particular problems with cramps and PMS, you may find it helpful to divide your dosage of vitamin E and magnesium throughout the day. Take your vitamin E three times a day during your entire cycle (for a total of 100 to 400 IU). Make sure it's in the form of d-alpha-tocopherol or it won't have any biological effect. Vitamin E works because it prevents excessive clotting and helps maintain a more normal menstrual flow. With magnesium, you can take as much as 100 mg every two hours during the menstrual cycle itself, and three or four times per day during the rest of the cycle. Magnesium relaxes smooth muscle tissue, and a deficiency of this mineral is common in PMS. Get enough iodine. Though most physicians know very little about the extrathyroidal *role of iodine* and about it's necessity for the optimal health of the breasts, ovaries, and the uterus. The ovaries, breasts, muscles, joints, and bones actually have cellular pumps in them to concentrate iodine. The optimal amount to take daily is 12.5 mg.

Take essential *fatty acids*. Omega-3 fatty acids in the form of fish oil, which contains DHA (docosahexaenoic acid) and EPA (eicosapen taenoic acid), have been shown to work well for menstrual cramps even in those who didn't change other aspects of their diets. A recent study suggested a dosage of 1,000 mg EPA and 720 mg DHA, together with 1.5 mg vitamin E; you can use any amount that approximates this. A much cheaper and often healthier alternative is to eat sardines packed in their own oil or in olive oil two to three times per week. Other cold-water fish such as mackerel, salmon, and swordfish are also good sources of fish oil. DHA made from marine algae is also available (the brand name is Neuromins, and the usual dose is 400 mg one or two times per day). Flaxseed oil—500 mg two to four times per day—as well as sesame, sunflower, safflower, macadamia nut, and walnut oils can also be used if fish oil is not available or if it is unacceptable. You can also buy fresh flaxseed and grind it in a coffee grinder just before adding it to soups, salads, or cereals. Usually one to two tablespoons per day of the freshly ground seeds will be enough.

Take black cohosh, or "cramp bark," as a preventive. This herb is available in tablet or tincture form in natural food stores. Follow directions on the bottle.

Try Menastil, a very effective roll-on product made from calendula oil, for cramps. It's widely available online.

- *Reestablish Cyclic Ovulatory Flow*

Get in tune with your body's daily cycles, regulated by a kind of internal body clock located in the part of the brain known as the hypothalamus. This is true whether or not you are having menstrual periods. These daily cycles follow the day-and-night rhythms of nature, relying on light and darkness to time the release of various hormones and neurotransmitters that make us sleepy or wakeful (among other things).But because our modern lives with electric lights and fastpaced schedules are out of sync with natural rhythms, we find it harder if not downright impossible to stay in tune with our bodies' natural cycles. It becomes difficult to hear the ticking of our body's internal clock.

With small changes, however, we can help reset our genetic clocks and get our bodies back in sync so we have more energy, we get more sleep, and our lives flow more smoothly.

- Go for regular walks outside during the day, preferably in nature.
- Get up at the same time each day, no matter what time you go to bed the night before.
- Create an "electronic sundown" every night around ten o'clock by turning off your computer, television, cell phone, and any other piece of electronic equipment.
- Make your bedroom completely dark, covering or turning off any of the blinking or glowing lights from your alarm clock, cell phone, computer, DVD timer, and other devices. (Or, if you can't do that, wear an eye mask.) Even these tiny bits of light can affect your melatonin levels, which are important for restful and restorative sleep.
- Allow mealtime to follow your body's natural rhythms. Your metabolism peaks around noon, so have a bigger breakfast and lunch and a smaller dinner. Start the day with a breakfast containing plenty of protein and healthy fats instead of a sugary, carb-heavy meal.

- *Energy Medicine*

Try traditional Chinese medicine, which includes both herbs and acupuncture. This modality has been shown to eliminate or greatly decrease many gynecological problems. The usual course of acupuncture is ten treatments, but many women feel relief after as few as three treatments.
(Something like shrinking a very large fibroid, however, could, according to some studies, require a major commitment to having daily treatments for a while.) Just as many emotional settings and energy dysfunctions are responsible for setting the scene for a woman's menstrual disorders, many appropriate and specific oriental herbal and acupuncture treatments may be prescribed.

- *Stress Reduction*

Meditate. Women who practice meditation or other methods of deep relaxation are able to alleviate many of their symptoms. Relaxation of all kinds decreases cortisol and epinephrine levels in the blood and helps to balance your biochemistry, including the reduction of inflammatory chemicals. There are numerous types of meditation that work. Each woman should choose the type of meditation that she feels most drawn to and incorporate this discipline into her daily routine.
One study showed significant relief of PMS within three months of regular practice.

- *Do some inner work*

Ask yourself the following questions and answer them honestly:
What are my emotional needs?
What would I like to see happen in my job or my life that would nourish me fully?
Am I getting enough rest?
Do I believe that I have the power to change the conditions of my life?
Consider journaling the answers. As you do so, also write down everything that you'd like to create in your life. See how much enthusiasm and energy you can muster simply by imagining what it would be like to let your creative talents or secret selves manifest fully. Note where you have any blocks to this process. They will usually be identifiable as "yes, but . . ." statements, such as "Yes, I'd love to sew beautiful clothing regularly, but there's no way I can get the time." You will soon be able to identify the limiting beliefs that are blocking your creativity. Realize that this inner work is a vital part of any plan to promote pelvic health, because while any one of the components of this plan (including dietary changes and supplements) will help, none is likely to completely cure pelvic problems if you do not also address the energetic cause and release the energy blockages in the pelvis. In fact, I've seen fibroid patients go on very strict macrobiotic diets, only to find that their fibroids have actually grown. These women usually had unresolved childhood issues, such as incest, or were married to abusive partners.

- *Use affirmations*

Regularly affirm your power to change your life for the better by saying this affirmation out loud in the mirror twice per day for a month: “The healing power that created the universe is now working in and through me, creating quickly and easily the perfect outcome—the perfect result.”

- *Homeopathy*

I wholeheartedly embrace homeopathic medicine, which addresses the vibratory nature of life at its deepest levels. Practitioners report that fibroids shrink or disappear and many gynecological symptoms can be alleviated with the right homeopathic remedy. Homeopathic medicine is a type of natural medicine that was very pop ular at the turn of the century. A variety of homeopathic remedies are available specifically for gynecological problems.

- *Natural Progesterone*

Consider natural progesterone, which in combination with lifestyle changes often produces profound improvement in PMS symptoms. In their capacity as neurotransmitters, estrogen and progesterone clearly affect mood. Estrogen, if un opposed by progesterone, tends to irritate the nervous system. Progesterone, on the other hand, is associated with tranquility and is a central nervous system relaxant. It binds to the same receptors in the brain as Valium and has a soothing and relaxing effect. I recommend natural progesterone for women who have moderate to severe PMS that doesn’t respond to simple lifestyle changes. Natural progesterone also works well for women whose major premenstrual symptom is a migraine-type headache. These headaches often start with the gradual change in estrogen and progesterone levels that tends to occur in the years leading up to menopause. Natural progesterone is not the same thing as the synthetic progesterones (progestins), such as medroxyprogesterone acetate (Provera) and norethindrone (commonly used in birth control pills). There are no serious side effects with natural progesterone at the usual doses. Sometimes it might cause intermenstrual spotting or delay the period. This usually resolves itself in one to two months.

- *Manual Therapies*

Get a total body massage at least once every other week for two months. Notice how you feel after the massage.

- *Detoxification (see above)*

Do something every day to work up a sweat. Get at least twenty to thirty minutes of aerobic-type exercise five times a week. Brisk walking is all that is necessary. This is beneficial for several reasons, including the fact that sweating is a natural way to detoxify. Also, exercise increases levels of endorphins (naturally occurring morphine-like substances that help the body deal with depression and physical pain) and lowers levels of stress hormones, which decreases cellular inflammation. It is estimated that half of all depression cases can be helped through exercise alone. Yoga is also helpful for a number of reasons, including the fact that it often relieves cramps.

- *Strengthen Your Pelvic Floor*

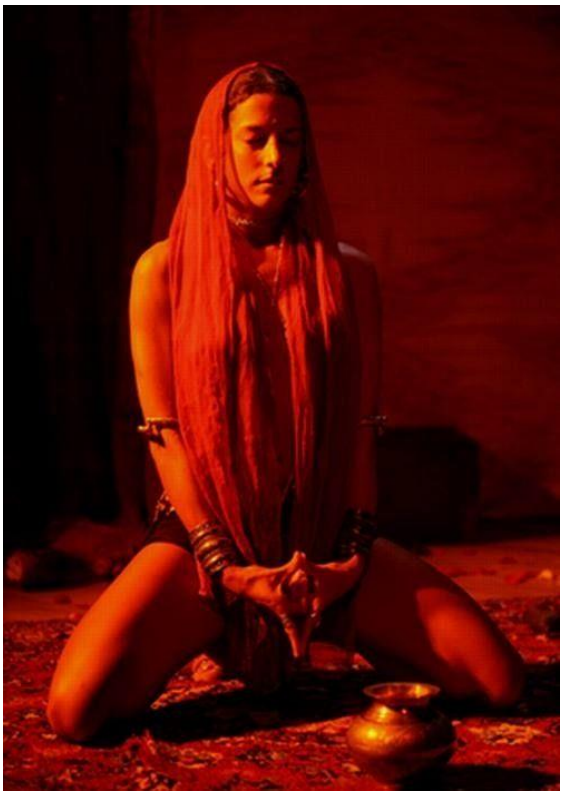
Getting in touch with your pelvic floor can be a most enjoyable experience. Remember that your pelvic floor is the seat of your life force and sexual energy. Since energy follows awareness, just placing your awareness in your pelvis can begin to change your experience of this area— you will probably notice a pleasant tingling sensation.

After all, in addition to your pelvic organs and pelvic floor, the pelvis has a great deal of erectile erogenous tissue within it. So when you do your pelvic strengthening exercises, make the experience as fun and juicy as possible!

Becoming aware of your pelvic floor and exercising it regularly—through either Kegels, vaginal weights, or the use of a jade egg—not only strengthens the pelvic floor, but also increases blood flow to the vagina, bladder, and urethra, making the tissue more resilient. This will greatly improve both your sex

life and your bladder control. I believe that most of the urinary, bladder and vaginal problems can be prevented or becomes easier to manage with a pelvic floor which is regularly strenghtened by women yoga, kegel or aviva.

VI) Menstruation cycle



For a slew of reasons, many of us maintain a static mind-set about how our bodies should be. We believe that if our body performs at the same level each and every day, we've achieved a state of health, vitality, and success. Yet what I've found is that it's against your very nature to be static; everything in your life, in your body, and in the world around you functions in a cyclical manner—from the seasons, to the moon, to your menstrual cycle, to your hormones, and so much more. To expect yourself to wake up feeling exactly the same way tomorrow morning as you did today is a misunderstanding of how forces in your body operate. Opening your eyes to this new, cyclical way of understanding your body may be the most profound thing you can do when it comes to repairing your relationship with your body. Harnessing this dynamic cycle allows you to enter into a state of flow in your life. That's because, with the static view, when you expect your body to feel fabulous day in and day out, you continuously feel betrayed when it falls short. Not any longer. Why is it so crucial to take this leap of faith and revise your mind-set? Because how you view your body determines the choices you make for it. If you're aligning with the cyclicality of your hormones, you'll make choices that respond to the cues your body is sending you. Your endocrine system does this cue-sending beautifully and predictably in an observable way that, if honored, will usher you toward a more efficient way of life. Achieving your health goals becomes possible when you rely on your endocrine system for guidance. Living from this new place of cyclicality, on a day when you're feeling run down you might decide to take an easy thirty-minute walk instead of pushing yourself through a sweaty boot-camp class simply because you think that's what you should be doing. (Had you gone to that class, your tired body wouldn't have performed at the level you expected of it, leaving you feeling let down and depleted—not so after that soothing stroll.) In addition to tailoring your exercise in response to physical cues, you'll also make food choices that support your body instead of robbing it of energy. You'll develop a degree of sensitivity and attunement if your mind-set is one in which you believe things are meant to change. With that mind-set, it becomes your responsibility to adjust your daily regimen of food, exercise, sleep, and pleasure to respond to the daily and monthly cycles that occur.

And I realized that if I could organize my lifestyle under this context of cyclicality, I could get more done with less stress on my body and mind, and with greater ease, pleasure, and grace than I ever knew was possible.

But what I found from honoring the four phases of my cycle, and what I see in the women I work with every day who learn these same skills, is that doing so gives a woman access to so much more than a healthier, more fertile, more energetic body. Women who partner with their hormones live more efficiently and strategically. These women end up becoming the fullest expression of themselves and live as leaders and change-agents in their own lives and communities.

Syncing with Your Cycle for a Symptom-Free Future

There are five hormones that govern your experience of your menstrual cycle: estrogen, progesterone, follicle-stimulating hormone (FSH), luteinizing hormone (LH), and testosterone. The quantities of these five hormones change four times throughout your menstrual cycle. This creates four distinct phases within each cycle—follicular, ovulatory, luteal, and menstrual—based on the concentrations of those hormones at each point. Not only do the varying ratios of hormones determine what's going on inside your body from a reproductive standpoint; they also determine how you feel physically and emotionally during each of the four phases.

PHASE 1: Menstrual Phase

Duration: 3–7 Days

• Hormone focus. Progesterone production drops off as the corpus luteum disappears, triggering the shedding of your uterine lining in your menstrual phase, a.k.a your period/bleeding phase. Estrogen peaks and then drops, stimulating your hypothalamus to prepare for another cycle of ovulation.

• Body focus. A combination of brown spotting and red bleeding characterizes this phase. You may also experience pelvic cramping, low backache, fatigue, and cravings. Sometimes you may feel a sense of relaxation and relief as your estrogen peak passes.

• Lifestyle focus. Self-analysis and course-correction are dominant now. During your menstrual phase, the communication between the right and left hemispheres of your brain is more powerful than at any other time. This enables you to judiciously evaluate how you're doing in your life and, if necessary, begin identifying and making course corrections that will reposition you in the direction that you want to be heading. Because of the way your hemispheres are firing back and forth, you're also most likely to receive clear intuitive-gut messages during your menstrual phase. Check in. Listen to what those subtle messages are, especially if every month you're coming up against the same thoughts, worries, or fears at this time. Many women find that journaling during their menstrual phase, especially when they first learn to sync with their cycles, allows them to access deeper insight into what their instincts are telling them. It also helps them begin to notice thought patterns that may occur month after month, urging a particular action. Many women feel relieved when they learn that feelings such as restlessness and dissatisfaction during the menstrual phase are completely normal. Instead of allowing these thoughts to make you feel overwhelmed, take advantage of this phase to identify which areas of your life need your attention. Those messages will be most clear to you at this time. Then use the other weeks in your cycle to address these issues in a variety of different ways to help you come up with the best solutions and improvements for you.

• Food focus. During your menstrual phase your body is involved in an intense process—eliminating the lining of your uterus—so focus your diet on foods that add nutrients. These include foods with a low glycemic index and water-rich fruits and vegetables. Seafood and sea-based veggies will also help remineralize your body with iron and zinc, which you lose during menstruation. The foods for the menstrual phase are all deeply restorative to the blood and kidneys—perfect for while you are bleeding. Choose whatever preparations feel most comforting to you. (Hint: for most of the year that will be soups and stews.)

• Exercise focus. Rest and recovery are important parts of any exercise program so that your body can repair. Schedule rest or yoga during the early part of the menstrual phase, especially the first day or two, when your flow may be heaviest. Take time to stretch and walk on these days. As you move into the end of bleeding and toward the follicular phase again, begin to amp up your activity according to how you feel.

PHASE 2: Follicular Phase

Duration: 7–10 Days

• Hormone focus**.** The hypothalamus signals your pituitary gland to send follicle-stimulating hormone to your ovaries, telling them to get ready to release another egg. Several egg follicles start to swell in preparation. Estrogen increases to thicken your uterine lining so that it can host an egg.

• Body focus. Physical energy increases throughout this phase, and you may sometimes feel restless. Initially little to no vaginal secretions occur; then they start to increase—yellow or white in color and tacky or sticky in texture.

• Lifestyle focus. Creativity and new beginnings characterize this phase. This is the time to direct your energy into stimulating projects at work and at home. Plan brainstorming sessions with your coworkers; save your most mentally challenging assignments for this week, since your brain's penchant for creativity at this time makes it easier to problemsolve. Your physical energy is at one of its highest points during your follicular phase. Emotionally, you feel outgoing, upbeat, and revitalized. When setting your social calendar for the month, plan invitations during this week, when you'll have the most energy to be out and active. It's also an ideal time to plan to see a new exhibit or check out a new band: you'll be most open to the new experience and will find it most stimulating during this time.

• Food focus. Fresh, vibrant, light foods make you feel more energized during this phase, when all hormone levels are at their lowest. Your body can tolerate foods with a higher phytoestrogen content since, with estrogen just starting to increase, you won't be piling additional estrogen on top of already-elevated estrogen levels. Think: pressed salads (kimchi and sauerkraut), plenty of veggies, lean proteins, sprouted beans and seeds, and dense, energy-sustaining grains. How you cook your foods matters, too, so favor light cooking methods such as steaming or sautéing during the follicular phase.

• Exercise focus. Try something new—take that Zumba or yoga sculpting class you've been yearning to try at your gym. Putting your brain and body in a new, stimulating situation feels like an easy, natural thing for you to do at this time of the month. You also form new neuroconnections in the brain more easily, which means that stepping outside your comfort zone is a seamless thing to do; furthermore, new activities are more likely to stick when you start them now than at any other point in your cycle. You have the energy to go for those more challenging workouts at this time, too.

PHASE 3: Ovulatory Phase

Duration: 3–4 Days

• Hormone focus. A sharp rise in follicle-stimulating hormone followed by an increase in luteinizing hormone, also from the pituitary, stimulates one follicle to swell further and burst, releasing an egg into one of the fallopian tubes; that egg then travels to the uterus. Progesteron levels continue to increase, further thickening the uterine lining and supporting the growth of immune system cells in the uterus. Testosterone takes a quick surge and drops right around ovulation.

• Body focus. Vaginal discharge increases and is clear, wet, slippery, or stretchy on your day of peak fertility. As you move past that peak day, vaginal discharge dries. You may feel pelvic pain with the release of the egg as well as a surge of energy or a sense of depletion, along with cravings or a headache.

• Lifestyle focus. Connecting with community is at the heart of this phase. This is the time to have important conversations, whether it's with your spouse, your mom, or your boss. If possible, hold off on having those conversations until this ovulatory phase, when your heightened communication skills

will allow you to convey your thoughts and opinions more clearly, as well as to be more receptive to those of others. If you're planning to ask for a raise, do it during your ovulatory phase. This is also an ideal time to go on first dates, since your increased communication skills will make you that much more magnetic. And since you're at your most fertile in this phase, chances are (studies tell us) you put extra effort into looking and feeling your best in an unconscious effort to attract a mate when ovulating.

• Food focus. You have plenty of natural energy and your mood is stable because of all the estrogen floating around, so go easy on the carbohydrates and stick to lighter grains such as corn and quinoa. Still, you want to be sure your body is metabolizing and eliminating the surplus of estrogen efficiently, so fill up on veggies (the fiber aids elimination) and fruit (high levels of the antioxidant glutathione support the first phase of detoxification in the liver). Continue to focus on lighter preparations of foods, such as steaming or, when appropriate, eating foods raw.

• Exercise focus. When deciding which activities are best during this phase, keep two things in mind: high-impact workout and group settings. Your energy levels are at their max, so you're primed to take on more strenuous exercise such as weight lifting, plyometrics, and running. Since communicating and connecting with others also feels great on these days, consider running with friends or a team or taking swimming, dancing, or spinning classes.

PHASE 4: Luteal Phase

Duration: 10–14 Days

• Hormone focus. The corpus luteum (the follicle from which the egg bursts) grows on the surface of the ovary, causing it to produce progesterone. The rise in progesterone signals the body to keep the uterine lining intact. It also signals the pituitary to stop sending out follicle-stimulating hormone and luteinizing hormone, ensuring that only one egg is released into the uterus at a time. Estrogen levels continue to rise. Toward the end of the cycle, if the egg hasn't been fertilized, the corpus luteum is reabsorbed into the body. Progesterone production will soon halt as a result, triggering your period. Testosterone will increase toward the end of this phase.

If you do not ovulate your body is not producing progesteron the calming hormon. In this case you can become moody, anxious, sleeping disorders, gaining weight and experience irregular menstruation.

Progesteron naturally goes down at the end of the month. As progesteron is the calming hormon, when it goes down, it can lead to a lot of symphtomps like PMS, breath tenderness, migren, anxiety

• Body focus. Physical energy declines, and premenstrual symptoms may develop toward the end of your cycle—symptoms such as bloating, irritability, headache, mood swings, and cravings.

• Lifestyle focus. Awareness, attention, and comfort are key now. As the corpus luteum is reabsorbed, your energy begins to soften and turn inward. You'll notice that you have the desire to nest, making the luteal phase an ideal time to take care of domestic chores, whether your list includes reorganizing your shoe closet, doing a month's worth of laundry, or making a big grocery-shopping trip. The particular ratio of estrogen to progesterone in this phase makes you notice things around you that you didn't see before. As a result, your brain begins to prioritize administrative detail-driven responsibilities you may have ignored all month, perhaps giving you the urge to clean your apartment from top to bottom, reconcile your online banking, or cook a week's worth of meals at one time. You'll also feel a need to nest on an internal level, perhaps paying extra attention to your self-care regimen, such as taking long, luxurious baths or simply relaxing with a book or a movie. Try slowing down social engagements during your luteal phase so you won't feel needlessly exhausted.

• Food focus. The foods that are rich in B vitamins, calcium, magnesium, and fiber. Combined, they will optimize the quality of the luteal phase in several ways. First, these foods stave off sugar cravings caused by the heavy use of B vitamins in promoting progesterone production. Second, the calcium-magnesium combination in leafy greens is essential in mitigating the effects of fluid retention that are so problematic for women during this phase. Finally, the fiber concentration will help your liver and

large intestine flush estrogen more efficiently through the bowel, ameliorating the effects of estrogen dominance. In addition, healthy, natural sugars help with the dip in estrogen that occurs in the second half of the luteal phase and that can make you feel irritable. One of the best ways to achieve this is by roasting or baking vegetables, which increases the concentrations of those sugars so the veggies taste sweeter. In addition, make sure you have an adequate intake of complex carbohydrates to stabilize serotonin and dopamine levels in the brain and help prevent mood swings.

• Exercise focus. During the first half of the luteal phase your energy may still be high, so continue with the more strenuous activities you took on during ovulation. Then scale back on your intensity during the final five days with activities such as walking, Pilates and vinyasa yoga. You may feel a little more sluggish and experience more water retention toward the end of this phase, so choose exercise with lower resistance (such as using the elliptical trainer)— you'll still be working your muscles, but it won't be as jarring for your body.

Interpreting Your Period

Brown stains: If you period begins with a day or a few of this, it's an indication of some blood stagnation due to lower progesterone levels. When progesterone is low, you may also be noticing that your cycle doesn't start on time and though you may ovulate on time, your luteal phase is much longer than it should be. Vitex supplementation is excellent for this symptom.

Dark red or black clots: Large or small, this is another indication of lower progesterone, elevated estrogen, and congestion in the uterus. Dong quai is an excellent herbal support to reduce clotting, as well as uterine massage or acupuncture to help break up any adhesions that may be impeding blood flow.

Heavy bleeding: You go through a tampon an hour and a pad. You feel like you are bleeding out. This can be a sign of fibroids or polyps and it's important to visit your gynecologist to be examined. Focus on fiber here to help improve estrogen metabolism so the uterus is less stimulated during your cycle. Ward off potential anemia by eating plenty of beets to replenish your blood and supplementing with vitamin B12.

Short bleeding: Have you been feeling good about your period only lasting a day or two? It can indicate both extremely low estrogen and progesterone, which could be coming from key nutrient deficiencies and adrenal burnout. Get on a multivitamin and supplement with Omega-3 oil to supply your body with the key building blocks for hormonal output.

Very frequent bleeds: Do you feel like you're getting your period twice a month or all month long without a break? This is usually due to a sluggish thyroid and it would be great for you to have your thyroid levels checked to know what you're working with. Supplements which contains iodine and L-Tryosine, essential for the thyroid gland to have on hand to do its job properly. Anther reason can be endometriosis, cysts or fibroids.

Birth Controll pills

Althought it gives women a repdroductive choices which is very good. There is also data available that redcuing risk of overian cancer by inhibiting ovulation. Those ladies who are nuns for example or have not had child and they have a period every single month during they reproductive life, they are in greater risk for cancer. If you take the pills for 5 years, it reduces risk with 50 %.

Although many doctors recommends it for achne, for painful periods, endometriosis etc., but unfortunatelly has so many deterioriating effect on women health that should be the last possible option. The risks taking it far outweight the benefits:

- Usually contains progestin which is dangerous and provocative to women health
- Depletes certain micronutrients (Mg, B vitamins etc.), affects microbiom, risk for inflamatory bowel diseases and autoimmune diseases, increases inflamatory tone

- Hipothalamus – Pituitary – Adrenal access more rigid
- Affects thyroid functions
- Decline in sex drive and risk taking

If you have to take pills in order to avoid surgery than it is inevitable to add K2D3 to your diet.

Our First Wake-Up Call: PMS

No modern disorder points to the need to rethink our ideas about menstruation and reclaim the wisdom of our cycles more directly than the common malady known as premenstrual syndrome, or PMS. Rethinking and sync with our cyclical nature is needed to get to the root causes of PMS. Dietary change, exercise, vitamins, and progesterone therapy are all useful in treating PMS, and I initially recommend them for many women. But in persistent cases of PMS, a deeper imbalance exists that lifestyle changes alone won't help. As studies have confirmed, unresolved emotional problems may disrupt the menstrual rhythm and the normal hormonal milieu. The reason for this is the intimate connection between our thoughts, emotions, and hypothalamus— the part of the brain that governs the master gland, the pituitary.

There are more than one hundred known symptoms of PMS. Every one of these symptoms is related to cellular inflammation, resulting from a complex interaction of emotional, physical, and genetic factors.

If nothing is done to interrupt PMS, it often gets worse over time. In the early stages of PMS, women describe symptoms that arise a few days before their menstrual period and then stop abruptly when the bleeding starts. Then the symptoms gradually begin to appear one to two weeks before the onset of menses. Some women experience a cluster of symptoms at ovulation, followed by a symptom-free week, then a recurrence of the symptoms a week before menses. Over time, a woman may have only two or three days of the month that are symptom-free. Eventually, no discernible pattern of "good" days and "bad" days is left: She feels as if she has PMS virtually all the time.

Some women equate menstrual cramps and PMS, but PMS is different from menstrual cramps (dysmenorrhea). This difference is not always clearly stated in writings on PMS. Many women with PMS have completely pain-free periods. Many women with severe cramping have *no* premenstrual distress. Menstrual cramps are caused by uterine contractions and cramping that results from excess prostaglandin F2 alpha, a hormone produced as the lining of the uterus breaks down during the menstrual cycle. Prostaglandins and other inflammatory chemicals are also involved in PMS symptoms. For that reason, dietary change, vitamin and mineral supplements, and antiprostaglandin medication (usually nonsteroidal antiinflammatory drugs such as Advil) are often useful both for cramps and for PMS.

Though some doctors are still looking for a "biochemical lesion" that causes PMS and hundreds of scientific papers have been published on the topic, no one has been able to find such a lesion or a magic-bullet drug to cure it. A reductionistic approach—looking for the chemical "cause" and "cure"— simply doesn't work because the causes of PMS are multifactorial and must be approached holistically. The effects of the mind, emotions, diet, light, exercise, relationships, heredity, and childhood traumas must all be taken into account when treating PMS. All combine to create the end result of cellular inflammation, which manifests in many different ways. All of the following events result in hormonal changes in the body. PMS is apt to be initiated or exacerbated by these changes unless treatment is initiated.

Factors contributing to PMS

- Onset of menses or the year or two before menopause
- Coming off birth control pills
- After a time of no periods (amenorrhea)
- The birth of a child or the termination of a pregnancy

- Pregnancies complicated by toxemia
- Tubal ligation, especially when done in such a way that the major blood supply to the tube is interrupted
- Unusual trauma, such as a death in the family
- Decreased light associated with autumn and winter and also lack of exposure to natural, full-spectrum light
- A variety of nutritional factors contribute to PMS. Studies have shown that women with PMS tend to have the following nutritional and physiological characteristics.
    - High consumption of dairy products.
    - Excessive consumption of caffeine, in the form of soft drinks, coffee, or chocolate
    - Excessive consumption of foods that raise blood sugar too quickly, resulting in elevated insulin levels and subsequent cellular inflammation.
    - A relatively high blood level of estrogen, resulting either from overproduction from dietary and body fat or from the decreased breakdown of estrogen in the liver. High estrogen levels are associated with deficiencies of the vitamin B complex, especially B6 and B12. The liver requires these vitamins in order to break down and inactivate estrogen.
    - A relatively low blood level of progesterone, the hormone that works to balance excess estrogen. This decreased level is felt to be secondary either to lack of production or to excessive breakdown of this hormone in the body. Studies in this area are inconsistent.
    - A diet that leads to increased levels of the hormone prosta glandin F2 alpha and also contributes to high levels of estrogen in conjunction with low levels of progesterone.
    - Vegetarians with a whole food, high-fiber diet are known to excrete two to three times more estrogen in their feces than nonvegetarians. They also have 50 percent lower blood plasma levels of unconjugated estrogens (a type of metabolized estrogen) than women who eat the standard diet, and as a result they have a decreased incidence of PMS.
- Excessive body weight, which increases the chances of excessive levels of estrogen and PMS. Body fat manufactures estrone (one of the estrogens) and is also associated with an increase in inflammatory chemicals.
- Low levels of vitamins C and E and selenium. As with the B vi tamins, the liver also requires these substances to metabolize estrogen properly.
- A deficiency of magnesium, which is very common. Chocolate cravings have been linked to low magnesium levels. The liver needs magnesium, along with B vitamins, to metabolize estrogen optimally.
- Lack of exercise.

Treatment

- Try Vitex formula (chastberry) Vitex or Yam root (Zein Pharma) has been shown to help balance of estrogen and progesterone during the menstrual cycle and alleviate PMS symptoms.
- Drink plenty of fluids to ease abdominal bloating. This includes herbal teas, like red raspberry leaf or chamomile, which may ease cramping.
- Eat a balanced diet that includes plenty of fruits, vegetables, and whole grains.
- Consider cutting back on sugar, salt, caffeine, and alcohol, especially if you're particularly sensitive to their effects.
- Ask a healthcare professional about trying supplements like folate, vitamin B-6, calcium, E vitamin and magnesium to help reduce cramps and mood symptoms.
- Try getting more vitamin D via natural light, food, or supplements.
- Aim to get 7 to 9 hours of sleep each night to help relieve fatigue and improve overall well-being.

- Try to get at least half an hour of physical activity each day, if you're able. Exercise can not only help relieve bloating and cramping, but it can also help ease anxiety and depression symptoms.
- Set aside time each day for self-care, which might include exercise, relaxation, time to yourself for hobbies, or time for social interaction.
- Ultimately, when women are willing to be present with the emotions behind their PMS and heed their messages, they are eventually able to change their internal hormonal status *without* outside hormones. The process of addressing our emotional and psychological stresses directly results in biochemical changes in our bodies.

An Annual Wake-Up Call: SAD

If the monthly messages go unheeded, a woman's body may send a louder wake-up call on a yearly basis, in the form of seasonal affective disorder, or SAD. It begins with an intensification of the symptoms of PMS during the autumn and winter of the year, when the days are shortest and darkness dominates. Eventually it can evolve into full-blown depression and despair during the time of year when daylight is abbreviated. It is well known that providing two hours of full-spectrum artificial light in the evening, to trick the body into thinking the days are longer, can reverse the weight gain, depression, carbohydrate craving, social withdrawal, fatigue, and irritability of SAD. (Studies have also shown that light therapy helps depression in pregnancy. But without continued use of the artificial lights, the symptoms return the following autumn … unless the wake-up call is heeded. The link between PMS and SAD is a profound example of how women's wisdom is simultaneously encoded into both our monthly cycles and the annual cycle of the seasons.

The natural tendency to turn inward during the premenstrual time of our monthly cycle is reflected in the natural tendency to turn inward during the autumn of the year. All of nature reflects this wisdom back to us. In fall and winter, the trees send their energy down into their roots, where profound activity and revitalization go on even though it is not obvious to us. The early luteal phase of the menstrual cycle, following ovulation, is when our energies go deep into our roots so that we can take stock and then prepare for the next cycle of outer growth in the world. Because our culture doesn't understand this cyclic wisdom, we have been taught to be afraid of both the times in our cycles and the seasons of year when wisdom demands that we go into darkness, withdraw, and take stock of our lives.

We have been taught to be suspicious of these natural energies—and too many women see them as a weakness that needs to be overridden and ignored. Heaven forbid we should follow our body's wisdom and take a break from getting it all done!

The second half of the menstrual cycle and autumn are times when the tide is out and everything that you don't want to see on the muddy bottom of the bay is uncovered for all to see. Women need to learn to pay attention to the information available to them at these times of the month and of the year. Think of this information as compost that you'll be using to create new growth in your life once the light comes back. Remember Eckhart Tolle's teaching that a woman's "pain body" arises premenstrually (and also during the autumn and early winter of the year). It is our individual responsibility to recognize and do what we can to dissolve our pain bodies with our presence. To do that, we simply feel the discomfort in our bodies and witness it with the part of ourselves that exists beyond time and space.

How to treat depression

- Deep sleep
- Exercise
- Sun light
- Intermittent fasting
- Low carb

- Mg, D vitamin, HTP 5, L Tyrosine, Methyl B komplex (Hihgland)

Irregular periods

What Are Regular Periods?

Women are sometimes taught that their periods are irregular if they do not occur every twenty-eight days. I consider periods regular when they occur roughly every twenty-four to thirty-five days. Having a period every twenty-eight days like clockwork happens for some women but not all. Thousands of women who don't fit the every twenty- eight-day pattern are under the impression that their periods are irregular, when in fact they are completely normal. Period regularity is determined by a complex interaction between the brain (hypothalamus, pituitary gland, and temporal lobes), the ovaries, and the uterus. Period patterns can change with changes in seasons, lighting conditions, diet, or travel, or during times of family stress. Irregular and anovulatory menstrual cycles are associated with premature bone loss.

Often women can tell when they have ovulated because they have a clear discharge twelve to sixteen days from the first day of their last menstrual period. Cycles in which a woman has ovulated are also characterized by what is called premenstrual *molimina*.

Molimina is a group of "symptoms" resulting from normal cyclic hormonal changes in the body. These include a slight premenstrual redistribution of body fluid, often experienced as "bloating" or slightly tender breasts, slight abdominal cramping, and mood changes associated with being in a more reflective, less active state. Women who don't ovulate usually don't have these changes and will often get a period out of the blue, without having any idea that one is due. Periods in which there is no ovulation tend to be more irregular.

Excessive Buildup Of The Uterine Lining (Endometrial Hyperplasia, Cystic And Adenomatous Hyperplasia)

In some women with irregular periods, a biopsy of the inside of the uterus (endometrial biopsy) reveals a condition in which the normal lining of the uterus has been replaced by an overgrowth of glandular tissue. Under the microscope, the endometrial glands look as if they are piled on top of each other and packed too closely. This overgrowth results from overstimulation of the uterine lining by estrogen without the balance of progesterone. It is known as cystic and adenomatous hyperplasia (meaning too many glands) of the endometrium. (It is not to be confused with endometriosis, which will be discussed later) Hyperplasia results when a woman's ovaries haven't produced eggs regularly. Instead of a uniform thickening and then sloughing off of the uterine lining (the endometrium), caused by the hormones associated with regular ovulation, the endometrium gets out of sync. Some parts of the lining "think" it's day seven, while others "think" it's day twenty-eight. This results in irregular and intermittent bleeding. Cystic and adenomatous hyperplasia or simple endometrial hy erplasia is not considered dangerous unless abnormal cells are present in the biopsy of the uterine lining. Finding some simple endometrial hyperplasia on the biopsy is fairly normal and is not a case for alarm if it happens only once or twice. Many women in their forties and fifties skip an ovulation every now and then as their ovaries undergo the changes leading up to menopause. When a woman's periods become irregular, she does not necessarily require a uterine biopsy, though this decision must be made on a case-by-case basis depending on her history and examination findings.

Treatment

Many cases of simple endometrial hyperplasia go away on their own. However, a very small percentage of women with this condition have atypical cells on their biopsies. Endometrial hyperplasia needs to be monitored and followed to be sure it is going away rather than progressing. Women with chronic anovulation over many years do have a statistically higher incidence of uterine cancer, especially if they are also obese or have been diagnosed with polycystic ovary syndrome. Gynecologists are

trained to treat everybody as though there were a potential cancer risk. Therefore initial conventional treatment of endometrial hyperplasia consists of giving a synthetic progestin such as Provera or Aygestin for one to three months and then repeating the endometrial biopsy to make sure that the condition has cleared. I often recommend natural progesterone for this purpose, especially in those women who have adverse side effects from synthetic progestin. Physicians vary widely on how much of the drug they give and for how long they give it. Prescribing a progestin drug is sometimes called a "medical D&C" (dilation and curettage of the uterine lining), because it causes the endometrial lining to slough off in a uniform manner all at once and helps the uterus get rid of the tissue buildup. Natural progesterone, on the other hand, has the ability to down-regulate estrogen receptors, meaning that it reduces the cells' sensitivity to estrogen; this often clears up benign endometrial hyperplasia. Some women with persistent endometrial hyperplasia do not respond to treatment with progestin or progesterone and may require a surgical D&C in the operating room. In extremely rare instances, they may need a hysterectomy if this condition does not go away or if it progresses to the stage of producing abnormal cells.

Dysfunctional Uterine Bleeding (Dub)

Skipping periods more than just occasionally, frequent bleeding between periods, or spotting between periods is known as dysfunctional uterine bleeding, or DUB.

Women who have had cesarean sections may occasionally have abnormal bleeding patterns because of disruptions of the uterine lining caused by the scar on the uterus. Many abnormal patterns are hypothalamic in origin, meaning that they are related to the complex interaction between the brain, ovaries, and uterus. Severe anxiety and depression change neurotransmitter levels in the brain and can affect hypothalamic function. Dysfunctional uterine bleeding is often associated with anovulatory cycles and too much estrogen relative to progesterone. It is also related to the hormonal imbalance that results from elevated cortisol and insulin levels, which change the way estrogen is metabolized. Though doctors are trained to look for endocrine abnormalities—such as thyroid problems or pituitary problems— that can cause menstrual abnormalities, these tests almost always come back normal. Because DUB is sometimes (though rarely) related to high prolactin levels caused by small pituitary tumors known as pituitary microadenomas, a blood test for this hormone is also indicated. However, prolactin hormone levels that are too high, a condition known as hyperprolactinemia, is not common. Moreover, the tiny pituitary tumors that cause it have often been found to go away on their own. A diagnosis of DUB is made on the basis of history, blood tests that check pituitary and thyroid hormone levels, and sometimes a biopsy from inside the uterus to see if the uterine lining shows signs of anovulation or abnormal cells.

Studies have shown that the risk of menstrual irregularities is two to three times greater in obese women than in women of average body size. Dietary change to decrease excess body fat and stabilize blood sugar and insulin levels can help create hormonal balance as well as lower estrogen levels.

As with PMS and menstrual cramps, unabated stress, a diet high in refined foods and low in nutrients that raises blood sugar and insulin, and a lack of exposure to natural light can *all* result in DUB. Many women with DUB and/or PCOS have been helped by lifestyle and dietary changes alone. Some make these changes in addition to hormonal treatment.

Conventional Treatment

The conventional treatment consists of giving hormones such as birth control pills to regulate the periods. Birth control pills do result in reliable periods every month, and taking them may be the first choice for women whose lives are too busy to change their diets, take supplements, or exercise. But pills don't heal anything—they simply mask the underlying issues in the body or put an imbalance to sleep for a while. Taking birth control pills to regulate a woman's period is like shooting out the indicator

light on the dashboard of your car that tells you the engine needs attention. Women with DUB who are in their forties and older are statistically at greater risk for endometrial hyperplasia, and most physicians will do an endometrial biopsy before they initiate hormonal treatment. Progestin hormone (synthetic proge terone such as Provera or Aygestin) is often the treatment of choice, both to clear up the hyperplasia if it is present and to stop the abnormal bleeding. I recommend natural progesterone for the same purpose (Crinone or Prochieve vaginal gel or Prometrium capsules). Over the- counter 2 percent progesterone creams (one-quarter to one-half teaspoon applied to the skin daily) have also been shown to achieve adequate serum levels and help protect the endometrium. If a woman is skipping periods and wants to get pregnant, the fertility drug Clomid, which tricks the brain and ovaries into ovulation, will often be prescribed.

Heavy Periods (Menorrhagia)

Some women bleed so heavily during their periods that they routinely bleed through one or two tampons and a pad worn at the same time. Their blood may even soak through their clothing. Some are unable to leave the house during certain days of their periods because the bleeding is so heavy. This kind of heavy bleeding is called menorrhagia. Women with menorrhagia have periods at regular intervals, but the periods are heavy. Over time, menorrhagia may lead to anemia (a low red blood cell count) if a woman doesn't get enough iron in her diet or if her body can't replace the blood she loses each month. Menorrhagia can be caused by fibroids, endometriosis, or adenomyosis. Rarely, it is associated with a thyroid problem. Some women bleed heavily for no obvious reason. Chronically heavy periods can be related to chronic stress over secondchakra issues, including creativity, relationships, money, and control of others.

Adenomyosis, a common cause of pain and heavy bleeding, is a condition in which the glands that normally grow in only the lining of the uterus— the endometrium—grow deeply into the walls of the uterus.

(Sometimes called "internal endometriosis," adenomyosis is often present along with fibroids and/or endometriosis, but not always.) This condition can result in bleeding into the uterine wall with each menstrual period. The uterine wall becomes spongy and engorged with blood, producing a condition in which the uterine muscles can't contract normally to decrease the bleeding.

Treatment

Women whose menorrhagia does not respond to diet or who prefer other options can often be helped by a synthetic progestin to keep the bleeding under control. The usual regimen is 5 to 10 mg of Provera or Aygestin taken once or twice per day during the last two weeks of each menstrual cycle.

Birth control pills also can work well in many cases. Natural progesterone, either applied as a skin cream or taken orally or vaginally, can also be used.

The dosage depends upon the severity of the problem: For oral progesterone, I recommend 100 mg four times per day for the most severe cases, 50 mg two times per day for milder cases, from days fourteen to twenty-eight of the cycle. For progesterone cream (400 mg/ounce), I suggest half a teaspoon twice per day on the soft areas of the skin—breasts, neck, face, abdomen, inner thighs, inner arms, or hands. Vaginal gels of micronized progesterone are also available. The usual starting dose is 45 mg, either daily or every other day on days fourteen through twenty-eight of your cycle.

Following a hormonal balancing diet often decreases or eliminates the need for the progestin or progesterone over time. Some women have used this treatment for months or even years as an alternative to hysterectomy.

Prostaglandin inhibitors, such as ibuprofen (Advil or Motrin) or naproxen sodium (Aleve or Naprosyn), have also helped some women decrease menstrual bleeding. These are best taken one or two times per day for three to four days before the men strual cycle is due and continuing through the days of the period that are usually the heaviest.

Endometrial ablation, in which the lining of the uterus is removed either by electrocautery or by laser, is a surgical treatment for heavy bleeding in women whose menorrhagia has failed to respond to other treatments. This is an excellent alternative to hysterectomy and effectively controls heavy bleeding in more than 85 percent of cases. It can be done on an outpatient or overnight basis in the hospital. Women who opt for this procedure must be carefully screened beforehand to make sure that their condition is likely to respond, because it doesn't work for all women. NovaSure is one type of endometrial ablation that has worked well for many. Hysterectomy is also an option.

VI) Engaging feminity

Reveal how connecting with your feminine energy and partnering with your body can help you create and achieve the life of your dreams Once you get healthy, you'll start to realize just how the practice of planning your day and your life through the lens of what's best for your endocrine system allows you to be successful at getting more done with less stress and effort. This is what living in partnership with your body looks like. When you live in partnership with your body and operate with every tool that's naturally available to you, you experience your full potential. Your health becomes the platform upon which you can design a life with intention, passion, and purpose.

Here's what masculine and feminine energy look like in action.

Masculine Energy

- Tenaciously pursuing what you want
- Deciding when/where/how a project grows
- Focusing on the end result, less on process
- Focusing on one thing at a time
- Relying on only yourself and your individual achievements
- Setting boundaries around emotions and body in order to accomplish goals
- Relating through camaraderie, entertainment, and problem solving

Feminine Energy

- Magnetically attracting what you want
- Holding the space for projects to develop at their natural pace
- Enjoying the process of creation independent of the end result
- Seeing the big picture; multitasking on many aspects of life
- Working with others; effortlessly creating community
- Connecting to emotional and physical life as a catalyst for change and development
- Relating to others by listening, sharing, and nurturing

Many of us get out of balance by focusing on or valuing one type of energy over the other. In most instances, I've found that women—especially those who've experienced hormonal breakdown—overly rely on our masculine energy and underutilize our feminine energy. Here's what I notice in women who've lost touch with their feminine energy.

Signs of Excess Masculine Energy in Women

- Feeling significant disconnection from your emotions and sensations
- Locating a sense of self-worth outside of yourself—based on material success in the world and the opinions of others
- Finding it difficult to give and receive nurturing and intimacy, including pleasure during sex
- Having fewer verbal skills for building deep relationships with friends, family, and romantic partners

• Being unable to fully get projects up and running the way you envision them
• Feeling isolated and unsupported

What Is Your Masculine/Feminine Balance?

Now it's your turn to identify your personal energetic balance. Think of how you typically proceed through your day. As you approach the scenarios presented, ask yourself, Am I using masculine or feminine energy in this situation?

Morning Routine

Masculine. You mentally review your goals for the day and plan out how you're going to accomplish them all. You try to stick to your schedule like clockwork, yelling at the kids to keep them on time, tossing sandwiches into bags, and running out the door. By the time you're dropping the kids off at school and/or sitting down at your desk, you're not even sure how you got there. The morning is a blur.

Feminine. You wake up and take stock of how you're feeling today. You take time to do something to nurture yourself—taking a few deep breaths, doing a short meditation, or enjoying a warm shower. You make sure you connect emotionally to the people in your household— hugging the kids, kissing your partner, or chatting with your roommate. As you go about your morning routine, you check in with yourself about how you're feeling and get an intuitive sense of what you need to do to work at your best today.

In the Thick of Your Day

Masculine. You focus on your to-do list and take the next steps right away to keep up your momentum. You push yourself and others to finish every task.

Feminine. You reflect on the big picture, intuit what task is needed next, and trust that everything will come together. You prioritize based on what tasks will have the most value and impact for you today.

Social Engagements

Masculine. When you're with others, you don't share what's going on; you internalize your problems until you figure out a solution. You don't want or need others' opinions because you rely on your own judgment about what's best for you.

Feminine. You feel comfortable sharing freely about how you're feeling, and you're open to hearing supportive input from others.

Meals

Masculine. You eat what's in front of you, forget to eat because you're too focused on other tasks, or rigidly adhere to a diet plan even if it makes you feel hungry and depleted.

Feminine. You plan your day ahead of time, making sure you have the food you need at hand when you'll need it. You anticipate what your body needs to prevent blood sugar crashes given your schedule for the day. You observe the signs your body gives you about your hunger levels and blood sugar and respond with appropriate food choices.

Exercise

Masculine. You select your workout based on your fitness goals for the month. You push through no matter what.

Feminine. You choose your workout based on how you're feeling right now. You do it to the best of your ability and do only what your body is capable of at the moment.

Time with Your Romantic Partner

Masculine**.** You want to talk about what you accomplished today and then crash in front of the TV. Feminine. You want to talk about how you're feeling and how the people in your household are doing. You make time to connect, whether cooking and sitting down to dinner together, going for a shared walk, or spending time nestled close to your partner in bed before going to sleep.

Winding Down for the Day

Masculine. You organize the house, do the last bit of laundry, make your next day's to-do list, and take care of anything else you can to make sure you have a focused start tomorrow.

Feminine. You look for opportunities to connect with your children, your partner, and yourself. You choose soothing activities toward the end of the day, such as reading or taking a bath.

For many women, an overreliance on masculine energy is what leads to hormonal breakdown in the first place. Masculine energy and its drive to get things done despite your body can lead you to skip meals, binge on sweets, push yourself too hard at the gym, stay too long at work, and sacrifice sleep. This, as we have seen in earlier chapters, can destabilize your blood sugar, fry your adrenals, and expose you to things that clog your pathways of elimination. Masculine energy can cause you to ignore your menstrual cycle as much as possible or silence it with hormonal contraceptives in an attempt to push your body to be the same every single day. When you're relying on masculine energy, you experience a disconnection from and a disassociation with your female body.

This is why turning up the volume on your feminine energy is so crucial to your healing. It allows you to switch from retroactively fixing the effects of poor food, exercise, and lifestyle choices after you experience hormonal breakdown, to proactively making endocrine-supportive decisions to prevent hormonal breakdown. To embrace feminine energy is to live in partnership with your body. Feminine energy puts you in a mind-set of acknowledging that your body works in a cyclical fashion and encourages you to trust that it has the answers you need to continue feeling well.

Questioner

— PART A —

■ A feeling you're constantly racing from one task to the next?
■ Feeling wired yet tired?
■ A struggle calming down before bedtime, or a second wind that keeps you up late?
■ Difficulty falling asleep or disrupted sleep?
■ A feeling of anxiety or nervousness—can't stop worrying about things beyond your control?
■ A quickness to feel anger or rage—frequent screaming or yelling?
■ Memory lapses or feeling distracted, especially under duress?
■ Sugar cravings (you need "a little something" after each meal, usually of the chocolate variety)?
■ Increased abdominal circumference, greater than 35 inches (the dreaded abdominal fat, or muffin top—not bloating)?
■ Skin conditions such as eczema or thin skin (sometimes physiologically and psychologically)?
■ Bone loss (perhaps your doctor uses scarier terms, such as osteopenia or osteoporosis)?
■ High blood pressure or rapid heartbeat unrelated to those cute red shoes in the store window?
■ High blood sugar (maybe your clinician has mentioned the words

prediabetes or even diabetes or insulin resistance)? Shakiness between meals, also known as blood sugar instability?
■ Indigestion, ulcers, or GERD (gastroesophageal reflux disease)?
■ More difficulty recovering from physical injury than in the past?
■ Unexplained pink to purple stretch marks on your belly or back?
■ Irregular menstrual cycles?
■ Decreased fertility?

— PART B —
■ Fatigue or burnout (you use caffeine to bolster your energy, or fall asleep while reading or watching a movie)?
■ Loss of stamina, particularly in the afternoon, from two to five?
■ An atypical addiction to a negative point of view?
■ Crying jags for no particular reason?
■ Decreased problem-solving ability?
■ Feeling stressed most of the time (everything seems harder than before, and you have trouble coping)? Decreased stress tolerance?
■ Insomnia or difficulty staying asleep, especially between one and four in the morning?
■ Low blood pressure (not always a good thing, since your blood pressure determines the correct amount of oxygen to send through your body, especially into your brain)?
■ Postural hypotension (you stand up from lying down and feel dizzy)?
■ Difficulty fighting infection (you catch every virus you meet, particularly respiratory)? Difficulty recovering from illness or surgery or healing wounds?
■ Asthma? Bronchitis? Chronic cough? Allergies?
■ Low or unstable blood sugar?
■ Salt cravings?
■ Excess sweating?
■ Nausea, vomiting, or diarrhea? Or loose stool alternating with constipation?
■ Muscle weakness, especially around the knee? Muscle or joint pain?
■ Hemorrhoids or varicose veins?
■ Your blood seems to pool easily, or your skin bruises easily?
■ A thyroid problem that's been treated, you feel better, and suddenly you feel palpitations or have rapid or irregular heartbeats (a sign of a low cortisol/low thyroid combo)?

— PART C —
■ Agitation or PMS?
■ Cyclical headaches (particularly menstrual or hormonal migraines)?
■ Painful and/or swollen breasts?
■ Irregular menstrual cycles, or cycles becoming more frequent as you age?
■ Heavy or painful periods (heavy: going through a superpad or tampon every two hours or less; painful: you can't function without ibuprofen)?
■ Bloating, particularly in the ankles and belly, and/or fluid retention (in other words, you gain 3 to 5 pounds or more before your period)?
■ Ovarian cysts, breast cysts, or endometrial cysts (polyps)?
■ Easily disrupted sleep?

■ Itchy or restless legs, especially at night?
■ Increased clumsiness or poor coordination?
■ Infertility or subfertility (you've been trying hard to conceive but haven't hit the official twelve-month mark of no conception—six months if you're thirty-five or older)?
■ Miscarriage in the first trimester?
Keep going! We're halfway there!

— PART D —
■ Bloating, puffiness, or water retention?
■ Abnormal Pap smears?
■ Heavy bleeding or postmenopausal bleeding?
■ Rapid weight gain, particularly in the hips and butt?
■ Increased bra-cup size or breast tenderness?
■ Fibroids?
■ Endometriosis, or painful periods? (Endometriosis is when pieces of the uterine lining grow outside of the uterine cavity, such as on the ovaries or bowel, and cause painful periods.)
■ Mood swings, PMS, depression, or just irritability?
■ Weepiness, sometimes over the most ridiculous things?
■ Mini breakdowns? Anxiety?
■ Migraines or other headaches?
■ Insomnia?
■ Brain fog?
■ A red flush on your face (or a diagnosis of rosacea)?
■ Gallbladder problems (or removal)?

— PART E —
■ Poor memory (you walk into a room to do something, then wonder what it was, or draw a blank midsentence)?
■ Emotional fragility, especially compared with how you felt ten years ago?
■ Depression, perhaps with anxiety or lethargy (or, more commonly, dysthymia: low-grade depression that lasts more than two weeks)?
■ Wrinkles (your favorite skin cream no longer works miracles)?
■ Night sweats or hot flashes?
■ Trouble sleeping, waking up in the middle of the night?
■ A leaky or overactive bladder?
■ Bladder infections?
■ Droopy breasts, or breasts lessening in volume?
■ Sun damage more obvious, even glaring, on your chest, face, and shoulders?
■ Achy joints (you feel positively geriatric at times)?
■ Recent injuries, particularly to wrists, shoulders, lower back, or knees?
■ Loss of interest in exercise?
■ Bone loss?
■ Vaginal dryness, irritation, or loss of feeling (as if there were layers of blankets between you and the now-elusive toe-curling orgasm)?
■ Lack of juiciness elsewhere (dry eyes, dry skin, dry clitoris)?
■ Low libido (it's been dwindling for a while, and now you realize it's half or less than what it used to be)?

■ Painful sex?

— PART F —

■ Excess hair on your face, chest, or arms?
■ Acne?
■ Greasy skin and/or hair?
■ Thinning head hair (which makes you question the justice of it all if you're also experiencing excess hair growth elsewhere)?
■ Discoloration of your armpits (darker and thicker than your normal skin)?
■ Skin tags, especially on your neck and upper torso? (Skin tags are small, flesh-colored growths on the skin surface, usually a few millimeters in size, and smooth. They are usually noncancerous and develop from friction, such as around bra straps. They do not change or grow over time.)
■ Hyperglycemia or hypoglycemia and/or unstable blood sugar?
■ Reactivity and/or irritability, or excessively aggressive or authoritarian episodes (also known as 'roid rage)?
■ Depression? Anxiety?
■ Menstrual cycles occurring more than every thirty-five days?
■ Ovarian cysts?
■ Midcycle pain?
■ Infertility? Or subfertility?
■ Polycystic ovary syndrome?

— PART G —

■ Hair loss, including of the outer third of your eyebrows and/or eyelashes?
■ Dry skin?
■ Dry, strawlike hair that tangles easily?
■ Thin, brittle fingernails?
■ Fluid retention or swollen ankles?
■ An additional few pounds, or 20, that you just can't lose?
■ High cholesterol?
■ Bowel movements less often than once a day, or you feel you don't completely evacuate?
■ Recurrent headaches?
■ Decreased sweating?
■ Muscle or joint aches or poor muscle tone (you became an old lady overnight)?
■ Tingling in your hands or feet?
■ Cold hands and feet? Cold intolerance? Heat intolerance?
■ A sensitivity to cold (you shiver more easily than others and are always wearing layers)?
■ Slow speech, perhaps with a hoarse or halting voice?
■ A slow heart rate, or bradycardia (fewer than 60 beats per minute, and not because you're an elite athlete)?
■ Lethargy (you feel like you're moving through molasses)?
■ Fatigue, particularly in the morning?
■ Slow brain, slow thoughts? Difficulty concentrating?
■ Sluggish reflexes, diminished reaction time, even a bit of apathy?

■ Low sex drive, and you're not sure why?
■ Depression or moodiness (the world is not as rosy as it used to be)?
■ A prescription for the latest antidepressant but you're still not feeling like yourself?
■ Heavy periods or other menstrual problems?
■ Infertility or miscarriage? Preterm birth?
■ An enlarged thyroid/goiter? Difficulty swallowing? Enlarged tongue?
■ A family history of thyroid problems?

Part A: High Cortisol
Part B: Low Cortisol
Part C: Low Progesterone
Part D: Excess Estrogen
Part E: Low Estrogen
Part F: Excess Androgens
Part G: Low Thyroid

Fertility

Motherhood is not simply the organic process of giving birth . . . it is understanding the needs of the world. —Alexis DeVeaux, mother and sponsor of MADRE, a Latin American relief organization

Ideally, prenatal life, close to the mother's heart, is bliss for the unborn. Women need to choose to live out their pregnancies wisely, because the way they do so affects both themselves and their offspring for generations to come. Though Sigmund Freud coined the term "infant amnesia" to explain the fact that most people don't consciously recall much that happened to them before the age of three, the truth is that our bodies always remember our life in the womb, birth, and early childhood. Parents have a huge influence on the mental and physical attributes of their children, and this influence starts long before birth and continues throughout life.
All of us retain the imprint of our entire lives within our cells, starting before birth. Our lives begin in the water of amniotic fluid, our first environment. This period and early childhood are the critical times when most of our expectations and potential are created. Prenatal and birth memories, and their impact on the unborn, are among the many reasons why women must learn to manage their fertility well. We must become conscious vessels.
When a child perceives that she is loved and wanted from the very beginning, her sense of safety, security, and belonging creates an enormously resilient immune system as well as bone and blood health that set the stage for a lifetime of health. On the other hand, many women have told me that they knew their mother didn't want them, and that they had felt it their entire lives.

Transforming Infertility

The ability to conceive and bear children can profoundly affect the way a woman feels about herself on a very deep level. So when a woman finds that she is unable to have a child, she's often thrown into great despair and feels a sense of injustice: "Why me?" Seeing teenage mothers having no problems getting pregnant becomes almost impossible to bear, unless the woman can find some meaning in the experience and come to terms with it.
Women who've been diagnosed as infertile are twice as likely to be depressed as a control group, and that this depression peaks about two years after they start trying to get pregnant. And even though

infertility is not life-threatening, infertile women have depression scores that are indistinguishable from those of women with cancer, heart disease, or HIV.

Approximately one in every six to ten couples has a problem with infertility. About 40 percent of the problems are related to a male factor and 60 percent to a female factor. Statistics show that sperm counts have been gradually falling over the past century. Decreased sperm counts are associated with cigarette, marijuana, and alcohol use as well as with environmental factors. Humans cannot pollute this planet and their own bodies without consequences, and infertility is one of them. Conditions on the earth may not favor fertility the way they used to. It's as though the collective species brain were generating a great deal of energy toward making many women and men less fertile, due to the stresses of today's families, social environments, and personal addictions, and to stress on the planet itself. Too many stressful childhoods remain unhealed; too many children grow up too fast. We're not allowing nature's rhythms to click into gear naturally. Reproductive problems associated with toxic chemicals and with electromagnetic field disturbances may be part of the reason why fertility rates have been decreasing in industrialized nations for decades.

But that doesn't mean that an individual woman's fertility will necessarily be adversely affected.

Fertility is affected by many different factors, such as diet and environment, but in about 20 percent of the cases, the causes are unknown — meaning that medical testing cannot explain the problem. Those couples who are most willing to look at and work with the mind-body connection in addition to the other aspects of fertility are the ones who are most successful either conceiving or healing their relationship with fertility.

The most common (and often interrelated) factors affecting female infertility are the following:

- Stress
- Adrenal fatigue, thyroid disfunction, xenoestrogens
- Smoking
- Sedentary lifestyles
- Vitamin and mineral deficiency
- IR, PCOS and other women diseases
- Clamidhia, urea plazma and other infections
- Following a high-glycemic-index diet with inadequate micronutrients
- Irregular ovulation
- Endometriosis
- Viruses and heavy metal saturations
- A history of pelvic infection from an IUD or other source, causing scarring of the fallopian tubes
- Unresolved emotional stress that results in subtle hormonal imbalances
- Immune system problems—some women make antibodies against the sperm of some men and not others, or against the fertilized egg that is created with some partners but not with others
- Age

A certain percentage of women who've been told that they are infertile for a medical reason get pregnant even without treatment. Infertility is never a completely straightforward affair. Many physical, emotional, and psychological factors are involved in conception, so many that it is ridiculous to try to reduce fertility to a matter of injecting the right hormone at the right time. A well known infertility specialist said, "I do all the latest high-tech surgery and hormone treatment to try to make someone pregnant. When it is all said and done, I still don't know who will get pregnant and who won't and why. After all my years of training, this area is still a big mystery that I can't control."

The conventional "management" of infertility generally focuses on the body as a hormonal machine and in large part ignores emotional, psychological, and even nutritional factors that have physical and hormonal manifestations. Though the mind-body connection in infertility has been appreciated for decades, only recently has this important link begun to be explored more seriously. As our society has

become more technologically focused, the study of the mind-body connection in infertility holds the potential to help many couples, and a thorough psychological interview should be a routine part of every fertility investigation. When we focus only on the extremely expensive and invasive technology currently available for fertility, and forget the hearts and spirits of those going through these procedures, the results are often disappointing and even devastating.

Psychological Factors

On a personal level, many women do not get pregnant because in their hearts they really do not want to—they are afraid of the demands a child will make on them. In one study, women who were unsuccessful with fertility treatments were found to be more successful in the outer world than those who conceived. The authors of the study interpreted this result as "an exaggerated positive attitude as an attempt to overcome inner fears, doubts, and ambivalence" about having a child. Caroline Myss explains that women have only so much second-chakra energy. If a woman is using her ambition for career success and is already very busy in this area, she may simply not have enough energy circuits available in her body to conceive a child unless she cuts back on other commitments. Many infertile women are working sixty to eighty hours per week and are exhausted; then they pursue having a child as though they were writing a Ph.D. dissertation.

Conceiving a child is a receptive act, not a marathon event that can be programmed into your BlackBerry. Several studies have indicated that excessive focus on the goal of having a child may result in premature maturation of the eggs in the ovary and subsequent release of eggs that are not ready for fertilization. I'd like to stress that having a job or career need not affect your fertility. Problems can arise, however, as a result of certain factors that are often associated with work, such as a perceived inability to get your needs met; a sense of lack of control in your life; and not feeling good about the work you're doing, what that job represents in your life, or a career that is not an extension of your inner wisdom.

One fascinating study of heterosexual women undergoing donor insemination noted that after the first several attempts to produce pregnancy, the women, who were previously ovulatory, actually stopped ovulating. The authors concluded that artificial insemination—and any other mechanized, unnatural technique for "forcing" pregnancy—is on some level a traumatizing procedure that leads to the inhibition of the very process it is trying to accomplish.

Interestingly, orgasm has been found to enhance a woman's chances of conception. Involuntary vaginal and uterine movements that promote conception accompany orgasm. Failure to achieve orgasm may lead to circulatory changes in the blood flow to the pelvis, which can affect fertility.

Whenever a woman feels conflicted over birthing, children, or the restrictions that children may impose once they arrive, infertility may result.

The relationships between husbands and wives who are infertile have also been studied. Many of the women in these studies had an actual aversion to intercourse; they had lower frequency of orgasm when they did have intercourse, and they felt a marked sexual disharmony in their partnership. When these women found more suitable partners, how ever, they became fertile. I have seen this phenomenon repeatedly in my practice, just as I have seen countless so-called infertile women con ceive shortly after adopting a baby. Psychological testing done on 117 husbands in infertile couples in one study indicated that the men had a pronounced lack of self-confidence, were introverted, and had decreased social assertiveness.

Despite this conventional opinion, failing to explore the psychosocial aspects of fertility is a big mistake and robs a woman of all her options. There's no doubt that subconscious fears about having a child can and do exert a powerful influence over the subtle endocrinologic processes that are required for conception. Perceived stress changes the way the hypothalamus of the brain functions, which affects ovulation. It also changes the immunologic functioning of the cells in the reproductive tract as well as elsewhere. When a woman learns how to modulate her stress effectively, her fertility can change.

To do list to increase fertility

- Meditation, breathing technique and stress management
- Detoxification of body, mind, emotion
- Good relationship and enjoyable sex
- Take the necessary minderals and vitamins
- Reflexology, saunas, massages, bathes
- Discipline diet and daily routine
- Align your life and prepare your body to be an inviting craddle to the new soul to arrive
- Balance your hormones

Herbs

- Ginseng
- White mistletoe soak in cold water overnight (enhancing circulation, strenghten uterin wall, balance hormones)
- Maca root (increasing libido, balance hormones, improve semen health and production, helps to fight stress)
- Natural progesteron (Yam root or Chastberry) has an revitalizing effect on female organs
- Yarrow tea in the first half of the cycle, mantle grass in the second half for hormone balance
- Royal Jelly
- Germs
- Ashwaganda
- Medicinal mushrooms: Ganoderma, Shiitake, Hedgehog mushrooms

Menopause

Many of the doctors are not trained in the subject, so in most case you can only rely on yourself and make your research to improve symptoms. You may look for a naturopath, and may one who is also a doctor.

Throughout most of human history, the vast majority of women died before menopause. The average life expectancy for a woman in 1900 was only forty. For those who survived, menopause was experienced as a signpost of an imminent and inevitable physical decline. But today, with a woman's life expectancy at eighty-four years, it is reasonable to expect that she will not only live thirty to forty years beyond menopause, but be vibrant, sharp, and influential as well. The menopause you will experience is not your mother's (or grandmother's) menopause. Many people will have three different careers over their life span. They'll likely have their first career in their thirties and forties, another in their fifties and early sixties, and still another in their seventies. Many of them had a major peak of creativity beginning at about age fifty and, in many cases, lasting for twenty-five to thirty years. That means that the new middle age is from fifty to eighty!

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.Compared to when they were in their twenties, thirties, and forties, they felt their lives had improved in many ways, including family life, interests, friendships, and their relationship with their spouse or partner. In other words, the conventional view of menopause as a scary transition heralding “the beginning of the end” couldn’t be further from the truth.

Effect of menopause. Usually this is attributed to the crazymaking effects of the hormonal shifts occurring in a woman’s body at this time of transition. What is rarely acknowledged or understood is that as these hormone driven changes affect the brain, they give a woman a sharper eye for inequity and injustice, and a voice that insists on speaking up about them. In other words, they uncover hidden wisdom—and the courage to voice it. As the vision-obscuring veil created by the hormones of reproduction begins to lift, a woman’s youthful fire and spirit are often rekindled, together with long-sublimated desires and creative drives. Midlife fuels those drives with a volcanic energy that demands an outlet.

If it does not find an outlet—if the woman remains silent for the sake of keeping the peace at home or work, or if she holds herself back from pursuing her creative urges and desires—the result is equivalent to plugging the vent on a pressure cooker: something has to give. Very often what gives is the woman’s health, and the result will be one or more of the “big three” diseases of postmenopausal women: heart disease, depression, and breast cancer. On the other hand, for those who choose to honor the body’s wisdom and to express what lies within, it’s a good idea to get ready for some boat rocking, which may put longestablished relationships in upheaval. Marriage is not immune to this effect.

Every marriage or partnership, even a very good one, must undergo change in order to keep up with the hormonedriven rewiring of a woman’s brain during the years leading up to and including menopause. Not all marriages are able to survive these changes. If this makes you want to hide your head in the sand, it is understandable. But for the sake of being true to yourself and protecting your emotional and physical health in the second half of your life —likely a full forty years or more—then I submit to you that forging ahead and taking a good hard look at all aspects of your relationship (including some previously untouchable corners of your marriage) may be the only choice that will work in your best interest in the long run, physically, emotionally, and spiritually.

From the standpoint of physical health, for example, there is plenty of evidence to suggest that the increase in lifethreatening illnesses after midlife, which cannot be accounted for by aging alone, is partly rooted in the stresses and unresolved relationship problems that simmered beneath the surface during the childbearing years of a woman’s life, then bubbled up and boiled over at perimenopause, only to be damped down in the name of maintaining the status quo. The health of your significant other is also at stake. Remaining in a relationship that was tailor-made for a couple of twentysomethings without making the necessary adjustments for who you both have become at midlife can be just as big a health risk for him as it is for you.

This is not to say that your only options are divorce or heart attack. Rather, in order to bring your relationship into alignment with your rewired brain, you and your significant other must be willing to take the time and spend the energy to resolve old issues and set new ground rules for the years that lie ahead. If you can do this, then your relationship will help you to thrive in the second half of your life. If one or both of you cannot or will not, then both health and happiness may be at risk if you stay together.

The human body can tolerate unresolved hurts without physical harm until about age fifty. After that, if not resolved, this unfinished business forms the basis for physical illness.

One very common physical problem in the years leading up to menopause, for example, is fibroid tumors in the uterus. Forty percent of all perimenopausal women in our culture are diagnosed with one or more fibroid tumors, and many of them will undergo midlife hysterectomies to deal with the problem. Doctors are content to explain that fibroids occur so frequently in women in their forties because of changing hormone levels, with too much estrogen being produced compared to progesterone.

Perimenopause: the mother of all wake-up calls

For many women perimenopause can be "PMS times ten"—and this is particularly the case for those who, for one reason or another, hit the snooze button instead of heeding their monthly and seasonal wake-up calls. This is not to discount the direct physical effects of changing hormone levels.

However, given the effects of stress on hormone levels and blood sugar metabolism, it is clear that any uncomfortable symptoms that reveal themselves during times of hormonal shift will be magnified and prolonged if a woman is carrying a heavy load of emotional baggage. According to a 2010 study from the Netherlands of perimenopausal women, those who felt more negative emotions, specifically anger and sadness, also experienced an increase in pain. The more anger and sadness the women in the study felt, the more physical pain they experienced throughout the day. (The effect was especially strong in women who have fibromyalgia.) These symptoms are the body's wisdom, pleading yet again that unresolved life issues be attended to. Throughout a woman's childbearing years, a kind of "debt account" is established where existing and future issues accumulate, compounding interest with each passing month that the debt goes unpaid.

Thus the average woman, blessed with approximately 480 menstrual periods and 40 seasonal cycles to bring her to the threshold of her menopause, gets about 500 progress reports. How is her physical health and nutrition? How are her emotions? What's happening in her relationships and her career? Is she scheduling pleasure into her daily life on purpose or putting herself last? There have been approximately 500 opportunities to resolve those issues … or sweep them under the rug. At perimenopause the process escalates. The earnest, straightforward inner self, which has tried for years to get our attention, makes one final hormonally mediated attempt to get us to deal with our accumulated needs, wants, and desires. This is likely to turn into a period of great emotional turmoil, as each woman struggles to make a new life, one that can accommodate her emerging self. Externally and internally, this period is a mirror image of adolescence, a time when our bodies and brains were also going through major hormonal shifts that gave us the energy to attempt to individuate from our families and become the person we were meant to be. At menopause we pick up where we left off in adolescence. It is now time to finish the job.

It should be no surprise, then, that research has documented that those women who experience uncomfortable—even severe—symptoms of PMS are often the same women who have a tumultuous perimenopause, with physical and emotional symptoms that become increasingly impossible to ignore. As a woman makes the transition to the second half of her life, she finds herself in a struggle not only with her own aversion to conflict and confrontation, but also with the culture's view of how women "should" be. The body's inner wisdom gets a huge opportunity to break through culturally erected barriers, while shining a light on aspects of a woman's life that need work. To resolve the situation, then, it is up to the individual woman to meet her body's wisdom halfway.

Perimenopause Is A Normal Process, Not A Disease

The main thing to keep in mind about perimenopause is that it's a completely normal process, not a disease to be treated. But in order for her body to continue producing levels of hormones adequate to support health, a woman must be optimally healthy going in—physically, emotionally, spiritually, and situationally. In other words, her future wellbeing depends not only on the health of her physical body, but also on her nonphysical support system, both of which are a reflection of how she cares for herself today and how she has lived up to this point. Because perimenopause occurs at the midpoint of our

lives, it is a very good time to take stock and make sure that we are doing everything possible to restore or build our health.

Despite all the media focus on supplemental hormones— which ones to take, what dose, natural versus synthetic, and so on—it is important to bear in mind this often-forgotten fact: a woman's body begins life fully equipped to produce all the hormones she needs throughout life. All of the so called sex hormones (estrogen, progesterone, and the androgens) are manufactured from the same ubiquitous precursor molecule—cholesterol. In addition, our bodies also have the ability to convert one type of sex hormone into another. So, for example, estrogen can be converted into testosterone, and progesterone can be converted into estrogen. Whether or not these conversions actually take place depends upon our body's minute-to-minute needs, our emotional state, our nutritional state, and so on.

What all this means is that not every woman will need or want hormone supplementation. In many cultures hormone supplements are infrequently prescribed, yet women in those cultures rarely have uncomfortable perimenopausal symptoms. How can this be?

First of all, the ovaries only slow down; they do not shut down. Moreover, a woman's body is designed to produce estrogen, progesterone, and testosterone at other sites besides the ovaries, and it is ready and willing to increase or mediate the output from those auxiliary sites when the need arises at midlife. Research has shown, for example, that estrogen, progesterone, and androgen are produced in body fat, skin, the brain, the adrenal glands, and even peripheral nerves! But whether or not adequate production occurs depends on what else is going on in a woman's life.

If, for example, a woman is under significant stress—if she is overworked, if her diet fails to meet her body's needs, if she is physically ill, if she smokes and/or drinks, if she is avoiding spiritual issues that are beckoning her, or if she is involved in relationships in which the energy outflow is not matched by the energy coming back—then she may find that her ability to keep up with the demands on her endocrine system is diminished. It will remain so unless and until she is able to implement some changes in those areas of her life that need work. The result may be a tumultuous midlife transition, fraught with her own individual combination of symptoms—from headaches, hot flashes, bloating, and fading libido to mood swings and sleep disturbances.

Given the nature of our current culture, with its everaccelerating pace of life, about 75 percent of perimenopausal women have symptoms of menopause that are uncomfortable enough to cause them to seek relief, whether through supplemental hormones, dietary change, exercise, or alternative therapies. If a woman finds that she needs supplemental hormones in order to reestablish a physical and emotional comfort zone, this should not be seen as a personal failure. Rather, it is a wake-up call and an opportunity to implement much-needed change. A woman in this situation might want to consider accepting what I like to call a dusting of supplemental hormones—just enough to provide her with the support she needs for comfort and health, and no more. At the same time she would also be wise to pay attention to the messages her body is sending. It is asking for more than just a prescription or a supplement.

The healthy body is equipped to produce all the hormones a woman needs throughout her life. This natural ability can be supported or thwarted, depending on lifestyle patterns and the state of a woman's health— physically, emotionally, spiritually, and situationally.

The bottom line is this: before you take something to relieve menopausal symptoms, acknowledge and listen to your body's inner wisdom in creating those outward symptoms. They are uniquely yours. How your hormones behave during perimenopause and how your body and mind respond to hormonal changes is as personalized as your fingerprints.

Perimenopause and hormonal levels

The conventional view of what happens at perimenopause is that estrogen levels plummet. This is a gross oversimplification and too often leads to treatment that can make mildly uncomfortable symp-

toms worse. In natural menopause, the first hormonal change that occurs is a gradual decline in levels of progesterone, while estrogen levels remain within the normal range or even increase.
Because progesterone and estrogen are meant to counterbalance each other throughout the menstrual cycle, with one falling while the other rises and vice versa, an overall decline in progesterone allows estrogen levels to go unopposed—that is, without the usual counterbalance. The result is a relative excess of estrogen, a condition that is often called estrogen dominance—which is precisely the opposite of the conventional view. If a woman begins to experience uncomfortable symptoms at this stage, it's because her body can sense—and attempts to adjust to—that relative estrogen excess.
Estrogen excess is also exacerbated by high insulin and stress hormones. Unfortunately, however, there's a great deal of overlap in the symptoms of various hormone imbalances, and it's not uncommon for a woman experiencing symptoms of estrogen or stress hormone excess to be given a prescription for more estrogen or even antidepressants. Not surprisingly, her mild symptoms can worsen as a result.
As the transition goes on, progesterone continues to decline, and eventually estrogen levels may begin to swing widely. The estrogen highs occur because the ovaries have begun to allow entire groups of follicles to grow and mature during successive menstrual cycles, instead of only one at a time, as though attempting to hurriedly "spend" those remaining eggs. (This is the reason why the incidence of twin pregnancies increases with age.) The progesterone decline occurs because fewer and fewer of those maturing eggs actually complete the entire ovulation process. Levels of the hormones FSH and LH, which the pituitary gland in the brain normally releases in precisely metered amounts to stimulate controlled follicular growth and ovulation, become erratic as our ovaries start to skip ovulations. Closer to menopause, hormonal levels start to stabilize. FSH and LH levels smooth out and climb to their new, higher cruising altitude, where they stay for the rest of our lives.

Symptoms of decreased progesterone and estrogen dominance

- Decreased sex drive
- Irregular or otherwise abnormal periods (most often, excessive vaginal bleeding)
- Bloating (water retention)
- Breast swelling and tenderness
- Mood swings (most often irritability and depression)
- Weight gain (particularly around the abdomen and hips)
- Cold hands and feet
- Headaches, especially premenstrually

Learning To Recognize And Heed Our Wake-Up Calls

Whether you are in early perimenopause at thirty-five or standing at the threshold of menopause, your body's inner wisdom will attempt to catch your attention through four kinds of escalating physical and emotional wake-up calls.
At midlife, the hormonal milieu that was present for only a few days each month during most of your reproductive years, the milieu that was designed to spur you on to reexamine and redirect your life just a little at a time, now gets stuck in the on position for weeks or months at a time.
We go from an alternating current of inner wisdom to a direct current that remains on all the time after menopause is complete. During perimenopause, our brains gradually make the change from one way of being to the other.
Biologically, at this stage of life you are programmed to withdraw from the outside world for a period of time and revisit your past. You need to be free of the distractions that come when you are focusing your mothering efforts solely on others. Perimenopause is a time when you are meant to mother yourself.

It may be no accident that the word menopause invites the association "pause from men." We don't really need to withdraw from men per se. We need, rather, to put our focus on ourselves instead of spending so much time and effort pleasing them! In truth, you are being urged, biologically, to pause from everyone—from mankind in general—in order to do important work on yourself. As a result of this, one of the most common threads running through women's descriptions of how they feel during the menopausal transition is the longing for time alone, for a refuge that provides peace, quiet, and freedom from distractions and demands.

It's a wistful dream, seemingly out of reach in this busy age of multidirectional tugs-of-war. But those who have the yearning know deep within that their uncomfortable menopausal symptoms would simply dissolve if only they had the luxury of shutting out the world so they could tune in to the growth process occurring within themselves. This wistful dream is real. It comes from your soul. You can trust it and believe in it—and to remain healthy, you must do its bidding.

Part of the reason for this has to do with the complex interaction between the hypothalamus, the pituitary gland, the ovaries, and the multiple hormones that are produced in and interact within these key areas. These key hormones are:

~ **GnRH** (gonadotropin-releasing hormone), which is produced in the hypothalamus

~ **FSH** (follicle-stimulating hormone) and **LH** (luteinizing hormone), which are produced in the pituitary and stimulate, in turn, the rise of estrogen and progesterone during the monthly menstrual cycle

~ **Estrogen,** produced in the ovaries, body fat, and other areas

~ **Progesterone,** which is produced primarily in the ovaries and together with estrogen, prepares the lining of the uterus for implantation and growth of an embryo

During perimenopause, GnRH levels begin to rise in the brain, causing FSH and LH to surge to their highest levels ever. A popular explanation is that this is the body's attempt to "kick-start" the ovaries into resuming their original function, which might make sense if it weren't for one eloquent fact: those elevated FSH and LH levels stay elevated, permanently, well after it is physiologically obvious that the ovaries (which are, essentially, out of eggs) have no intention of jumping back onto the reproductive bandwagon. It would seem that your body, in its wisdom, has ulterior motives for continuing to produce the so-called reproductive hormones, and reproduction no longer is the point. In fact, evidence is mounting that at least one of the roles for this off-the-charts production of FSH and LH, and of the GnRH that precipitates this rise, is to drive the changes taking place in the midlife woman's brain.

For biological reasons, females of the human species are often easier to control—intellectually, psychologically, and socially—during their childbearing years than they are before puberty (from birth to age eleven) or after menopause. Interestingly, hormone levels after menopause are identical to those in girls before puberty. When we are creating a home and building a family, our primary concern is to maintain balance and peace. We seem to know instinctively that when we're raising a family, it's better for all if we compromise and maintain whatever support we have, even if it's less than ideal, rather than risk going it alone. Though this may mean we lose sight of our individual goals, our ability to "go with the program" is in fact protective. A recent medical study done in Sweden, for example, demonstrated that single mothers had an almost 70 percent higher risk of premature death than did mothers with partners. And, surprisingly, this increase in the rate of premature death was the same regardless of socioeconomic or health factors. In other words, even single mothers with adequate economic resources who were physically and psychologically healthy were at greater risk.

Symptoms

In the months or years leading up to menopause (perimenopause), you might experience these signs and symptoms:

Weight gain as the metabolism slows down, combined with adrenal fatigue and thyroid may not working properly.

Common diets: Keto, Plant based diet, intermittent faster (8 hour eating 16 hours fast), Paleo, Weight watchers
You should find which diet suits you best. May giving up sugar, bread and starches, pork and cheese. No sugar, no carbohydrates, ice cream, cheese, meat (only fish).
As we age we loose muscle mass quicker. Muscles are important as they burn calories quicker.
Some of the exercise which is working for you: walking, running, yoga, pilates, Hiit, weight training.

Hair gets thiner and we start to loose hair. Bioten sumplement, Collagen, Herbal oils, Jojoba oil, Nutrafol

Hot flashes and mood swings: Besides hormonal changes, external factors can influence the intensity and duration of a woman's hot flashes. Anxiety and tension can magnify them, as can a diet high in simple sugars and refined car-bohydrates such as those found in fruit juices, cakes, cookies, candy, white bread, wine and beer, and so on.
Coffee—even decaf—also triggers them in some women. Excess weight and cigarette smoking have been identified as other risk factors.
There are many approaches to cooling hot flashes. Estrogen therapy is about 95 percent effective, and until the A 2 percent progesterone skin cream also works in many perimenopausal women; as little as ¼ tsp (20mg) rubbed into the skin once per day may provide relief.
Another option may be meditation and relaxation techniques, such as slow, deep, abdominal breathing started when each flash begins. Studies show meditation can cool hot flashes in 90 percent of women, without any hormonal therapy at all. This is because meditation lowers stress hormone levels.
Many women also find relief when they improve their diets. Soy foods (a total of 45–160 mg of soy isoflavones per day) provide relief, as do many herbs, such as black cohosh, dong quai, chasteberry, maca, sage, milk thistle, ground flax seed, Omega 3, CBD oil, Fenugreek, Accupanture, Brisdelle 7, 5 mg, Evening primrose oil or Pueraria mirifica. Iodine can also reduce hot flashes and heavy bleeding. Acupuncture can also be very effective.

Mood swings Insomnia Fuzzy thinking
The difference between the postpartum period and perimenopause is that during perimenopause you're giving birth to yourself. It often feels as though the logical side of the brain goes to sleep for a while as a way to force us to become more intuitive and more in tune with our emotions and inner wisdom. Herbs such as ginkgo and St. John's wort can help keep your mind clear. So can following a diet that keeps blood sugar stable. Some women find that soy isoflavones or hormones such as progesterone or estrogen are also helpful. The main thing to remember is that you're not getting Alzheimer's. You're just rewiring your brain for a whole new way of thinking.

Heart Palpitations
"It's like all of a sudden I'm aware of my heartbeat, whereas before my heart just did its job without me noticing it." Like hot flashes, palpitations can range from mild to severe. They are rarely dangerous, though they can sometimes be very frightening. They are the result of imbalances between the sympathetic and parasympathetic nervous systems triggered by stress hormones and are often related to fear and anxiety. If they persist, see your doctor.

Migraine Headaches
Imbalanced hormone levels contribute to so-called menstrual migraine during perimenopause and menopause. This type of headache usually comes just before your period, when both estrogen and progesterone levels can fall dramatically. Hundreds of women have been able to completely recover from menstrual and menopausal migraines through the use of 2 percent progesterone cream.

Apply ¼ tsp (20 mg) on your skin daily for the two weeks prior to your period, or three weeks out of every month if you're no longer having periods. Or you can use progesterone capsules or vaginal gel, available by prescription in all conventional pharmacies.
Acupuncture and herbs (e.g., feverfew) also often help migraines.

Breast pain
Many women have tender breasts just before their periods. This is often because of iodine deficiency. To remain healthy, the breasts require as much as 6 mg of iodine per day. During perimenopause, you may notice that your breasts feel tender or swollen much more often. This is far more common when a woman is experiencing estrogen dominance. Relief can often be achieved by following a hormone-balancing diet, ensuring an adequate intake of B vitamins, making sure you get enough omega-3 fats such as EPA and DHA (1,000 to 2,000 mg once or twice daily), stopping caffeine, and/or using 2 percent progesterone cream (¼ tsp —20 mg—twice per day). To add iodine to your diet safely, take several kelp tablets per day and eat several organic eggs per week.

Irregular or Erratic Periods – Fibroids
About 40 percent of women develop benign fibroid growths in the uterus during perimenopause. Their growth is stimulated by estrogen, and they can become quite large.
Fibroids shrink dramatically after menopause and, like heavy bleeding, do not usually require surgery or other treatment, especially if they don't produce symptoms. Some fibroids, however, can cause heavy bleeding, depending upon their position in the pelvis. Small ones can be removed through laparoscopic surgery or sometimes by surgical removal through the vagina. Uterine artery embolization (UAE) or ultrasonic treatment (such as ExAblate) are other nonsurgical treatments. Weight loss, acupuncture, herbs, dietary change, and natural progesterone are all effective alternatives in many cases.

Loss of Sexual Desire
There is nothing about a normal menopausal transition,per se, that lowers sex drive. But many women experience decreased libido as their attention turns inward toward themselves. Still, a healthy woman experiencing loss of sex drive should have her hormones checked. For reasons that aren't clear, some women experience a drop in their testosterone levels during perimenopause; this can result in lack of sexual desire. Adrenal exhaustion can be another factor. If these levels are low, supplementation with small amounts of testosterone or its precursor, DHEA, will sometimes restore libido to normal levels. For some women, libido problems are related to lack of estrogen or thinning of the vaginal tissue. Women who've undergone removal of their ovaries surgically, or whose ovarian function has been compromised by illness, chemotherapy, or radiation, have lost a major source of their normal hormone production. A variety of safe alternatives, such as high-dose soy isoflavones, can often help in situations such as these.

Vaginal Dryness and/or Painful Intercourse
The lining of the outer one-third of the urethra and the lining of the vagina are estrogen-sensitive. Symptoms may arise from a lack of estrogen, as well as from decreases in muscle tone and subsequent blood supply in the urogenital area.
For many women, the first sign of perimenopause is a decrease in normal vaginal discharge. This is a direct result of decreasing estrogen levels. Some may need to use a vaginal lubricant (e.g., K-Y Jelly) during intercourse because arousal and full lubrication take longer. Topical estrogen cream, vitamin E suppositories, systemic estrogen therapy, or increasing intake of phytoestrogens such as soy can be very helpful.

Sleeping problem: Mg, Black cherry juice

Fatigue: B complex
Supplements: D vitamin, Omega 3, Collagen, Primose oil, B complex, Glucosamin, Progesterone,

Heavy Bleeding
Many women develop heavy and irregular bleeding in the years before menopause because estrogen dominance causes the lining of the uterus to overgrow. Stress of all kinds—whether emotional, dietary, or physical (including not getting enough sleep)—can make this worse. Instead of the normal monthly buildup and shedding of the uterine lining, too much endometrial tissue builds up and then breaks down in a disordered way that results in spotting or irregular heavy bleeding.

The Wisdom of Bleeding: Are You Leaking Life Energy?
I always ask women 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.

Physical Causes of Heavy Periods
In addition to hormonal imbalance, physical conditions may impede the normal uterine contractions that help stop menstrual blood flow each month. Fibroid tumors are the most common physical reason for excessive bleeding. Whether or not a fibroid causes bleeding depends upon its location in the uterine wall. Bleeding is most often caused by submucosal fibroids, which are located right under the endometrium, the mucous membrane that lines the uterus. Adenomyosis is another condition that can cause heavy bleeding. Adenomyosis results when the endometrial glands that line the uterus grow into the uterine muscle (the myometrium). When this happens, little lakes of blood form in the uterine wall that do not drain during menstruation. Over time, the uterus enlarges and becomes boggy, spongy, and engorged with blood, disrupting the normal uterine contraction patterns. Since both fibroids and adenomyosis are associated with excess estrogen, minimal progesterone, too much prostaglandin F2-alpha, and frequently too much insulin, hormonal and physical factors are often present at the same time.

Treatment Choices for Heavy Bleeding
Follow the Master Program for Creating Pelvic Health. You may take iodine to control estrogen and reduce inflammation. If you still need assistance, and you've had a physical exam and a Pap smear within the past year to rule out a more serious condition, consider the following options:
~ NSAIDS. Take a nonsteroidal anti-inflammatory drug, such as ibuprofen (Motrin, Advil), naproxen sodium (Anaprox, Aleve), or ketoprofen (Orudis), daily starting one to two days before your period, and continue it regularly through your heaviest days. Use the lowest dose that gives you results. The NSAIDs have definitely been shown to decrease menstrual blood loss because of their ability to interrupt excess prostaglandin F2-alpha.

Urogenital symptoms
The health of the vaginal lining and urethral tissues is highly influenced by the hormonal milieu in our bodies. Women may seek relief from stress incontinence (they leak urine when coughing, sneezing, laughing, or lifting heavy objects), urge incontinence (they have difficulty making it to the bathroom without leaking), recurrent vaginal yeast infections, vaginal dryness and/or discomfort during intercourse, recurrent bladder infections, or urinary frequency (they need to urinate more than eight times during the day, or one or more times during the night). Taking estrogen (by mouth or applied locally) and/or androgen hormones (by mouth or applied as a skin patch or as a cream formulated for

vaginal application) helps maintain healthy vaginal and urethral tissue, even when relatively small doses are used. As little as 1 to 2 mg of natural testosterone in a cream base, applied to the vagina two to three times per week, for example, is often all that is necessary. And sometimes the phytoestrogens found in herbs, soy, or flaxseed can restore vaginal tissue to its premenopausal moistness and resilience. Some studies from the late 1990s found that systemic oral conventional hormone therapy actually increases the risk of urinary incontinence for reasons that aren't at all clear.
What is clear is that urinary problems often clear up on their own with no treatment at all.
Urinary Symptoms
Recurrent urinary tract infections or urinary stress incontinence (the loss of urine with coughing, sneezing, laughing, etc.) may occur because of the thinning of the estrogen-dependent lining of the outer urethra. Urinary symptoms often resolve through the use of a small dab of estrogen cream applied locally. Kegel exercises can also increase blood flow to the area and help with stress incontinence.

Skin
The collagen layer of our skin becomes thinner as our hormone levels fall. A wide variety of highly effective skin treatments is now available that help build collagen, resurface the skin, and prevent wrinkles. Systemic or topical hormones; foods rich in phytoestrogens, such as soy; and antioxidant supplements such as vitamin C, vitamin E, glutathione, and proanthocyanidins (from grape seeds or pine bark) also help build collagen and rejuvenate the skin.

Bone loss
So when a woman turns forty and her hormonal levels begin to shift, her bone density may already be compromised. When estrogen, progesterone, and androgen levels start to shift, the collagen matrix that forms the foundation of healthy bone may start to weaken, especially when a woman's nutrition and exercise regimens are lacking. You can maintain the collagen matrix in your bones and also help rebuild healthy bone in a variety of ways, which include getting adequate phytohormones from foods such as soy, taking herbs, using hormone replacement, adding calcium and magnesium supplements, getting adequate vitamin D from sun exposure or supplements, and doing weightbearing exercise.

- ***Straight, strong, and flexible for life: master program for healthy bones and joints***

Taking care of your bones and joints—supporting the structures that support your body—is a vital part of midlife health. Fortunately, there's a lot you can do to ensure that your joints maintain or even improve their range of motion and that your body stays in proper alignment. The same is true of shoring up your bones. No matter how many risk factors you identified, it's never too late (nor too early) to build your bones—even if you are ninety or already have osteoporosis. As long as you're alive, your bones are dynamic, living organs that respond daily to every aspect of your life, from your emotions to your diet.
Following this master plan for bone and joint health will go a long way in helping you flourish on all levels, including the ability to move fluidly and stand tall in every way—both physically and emotionally.
~ CUT BACK ON OR ELIMINATE ALCOHOL AND CAFFEINE. As noted earlier, alcohol interferes with bone remodeling, and caffeine increases the excretion of calcium in the urine.
~ QUIT SMOKING. Acupuncture can help you a great deal with this.
~ FOLLOW THE PERIMENOPAUSAL DIET PLAN
Eat five servings of low-glycemic-index fruits and vegetables per day. These are all high in potassium and boron, which help protect your bones by reversing urinary calcium loss.
~ MAKE SURE YOUR DAILY SUPPLEMENT PROGRAM INCLUDES THE FOLLOWING (even if your diet is good): Magnesium 400–1,000 mg (because of farming practices, many foods are low in this key

mineral, so it must be supplemented) Calcium 500–1,200 mg Vitamin D3 2,000–5,000 IUVitamin C 1,000–5,000 mg Boron 2–9 mg Zinc 6–50 mg Manganese 1–15 mg Copper 1–2 mg Vitamin K2 0–140 mcg

~ GET YOUR VITAMIN D LEVEL CHECKED. Research shows that women with the lowest levels of vitamin D were 71 percent more likely to have a hip fracture than women with the highest levels, so be sure you get enough of this important vitamin. To find out what your blood level is, have your doctor order a 25-hydroxyvitamin D test. If your levels are very low, start with eight weeks of high-dose vitamin D supplement (between 5,000 and 10,000 IU per day). Once you're in the optimal range, between 40–100 ng/ml, you can take between 2,000 IU and 5,000 IU a day (depending on how much sun exposure you get). I also recommend limited sunbathing, working up to ten to thirty minutes of exposure (the darker your skin, the more time you need) during early morning or late afternoon, three to four times per week—but never enough to burn the skin. In the winter, you can use a tanning booth for five to ten minutes once or twice per week. (See the section on vitamin D earlier in this chapter.)

~ CONSIDER TAKING VITAMIN K. Vitamin K2 (menaquinone) is getting a lot of attention these days in regard to the role it plays in bone health. Doctors in Japan have been using this vitamin (in the form of MK-4, also known as menatetrenone) to treat osteoporosis since 1995, with very good results. Some particularly intriguing studies show that vitamin K boosts the positive effect of vitamin D on sustaining bone density in the lumbar spine and preventing fracture.

Vitamin K is found in meat, fermented products, cheese and other dairy products, broccoli, Brussels sprouts, cauliflower, chickpeas, kale, and seeds. Note: if you are taking the blood-thinning medication warfarin (sold as Coumadin), you may want to consult with your doctor before supplementing with vitamin K because it may lessen the effects of the drug.

~ IF YOU SUFFER FROM JOINT PAIN, SUPPLEMENT FURTHER. NSAIDs such as ibuprofen (Advil, Motrin) have been implicated in the destruction of cartilage over time. Though these popular OTC drugs definitely decrease joint pain, they do more harm than good over the long haul. Alternatively, many women get significant relief from joint pain and arthritis with the following supplements, taken in addition to a good multivitamin:

~ Pueraria mirifica (PM): Miroestrol, a potent phytoestrogen found in certain formulations of this herb, is great for bones. Two published studies from researchers at Chulalongkorn University in Bangkok have shown that PM increased bone density in rats that had their ovaries removed. A randomized, double-blind, placebocontrolled study done by researchers at Bangkok's Mahidol University and published in 2008 in the journal Menopause concluded that PM may have the same effect on humans. PM is also very effective at relieving a host of menopausal symptoms, including vaginal dryness, hot flashes, insomnia, and irritability. Take a brand that contains standardized miroestrol (approximately 20 mg of miroestrol per 100 g).

~ Glucosamine sulfate: 1,000 mg twice per day. ~ Turmeric: 250 mg twice per day. ~ Omega-3 fats (particularly DHA): These healthy fats, found not only in fish oil, but also in walnuts and flaxseed oil, are indispensable for bone health and enhance bone density.(Omega-6 fatty acids, on the other hand, weaken bones.) Make sure you get 1,000– 5,000 mg of omega-30 per day.

~ Proanthocyanidins (OPCs), made from grape seed or pine bark: start with a loading dose of 1 mg per pound of body weight, daily in divided doses. Take this for 10–14 days. After that, you can decrease to a maintenance dose of 60–200 mg per day.

~ EAT PHYTOESTROGENS with isoflavins Soy, ground flaxseed, and Pueraria mirifica are particularly potent in this regard. Several studies have suggested that regular intake of soy protein has a bone-protective effect that is equivalent to that provided by estrogen. A six-month double-blind study at the University of Illinois found that postmenopausal women on a diet that was high in soy isoflavones were protected from spinal bone loss. Researchers noted that women consuming 13 g or more of soy protein every day were half as likely to incur a bone fracture as those eating 5 g or less per day. This is pretty exciting, especially

when you consider that you can get this amount of soy protein simply by drinking two glasses of soy milk.

~ DRINK GREEN TEA. Green tea is especially rich in phytohormones and antioxidants. Research has shown that women who drink either green or black tea regularly have stronger bones than those in a control group. I keep a pitcher of naturally decaffeinated green tea in my refrigerator and drink it regularly throughout the day.

~ DO REGULAR WEIGHT-BEARING EXERCISE. You need three exercise sessions per week, minimum. If you are lifting weights, two sessions per week are sufficient—but activities such as walking, yoga, and Pilates are also good. Basically anything that places force on ligaments, bones, and fascia will help promote healthy bones.

~ IF YOU ARE DEPRESSED, GET PROPER TREATMENT. Regular exercise and exposure to natural light are sometimes all that is necessary. If you work under fluorescent fixtures, replace them with full-spectrum lightbulbs. Though most full-spectrum lights don't provide the UVB light necessary to stimulate vitamin D and calcium uptake, they definitely can help relieve depression and seasonal affective disorder.

Interestingly, the nutritional supplement St. John's wort, which has proven antidepressant effects, also lowers a cytokine known as IL-6, which is one of the chemicals that cause cellular inflammation and is involved with immune system activation. When its levels are normalized, bone density may be positively affected. It is unclear whether standard antidepressant medications also have this effect.

~ GET YOUR HORMONE LEVELS CHECKED. Many postmenopausal women have testosterone levels that are normal even for premenopausal women, making them much more resistant to osteoporosis without additional hormones. Some women also have estrogen levels that remain in the low-normal premenopausal range long after menopause. If this is the case, you won't need to worry about taking a drug to support your bone mass.

Psichology of Menopause

How Menopausal Hormonal Changes Facilitate Your Brain Rewiring

As a woman enters menopause, she steps out of the primarily childbearing, caretaking role that was hormonally scripted for her. This is not to say that the postmenopausal woman is no longer an effective nurturer. Rather, she becomes freer to choose where she will direct her creative energies, freer to "color outside the lines." Many of the issues that had become blurry to her when the hormones of puberty kicked in may suddenly resurface with vivid clarity as those hormones recede. This is why so many midlife women recall and decide to confront and resolve past abuses. The concern with social injustices, the political interests, and the personal passions that were sublimated in the childbearing years now surface in sharp focus, ready to be examined and acted upon. Some women funnel this heightened energy into new businesses and new careers. Some discover and cultivate artistic talents they never knew they had. Some women note a surge in their sexual desire, to heights never before experienced in their lives. Some report changes in sexual preference. However they channel it, there's a wonderful sense of living from the inside out!

Embracing The Message Behind Our Menopausal Anger

The GnRH pulses associated with menopause prime the brain for new perceptions—and, subsequently, for new behavior. It is very common for women to become more irritable, even downright angry, about things that were more easily overlooked before. Long before we begin to feel hot flashes from changing hormonal levels, our brains undergo changes in the hypothalamus, the place where GnRH is produced. This same brain region is key for experiencing, and ultimately expressing, emotions such as anger. It is well known that hormones modulate both aggression and anger. Our midlife bodies and brains fully support our ability to experience and express anger with a clarity not possible prior to mid-

life. GnRH is just one of several hormones that support the changes occurring in the brain. Estrogen and progesterone
molecules bind themselves to areas such as the amygdala and hippocampus, which are important for memory, hunger, sexual desire, and anger. Changing levels of these and other hormones may well help to bring up old memories, accompanied by strong emotions, especially anger. This is not to say that anger is caused by hormonal change. Rather, it means that the hormonal changes simply facilitate remembering and clearing up unfinished business.
Many women are disturbed or frightened when they feel this anger arising. Maybe you don't feel angry. Maybe you're "just" irritable, grouchy, aggravated, envious, overwhelmed, or depressed, or you "just" have high cholesterol or high blood pressure. Believe me, all these emotions and physical conditions are associated with the same thing: anger. Anger in women has a bad rap in general unless that anger arises in the service of others. This probably accounts for the fact that although anger has been studied exhaustively in men, the gender in which it is acceptable, the only kind of female anger that has received a great deal of study is maternal anger, the function of which is to protect a child who is threatened. It is also culturally acceptable for women to express their personal anger by fighting for social justice, which too often becomes a platform for releasing personal anger. Though we're socialized to believe that our anger arises from observing the injustice done to others, the political is always personal: our anger is ultimately about ourselves, and its energy is always urging us toward selfactualization.

Killing the Messenger: Medicating Our Anger and Irritability to Maintain the Status Quo
In our culture, unfortunately, the usual approach to perimenopausal symptoms such as mood changes and irritability is to prescribe something to soothe us and make us feel better. We seldom ask ourselves—and certainly our doctors rarely ask—"What is out of balance that needs to be changed?" If we look to hormone replacement therapy for relief without addressing the underlying issues, then even appropriate doses of hormones may not help much. The women who are most vulnerable to the effects of hormonal swings and have the most difficulty finding relief from hormone replacement regimens and other medication are those who have had problems with mood during menarche, postpartum, and during perimenopause. If the emotional issues in their lives are not attended to, if their midlife losses are not fully grieved and released (if, in other words, they don't listen to the need fueling their anger and take action), they may end up with full-blown depression— which is sometimes described as anger turned inward.
Depression, in turn, is a very well-documented independent risk factor for heart disease, cancer, and osteoporosis. Emotional turmoil affects the brain and all its functions. Continuing in the same upsetting situation virtually guarantees that a woman's hormones will stay unbalanced. The longer she allows negative situations to persist, the more out of whack her hormones will become, and the more physically uncomfortable she will feel. A prescription for estrogen may stop this cycle temporarily, but the body will eventually demand that its message be heard.

How Menopausal Emotions Affect Our Health

Imbalances between the sympathetic and parasympathetic nervous systems, combined with the changing hormonal milieu of menopause, can increase our body's susceptibility to symptoms or disease. The thymus (which creates your immune system's T cells), the lymph nodes (which create your immune system's B cells), and the bone marrow (which creates your red and white blood cells) are all innervated by the autonomic nervous system. Therefore, each area that creates immune system cells has both a gas pedal (sympathetic tone) and a brake pedal (parasympathetic tone).
Why is this important? Because it is via this system that your body records and processes your emotions and the hormones and neurochemicals they promote. As I've noted, if you have a backlog of unprocessed emotions from past trauma or unmet needs, they are going to surface around the time of

menopause. As a result, your susceptibility to illness may increase. Over time, if the fear-driven fight-orflight response is triggered again and again, you may fall victim to diabetes, hypertension, or possibly even an
autoimmune disease such as lupus or rheumatoid arthritis. Where you are affected will be determined by the weakest link in your body, the place where your genetic structure plus your childhood progra ming and beliefs have made you most vulnerable.
The bottom line is that whatever goes on in your mind has well-documented effects on every cell in your body via either parasympathetic or sympathetic nervous system activity. Every thought and every perception you have change the homeostasis of your body. Will it be the brakes or the accelerator, a health account deposit or a health account withdrawal? This, in a nutshell, is how your autonomic nervous system translates how you view your world into the state of your health.

How Thoughts Affect Hormone Levels at Menopause

The "language" spoken by your autonomic nervous system is translated to the rest of your body by hormones. The primary messengers of the sympathetic nervous system are hormones called norepinephrine and epinephrine, which are often referred to together as adrenaline. They are produced in the brain and in the adrenal glands. Every time adrenaline levels go up, levels of another adrenal hormone, cortisol, also go up.
If you persist in the perception that events and demands in your life are stressful and uncontrollable, you are adopting the mindset that continually whips your adrenals into producing more and more cortisol. Over time, your adrenals may become exhausted, losing their ability to keep up with the demand for increasing amounts of this hormone. This is often coupled with suboptimal nutrition, impaired digestion, and poor assimilation of nutrients, all of which go hand in hand with a stressful life. Insomnia is also very common in this situation. The resulting immune system incompetence increases susceptibility not only to infectious diseases, but also to autoimmune disorders and all cancers. The overstimulated sympathetic nervous system also causes an imbalance in a group of hormones known as eicosanoids, resulting in impairment of the cells' ability to metabolize fatty acids. This is associated with weight gain, as the body tends to break down muscle and replace it with stored fat and excess fluid. Imbalanced eicosanoids are also associated with tissue inflammation, which is now known to be the cause of nearly all chronic degenerative diseases, such as heart disease, diabetes, and cancer. Tissue inflammation also increases the discomfort felt in a host of chronic diseases such as lupus and rheumatoid arthritis, and has been shown to increase the speed of tumor growth in individuals already harboring cancer.
In a healthy, normal body, cortisol levels are highest upon awakening in the morning. During the night, the parasympathetic nervous system has done its job of providing rest and renewal to your organs. In other words, a deposit has been made into the "health bank." The morning's increased cortisol levels help you get out of bed and get ready for the day ahead. As you wind down in the evening, cortisol levels normally decrease, reaching their lowest at about midnight, easing you into a rejuvenative, restful night. For many stressed-out women, however, the rise-and-fall pattern of cortisol secretion begins to invert
itself. Levels are lower in the morning, affording little or no "gas in the tank" to start the day, and they're higher at midnight, making it virtually impossible to wind down and rest.
It does not end there. In addition to causing a deranged output of cortisol, overstimulation of the sympathetic nervous system also causes decreased production of progesterone, one of your body's natural calming agents. The result is that women who are chronically stressed also tend toward hormonal imbalance between estrogen, progesterone, and testosterone (which is important in women as well as in men).

Soothing Your Emotions Before They Become Disease

First of all, there is nothing to be gained by categorizing emotions as "good" or "bad." Instead, think of them as guidance. The emotions that feel good are guiding you toward health, while the ones that feel bad are trying to get your attention so that you can change either your perception or your behavior. It truly is as simple as that. Emotions can also become toxic if they are allowed to persist unresolved, rather than being worked through fully and released.

The ill health and pain you may experience at midlife are caused not by difficult emotions per se, but rather by a willingness to let those emotions and the needs behind them persist unresolved—or by a misperception of what they mean in your life. Unresolved, "stuck" emotions keep setting up the same body biochemistry over and over again.

The effect of negative emotions on our bodies can be likened to water in a river. Our bodies stay clean and fresh as long as our emotions keep flowing, triggering changes in our perception and behavior. The minute that water stagnates, all manner of decay and germs start to flourish.

Powerful Feelings, Powerful Healing

In order to take a new path, you must leave the old path behind. This can be one of the most terrifying aspects of the midlife transformation—leaving behind what is familiar and embracing what is unknown.

As difficult as it is to accept, especially in our quick-fix culture, the struggle that accompanies a woman's midlife transformation appears to be an integral part of the learning process, without which she would not have the incentive to set one foot in front of the other. Your empty nest, your altered living space, your disrupted life focus, that directionless feeling—all must first be acknowledged and experienced, with the attendant emotions, in order for the healing process to begin. In the interim, while we experience the upheaval and wait for the new path to become clear, we have to hang out in the "underworld" for a while, allowing our fears and grief and confusion to be fully experienced. Then, and only then, will the fog begin to lift, revealing hints of new doors, new directions, and a new focus for that shining new life.

Finding A Larger Meaning

In some cultures, such as that of Hindu India, midlife is a time associated with the serious pursuit of the spiritual dimensions of life.

With our childrearing years behind us, our creative energies are freed. Our search for life's meaning begins to take on new urgency, and we begin to experience ourselves as potential vessels for Spirit. I've long believed that each of our lives is directed by a force that I think of as God. This force is much bigger than our own intellects, and it always moves us toward our highest possible purpose, working directly through the unique expression that each of us represents.

Around age forty, the universal energy known as kundalini (which is depicted as a snake in many ancient healing traditions) begins to rise naturally and gradually from the base of our spines, activating each energy center (or chakra) of our bodies as it does so. Sometimes the resulting sexual energy that is released at this time can be quite intense, driving some women to have affairs or to channel this energy into painting, building a new home, or some other creative pursuit. Energy centers will determine the type and severity of symptoms we will experience in that area.

Many other women find themselves feeling heart palpitations, anxiety, pelvic pain, or indigestion at midlife.

When we reframe our symptoms and see them as our inner guidance knocking on the door of each emotional center, asking us to allow more light, wisdom, and fulfillment into that particular area, then we don't feel victimized by our bodies. Instead, we have the opportunity to feel empowered by the life energy that is coursing through us at midlife.

The need and desire to assume more dominion over our lives becomes a burning issue at menopause. Suddenly we find ourselves questioning the meaning and value of many of the relationships that we'd

never dared to look at too closely before. Although we all want to maintain the relationships that support us at the deepest levels, we often discover that our old ways of feeling or behaving with those closest to us—whether parents, children, spouses, friends, or bosses—need updating. And anytime we update our lives, we have to grieve for the old life that has been lost. Having the courage both to embrace the necessary changes of midlife and to feel the loss that is associated with those changes is a crucial part of creating a firm foundation for health in the second half of our lives.

The Empty-Nest Syndrome

You don't have to be a mother to experience the empty nest, that aching sense of personal loss, loneliness, and limbo that so often results when your life undergoes significant change. No matter how secure and settled a woman may feel prior to midlife, the transformative passage into the second half of life almost invariably involves an exodus of some kind. Whether it's the final breakup with a husband from whom you have long been estranged, career changes or reversals, the departure of children who have come of age and left home to start lives of their own—lives that no longer include you as an everyday presence or necessity—or all of the above, when your once-bustling home becomes quiet and/or your daily routine suddenly changes and leaves you feeling at loose ends, the experience is not unlike the unexpected death of a loved one. And even if you saw it coming and thought you were
prepared for it—even if, in fact, you are the one doing the leaving—it's painful. This is because it's impossible to fully prepare for the kind of upheaval that is so profound, it holds the potential to completely transform you from the inside out.

Breaking the Chain of Self-Sacrifice

Every one of us makes choices every day. For every choice we make, there will be consequences. The more honest we are with ourselves about the motivation that drives our choices, the healthier we will be. This is as true for caregiving as it is for any other area of our lives, perhaps even more so. The following steps are designed to help youconsciously care for yourself while caring for others if and when the need arises.

STEP ONE: Acknowledge that women have inherited a cultural and personal legacy of self-sacrifice that has been passed down to us for generations. If you routinely sacrifice yourself for others, relax. You're normal. We've been socialized to value our contribution to our family or social group—our social worth—more than we value ourselves and our relationship with our soul.

Despite this legacy, thousands of women all over the world are now taking themselves and their own fulfillment seriously. We are in the midst of a very fastmoving— and often delightful—evolution in this area!

STEP TWO: Learn the difference between care and overcare. True care of others, from a place of unconditional love, enhances our health, in part because it's associated with oxytocin, the bonding hormone. That's one reason why volunteering and community service feel good and are associated with improved health. Overcare and burnout result from not including ourselves on the list of people who require care. Burnout destroys our health and runs our batteries down. Overcare is often motivated by guilt and unfinished business, for which we hope to somehow compensate through the caregiving role. The way to tell the difference between the two is to be aware of how caring for another makes you feel. You must also be 100 percent honest about what you're getting out of excessive caregiving.

STEP THREE: Learn the health benefits of benign self-interest. Here's a basic scientific truth: our health is best served by participating in those activities that are in our own highest and best interests and that bring us the most pleasure. This is not selfish. It is the very basis for a healthy life. There is not a single cell in our bodies that flourishes through sacrificing its own health for the health of the surrounding cells. It simply doesn't make sense. Instead, cells communicate with one another constantly. The health of one affects the health of them all. The more fully you are participating in the work and activities that brings you the most joy, the healthier you and your entire group become.

STEP FOUR: Understand that caring for parents or aging relatives inevitably brings up unfinished business from our family past.
STEP FIVE: Learn to delegate and ask for help. Caregiving at midlife is yet another opportunity to learn how to establish healthy boundaries, set limits, and get clear about the ways that other family members can assume some of the burden or pay for your help.
Many women are not in a financial position to hire outside help to provide care for family members. But in almost every case there is a caregiving solution that needn't fall squarely on only one woman's shoulders. It's time that all men learned the basics of cooking and cleaning. Or, if no one else in the family can or will pitch in, another tactic would be to figure out what your caretaking time is worth, by finding out what it would cost to hire someone to come in and do the work you are doing. Then you could ask your brothers or other family members to pay you directly so that you can cut back on the hours you work elsewhere. That way you would have more time to replenish yourself each day, including time to exercise and eat well. It's no secret that the work of caregiving is grossly undervalued and under-compensated all over the planet. So please understand that including self-care in your caregiving is a radical and courageous act of power.
STEP SIX: Plan ahead. Don't wait until a parent or relative is in need of care before discussing a potential plan with your siblings. That way you can avoid the emergency caregiving that seemingly "just happens" to us but in reality was set in motion by our beliefs and choices years before.
STEP SEVEN: Learn how to say no. The art of saying no with grace and ease is one of the most important skills you can ever develop. The beauty of midlife is that you've now paid your dues and have had enough life experience to know what is likely to drain you and what will replenish you.

Hormonal Changes

Menopause is officially defined as that point in time when our periods stop permanently. A woman undergoing natural menopause really has no way of knowing whether any given period is truly her last until a year has passed. As menopause approaches, cycles can become quite erratic, and it's not uncommon for several months to go by between periods. By the age of forty some of the initial hormonal changes associated with perimenopause (peri means "around" or "near") are well under way. Research has shown, for example, that by age forty many women have already undergone changes in bone density, and by age forty-four many have begun to experience periods that are either lighter and/or shorter in length than usual, or heavier and/or longer. Perimenopausal transition lasting between two and eight years.
Contrary to the standard belief, our estrogen levels often remain relatively stable or even increase during perimenopause. They don't wane until less than a year before the last menstrual period. Until menopause, the primary estrogen a woman's body produces is estradiol.
However, during perimenopause the body starts making more of a different kind of estrogen, called estrone, which is produced both in the ovaries and in body fat.
Testosterone levels usually do not fall appreciably during perimenopause. In fact, the postmenopausal ovaries of many women (but not all) secrete more testosterone than the premenopausal ovaries.
On the other hand, progesterone levels do begin to fall in perimenopause, often long before changes in estrogen or testosterone. This is the most significant perimenopausal issue for the majority of women.
The prevailing message appears to be this: although reproduction is no longer the goal, there continue to be important roles for these so-called reproductive hormones— vital, health-enhancing roles that have nothing to do with making babies. Evidence for this can be seen in the fact that steroid hormone receptors are found in almost every organ of our bodies. Estrogen and androgens (like testosterone) are important, for example, in maintaining strong and healthy bones as well as resilient vaginal and urethral tissue. And both estrogen and progesterone are important for maintaining a healthy collagen layer in the skin.

Symptoms of estrogen deficiency

- Hot flashes
- Night sweats
- Vaginal dryness
- Mood swings (mostly irritability and depression)
- Mental fuzziness
- Headaches, migraines
- Vaginal and/or bladder infections
- Incontinence; recurrent urinary tract infections
- Vaginal wall thinning

Symptoms of estrogen excess

- Bilateral, pounding headache
- Recurrent vaginal yeast infections
- Breast swelling and tenderness
- Depression
- Nausea, vomiting
- Bloating
- Leg cramps
- Yellow-tinged skin
- Excessive vaginal bleeding

Progesterone

A decline in progesterone is the first hormonal change to cause symptoms in a woman approaching menopause— sometimes years before she suspects she may be nearing the change. Because the body is designed for progesterone and estrogen to be present in a dynamic counterbalance with each other, the result is estrogen dominance, with symptoms of both progesterone deficiency and relative estrogen excess. Progesterone comes primarily from the ovaries both before and after menopause, but it is also produced in both the brain and the peripheral nerves. Its main job during the childbearing years is to prepare and maintain the uterus for its most important function: pregnancy. It also is a uterine muscle relaxant, preventing premature contractions. Progesterone levels rise in anticipation of pregnancy and stimulate the uterine lining to thicken with rich, well vascularized tissue to support an embryo, then fall precipitously if pregnancy does not occur. This abrupt dropoff in progesterone is what signals the shedding of the “nest” (that thickened uterine lining) in the form of menstrual bleeding.

Progesterone also affects brain function. It produces a sense of calmness, and its sedating, antianxiety effect helps promote rejuvenating sleep.

As a woman reaches her mid-thirties to early forties, the follicle is more likely (at least in this culture) to fail to ovulate, which means the corpus luteum does not form. Over time, this contributes to an increasing deficiency of progesterone.

Symptoms of progesterone deficiency

- Premenstrual migraine
- PMS-like symptoms
- Irregular or excessively heavy periods
- Irregular or excessively heavy periods

Symptoms of excess progesterone

- Sleepiness

- Drowsiness
- Depression

Menopause And Thyroid Function

The ovaries are the organs that we focus on most commonly at menopause, but the physical foundation of a woman's menopausal experience actually rests on the health of all her endocrine (hormone-producing) organs. Thyroid problems are very common during the perimenopausal and postmenopausal years. While many women with these problems are completely asymptomatic, others may have a wide variety of symptoms. Among the most common symptoms are mood disturbances (most often seen in the form of depression and irritability), low energy level, weight gain, mental confusion, and sleep disturbances.

Thyroid problems are intimately intertwined with menopause, and not just because of the epidemiological fact that about 50 percent of women in or near perimenopause are diagnosed with hypothyroidism. According to the late John R. Lee, M.D., a noted clinician and author, there appears to be a cause-and-effect relationship between hypothyroidism, in which there are inadequate levels of thyroid hormone, and estrogen dominance. When estrogen is not properly counterbalanced with progesterone, it can block the action of the thyroid hormone, so even when the thyroid is producing normal levels of the hormone, the hormone is rendered ineffective and the symptoms of hypothyroidism appear. In this case, laboratory tests may show normal thyroid hormone levels in a woman's system, because the thyroid gland itself is not malfunctioning. It is no surprise, then, that this problem is compounded when a woman is prescribed supplemental estrogen, leading to an even greater imbalance. In that circumstance, a prescription for supplemental thyroid hormone will fail to correct the underlying problem: estrogen dominance. Estrogen dominance and also glycemic stress are very often accompanied by high adrenaline levels. And this metabolic situation can exacerbate thyroid problems. Here's what happens. Adrenaline stimulates the sympathetic nervous system, as does glycemic stress. This includes increasing the heart rate and blood pressure, which can lead to palpitations. But it also causes estrogen to be metabolized into substances known as catechols—estrogens that themselves have adrenaline-like effects. The main thyroid hormone, thyroxine, also stimulates the heart and the sympathetic nervous system. To adjust to the already too-high level of adrenaline in the system, the thyroid gland often shuts down a little to lower thyroxine stimulation— which is reflected in slightly high levels of thyroidstimulating hormone (TSH).

Menopause And Adrenal Function

The two thumb-sized adrenal glands secrete three key hormones that help us withstand many of the stresses and burdens of life. However, if a woman has lived for a long time with the perception that her life is inescapably stressful, or if she is chronically ill, then chances are she has asked too much of her adrenal glands and has not given them adequate time to replenish themselves. She may be one of the many today who enter menopause in a state of adrenal exhaustion.

To understand what chronic exhaustion may do to the body and how it affects your menopausal experience, it's important to know what the adrenal glands do for you on a day-to-day basis, through the effects of three distinct but complementary hormones they secrete.

~ NOREPINEPHRINE (adrenaline) is the fight-or-flight hormone, produced when something is threatening you (or when you think that something is threatening you). It makes your heart pound, your blood rush to your heart and large muscle groups, your pupils widen, your brain sharpen, and your tolerance for pain increase, so you can be at your best in battle. In modern-day life your battles are likely to consist of daily challenges such as pushing your body to keep going when it's fatigued, dealing with a stressful job, and reacting with quick reflexes to avoid a traffic accident. Think of these adrenaline surges as withdrawals from a bank, to help you get through life's rough spots. If you have gotten into the

habit of withdrawing adrenaline from your account too often, you'll eventually be overdrawn. Your adrenal glands will be overwhelmed, and you'll have too little adrenaline when you really need it.

~ CORTISOL increases your appetite and energy level while taming the allergic and inflammatory responses of your immune system. It stimulates the liberation and storage of energy in the body, helps the body resist the stressful effects of infections, trauma, and temperature extremes, and helps you maintain stable emotions. Synthetic versions of cortisol—prednisone and cortisone, for example—are prescribed often inhuman and veterinary medicine to help the patient perk up and feel better so he/she will eat, drink, and move around more and therefore be better able to fight off illness or heal from an injury. Ideally, cortisol is released into the system only on an occasional basis, rather than in response to chronic stress. Undesirable side effects can occur if cortisol levels become too high for too long. These include loss of bone density, muscle wasting, thinning of the skin, decreased ability to build protein, kidney damage, fluid retention, spiking blood sugar levels, weight gain, and increased vulnerability to bacteria, viruses, fungi, yeasts, allergies, parasites, and even cancer. If you've ever seen anyone on high-dose prednisone, you've seen how this drug can adversely affect the body.

~ DEHYDROEPIANDROSTERONE, also known as DHEA, is an androgen that is produced by both the adrenal glands and the ovaries. In both women and men, DHEA helps to neutralize cortisol's immune-suppressant effect, thereby improving resistance to disease. (Cortisol and DHEA are inversely proportional to each other. When one is up, the other goes down.) DHEA also helps to protect and increase bone density, guards cardiovascular health by keeping "bad" cholesterol (LDL) levels under control, provides a general sense of vitality and energy, helps keep the mind sharp, and aids in maintaining normal sleep patterns. Like norepinephrine and cortisol, DHEA also improves your ability to recover from episodes of stress and trauma, overwork, temperature extremes, and so forth. And if a woman is experiencing a decline in libido due to falling testosterone levels, often it is declining DHEA levels that are at the root of the testosterone deficiency, as DHEA is the main ingredient from which the body manufactures testosterone. There is a price to pay for making too many demands on your adrenal glands. Excessive exposure of the body to adrenaline and cortisol can result in mood disorders, sleep disturbances, reduced resistance to disease, and changes in vital circulation, all of which are common complaints in today's living-on-the-edge lifestyle. And because these side effects are not uncomfortable enough to be intolerable, the self-destructive lifestyle often continues. DHEA, which helps the body recover from this sort of chronic abuse, finds itself on duty full-time instead of only episodically. Gradually the adrenal glands become seriously exhausted, with the first and most profound effect being their waning ability to produce DHEA. As levels of this restorative hormone fall, cortisol and adrenaline levels begin to fluctuate as well, as the adrenal glands attempt to fill increasingly impossible orders for more support. One of the cardinal signs of adrenal exhaustion—relentless, debilitating fatigue—becomes a prominent complaint. Though this fatigue is often accompanied by depressed mood, irritability, insomnia, and loss of interest in life, this doesn't mean that the adrenal problem is necessarily the cause of the mood change, any more than similar problems are always caused by thyroid malfunction. That is why these emotional symptoms do not always go away with treatment—the underlying issues remain unresolved.

A woman in a state of adrenal exhaustion is likely to find herself at a distinct disadvantage when entering perimenopause, because in the simplest terms perimenopause is another form of stress. Furthermore, adrenal exhaustion suggests that there are long-standing life problems in need of resolution. These issues will loom all the larger when seen with the no-nonsense mental clarity of perimenopause, but not only will adrenal exhaustion make the transition needlessly unpleasant, it also can deprive a woman of the resources she needs to address those issues and to take full advantage of the creative promise of the second half of her life. If a woman is feeling chronically tired or depressed, if she begins her day feeling inadequately rested, or if she finds that ordinary stresses are having an impact that is out of proportion to their importance, she may be suffering from adrenal gland dysfunction.

Adrenal Stressors

The following stressors can lead to fatigue and, ultimately, adrenal dysfunction—which may, in turn, make some stressors worse:

- Excessive, unremitting worry, anger, guilt, anxiety, or fear
- Depression
- Excessive exercise
- Chronic exposure to industrial or other toxins
- Chronic or severe allergies
- Overwork, both physical and mental (this applies only if you're doing work that doesn't fulfill you)
- Chronically late hours or insufficient sleep
- Unhealed trauma or injury
- Chronic illness
- Light-cycle disruption: shift work
- Surgery

How to Restore Your Adrenal Function

If, after testing, you find that you are producing inadequate levels of adrenal hormones, there are several available routes for increasing either DHEA, cortisol, or both. One is by taking the hormone directly. The other—which is ideal whenever possible—is to restore adrenal health and function so that these glands are eventually able to produce the hormones you need without outside supplements. That will require making changes in the lifestyle that caused the adrenal depletion. If you supplement your adrenal hormones in dosages that are too high, or if you take supplements for too long, the result can be permanent depression of adrenal function.

DHEA: DHEA is available as tablets, transdermal creams, or sublingual tinctures. Though DHEA is available over the counter in natural food stores, quality varies widely.

CORTISOL: Some individuals require very small doses of hydrocortisone, which can be used safely and effectively if prescribed by a health care provider knowledgeable about how and when to use it.

DIET: Be sure to get enough protein; every meal or snack should contain some protein. Remember that caffeine whips your adrenals into a frenzy; avoid it altogether. Also avoid fasting or cleansing regimens.

NUTRITIONAL SUPPLEMENTS: Be sure you're taking plenty of vitamin C (1,000 to 2,000 mg a day in divided doses), a B complex (25 to 50 mg a day), zinc (15 to 30 mg daily), and magnesium (300 to 800 mg per day in divided doses—in fumarate, citrate, glycinate, or malate form).

SLEEP: Sleep is the most effective approach to achieving high adrenaline levels. Sleep restores adrenal function better than almost anything else. When I'm stressed, I routinely sleep ten hours or more a night! Shoot for at least eight solid hours per night.

EXERCISE: Regular light to moderate exercise, but not so much that you feel depleted afterward.

SUNLIGHT: Exposure to sunlight not only is good for your adrenal glands, but it boosts vitamin D as well.

HERBAL SUPPORT: Because one of the components of Siberian ginseng is related to a precursor for DHEA and cortisol, taking this herb can be very helpful in restoring proper adrenal function. Try one 100 mg capsule two times a day. It can have a stimulating effect, though, so if it interferes with your sleep, take it before 3:00 p.m. Licorice root can also help your adrenals because it contains plant hormones that mimic the effects of cortisol. Take up to ¼ teaspoon of 5:1 solid licorice root extract three times a day. Licorice tea is another good alternative.

The Hormone-Balancing Food Plan

According to Chinese medicine, diet is the most effective way to relieve many symptoms, and my experience bears this out. All heat-producing foods and substances should be eliminated. Caffeine, alcohol, refined sugar, food coloring, preservatives, and additives (including antibiotics and hormones fed to animals during the production of most meat, chicken, and eggs) will cause excess heat and yin depletion. Red meat should be consumed in small quantities, but being a complete vegetarian (vegan) is not recommended. You should eat at least 2–4 ounces of meat or fish every week or two, depending upon your size and lifestyle. It is also helpful to limit spicy, pungent foods, such as curries or chilies, and greasy, fried, or oily foods.

Foods should be lightly cooked, not raw or cold. The body has to work much harder to digest raw food, which creates heat and chi stagnation. Cold food, contrary to popular belief, doesn't cool the body in a balanced way. Instead, cold and ice create blockages in the chi channel, which creates chi stagnation. The following foods are especially cooling and helpful: melons, bean sprouts, tofu, white ocean fish, celery, apples, asparagus, and grapes.

Practitioners of Traditional Chinese Medicine also discourage the regular use of ginger and Asian ginseng (Panax ginseng) and Siberian ginseng during perimenopause because both are considered heat producing.

Midlife weight gain results from a series of metabolic changes that actually begin decades before but then reach critical mass (no pun intended) during perimenopause. Rapid changes in hormonal levels along with increased stress hormones also exacerbate midlife weight gain. Thankfully, there are ways to negotiate the metabolic shifts that manifest at midlife and rebalance your hormones without any sig nificant weight or fat gain.

Accordingly, there are many different herbs or foods that one might use to regulate the menstrual cycle or as overall perimenopausal tonics, including soy foods, ground flaxseed, dong quai, Pueraria mirifica, or chasteberry, to name just a few. All contain substances that help balance the endocrine system in slightly different but synergistic ways.

All plant foods contain what are known as phytonutrients. (Phyto- means "plant.") These are unique substances produced during the natural course of growth and are specific to a particular plant's genes and environment. In addition to providing taste and nutritional value, phytonutrients can play therapeutic roles by modifying physiological processes in our bodies. This is the basis for botanical medicine. An example of this is the phytochemical indole-3-carbinol, found in cruciferous vegetables such as broccoli. This substance appears to convert the most potent estrogens in the body into weaker, less carcinogenic forms. High consumption of cruciferous vegetables is associated with a decreased risk for breast cancer, breast tenderness, and bloating, all of which are related to estrogen levels that are too high.

The common menopausal herbs include belladonna, blue cohosh, lobelia, and poke root.

Phytoestrogens, the natural hormones found in plants, are not the same as the hormones found in the female body, although they may have somewhat similar beneficial effects. Phytoestrogens are found in more than 300 plants, such as apples, carrots, oats, plums, olives, potatoes, tea, coffee, and sunflower seeds. Soy and flaxseed are particularly rich in these substances. Phytoestrogens can be divided into two main families: the isoflavones, which include substances such as genistein, daidzein, equol, and coumestrol, and the lignans, which include matairesinol, enterolactone, and enterodiol. that of human estrogens—in the range of a hundredth to a thousandth that of estradiol. They also have antioxidant and antiproliferative activity that is still being elucidated. This means that they have the ability to prevent free-radical damage to cells, the number-one cause of premature aging of tissue, and they also help prevent abnormal cell growth. Like other estrogens, phytoestrogens bind to estrogen receptors throughout our systems. (Research has shown that estrogen receptors are found on the surface of nearly every cell of our bodies, not just those of the vagina, uterus, and breast tissue.) When they bind, they exert a balancing, or "adaptogenic," effect. This means that if your estrogen levels are low, the

herbs will have an estrogenic effect, but if your estrogen levels are too high, they will block the stronger estrogens. That's why the same herb—dong quai, for example—can be used both for conditions in which there is too much estrogen (such as PMS) and for those in which there is too little (hot flashes). Herbs such as black cohosh and chasteberry have also been shown to reduce menopausal symptoms by acting on the pituitary gland.

Key Menopausal Herbs

The following are some of the best-studied herbs used for menopausal symptoms. Please note that this list is far from comprehensive. Many others, such as peony, hops, motherwort, and false unicorn root, are also effective.

DONG QUAI (Angelica sinensis): Dong quai (also known as angelica, dang gui, and tang kuei) has excellent phytoestrogen activity and has been called female ginseng because of its ability to enhance energy and a sense of wellbeing. It is used for amenorrhea, irregular periods, and excessive uterine bleeding. Dong quai also has analgesic and antiallergy effects, is antibacterial, is a smooth-muscle relaxant, and can stabilize blood vessels.The recommended dosages for most over-the-counter dong quai preparations are probably too low to be helpful (the usual dose is 4.5 g per day). Increasing the dosage on your own is unlikely to cause any problems, but it's always best to be under the supervision of a certified herbalist or practitioner of Traditional Chinese Medicine.

Note: Do not take dong quai if there's a chance you're pregnant.

CHASTEBERRY (Vitex agnus-castus): Chasteberry comes from the chaste tree, which is native to the Mediterranean. It is widely available at natural food stores, often under the name vitex. It has been shown to have a profound effect on pituitary function, increasing the secretion of LH (luteinizing hormone) and decreasing the production of FSH (folliclestimulating hormone), which in turn shifts the production of hormones toward more progesterone and less estrogen.

This is thought to be the main reason why it helps balance the irregular periods that result from the hormonal swings of perimenopause. It also acts somewhat like the neurotransmitter dopamine. Chasteberry is particularly beneficial for women who are having PMS-like symptoms or are experiencing scanty, irregular periods. It has been shown to suppress appetite, relieve depression, and improve sleep. It can take several months to work.

Note: Chasteberry can cause rashes in susceptible individuals. Don't take it with neuroleptic medicines, or when pregnant or nursing.

BLACK COHOSH (Cimicifuga racemosa): It is also a popular Chinese herb and is often used in formulations for perimenopausal symptoms. It binds to estrogen receptors, where it selectively represses the elevation of LH that occurs at menopause. It decreases hot flashes, night sweats, irritability, and mood swings (although recent studies show black cohosh improves hot flashes in only about a third of those women taking it—far less than placebo). It is also helpful for PMS symptoms. Although this herb was originally considered a phytoestrogen, studies show that it actually works by affecting the neurotransmitters dopamine and serotonin.

A standardized extract of black cohosh sold under the trade name Remifemin is one of the most widely used herbs in Europe, where it is a well-documented alternative to HT.

Many women take Remifemin alone for relief of menopausal symptoms. Clinical studies show that it relieves depression, vaginal dryness, and menstrual cramps.

Note: Black cohosh can interact with medicines for high blood pressure and may result in excessively low blood pressure in some women.

MACA (Lepidium peruvianum Chacon): This herb is adaptogenic, which means that it helps modulate the body's response to stress of all kinds. Peruvian maca (a dietary staple in that country) traditionally has been used to benefit the endocrine and reproductive systems of both men and women, and research shows that it increases the production of sex hormones, enhances sex drive, increases energy, and also results in mental improvement in many. Its properties make it particularly useful for perimenopausal and menopausal women. The standard dose is two 500 mg capsules twice daily (morning

and evening), although if you haven't noticed improvement in four to seven weeks, ask your health practitioner about taking slightly more or less until you find the optimal balance for you.

LICORICE ROOT (Glycyrrhiza glabra): Licorice root is one of the most extensively used and scientifically investigated herbal medicines. The active constituents of licorice include both isoflavones and lignans. Licorice has many pharmacological actions, including estrogenic, antiinflammatory, antiallergy, antibacterial, and anticancer effects. It helps regulate estrogen/progesterone ratios. It also helps replenish adrenal function, so it is very good for fatigue.

The usual dose is ¼ tsp of solid extract once or twice per day.

Note: Blood pressure should be monitored to be sure that it stays stable. The cortisol-like activity of this herb may cause a problem in those who are prone to hypertension. In those with low blood pressure, this herb can help correct and balance the problem.

NUTRAFEM: This new and very promising natural phytoestrogenic supplement contains botanical extracts derived from the bark of Eucommia ulmoides (the Chinese rubber tree) and Vigna radiata or mung beans. This supplement works by helping the body use its own estrogen more effectively

Nutrafem also reduces fatigue and relieves body aches, and the phytoestrogens it contains maintain bone health and, as natural antioxidants, combat the damaging effects of free radicals. The recommended dose is two to four capsules per day for mild to moderate symptoms and up to six capsules per day for more severe symptoms.

Note: Don't take this supplement if you have an overactive thyroid or if you've been diagnosed with cystic breast disease.

AMBEREN: Amberen is a 100 percent natural overthe- counter preparation that combines calcium, magnesium, zinc, vitamin E, the neurotransmitter monosodium Lglutamate, and the amino acid glycine, which regulates brain cell activity. Basically, Amberen works by restoring communication between the brain and the endocrine system, maximizing the body's ability to produce and balance its own hormones. A recent study showed that the supplement relieves hot flashes, weight gain, mood swings, fatigue, anxiety, and loss of libido without side effects. In some women, it works in less than one week. The normal dose is two capsules once a day for ninety days. If symptoms return, the course is repeated.

PUERARIA MIRIFICA (PM): Also known as Thai kudzu, PM is hands down one of the most powerful supplements a woman can take for menopausal symptoms. It has been used for seven hundred years by both men and women for its hormone-like effects. This herb has been shown to be extremely safe and effective at relieving no fewer than twenty different conditions associated with menopause and perimenopause, including vaginal dryness, hot flashes, night sweats, depression, insomnia, and irritability. In its phase I studies, every one of the menopausal symptoms evaluated was reduced from moderately severe to mild, with the most significant drop occurring in the first thirty days of use. Women typically start to feel relief in the first week of taking PM.

But not all PM is created equal. Of the thirteen different species native to Asia, only one contains the potent plant sterol known as miroestrol, which has estrogen-like effects on bone and vaginal tissue while also protecting the breasts and endometrium from the adverse effects of excess estrogen. It works by interacting with estrogen receptors to balance the effects of the estrogen already in the body, not by changing the amounts of natural estrogen a woman's body produces. In one study comparing PM with conjugated equine estrogens (Premarin), PM had an estrogenic effect that was similar to Premarin but without the side effects. Choose a brand of PM that contains standardized miroestrol (approximately 20 mg of miroestrol per 100 g). Research suggests the maximum safe amount of miroestrol is 10 mg per day per kg of body weight, so check the level in the supplement you purchase to make sure the amount is safe.

Any of the key menopausal herbs above, either alone or in combination, often help to relieve a wide variety of symptoms, including vaginal dryness, hot flashes, and mood swings. My advice is to try one or more for at least a month.

If you are still troubled by your symptoms, add another of the key herbs, or choose from the more specific remedies listed in other chapters.
Depending on the amount you're eating, you may notice a decrease in hot flashes within a few days of adding soy to your diet. The average woman in Japan (where hot flashes are relatively rare) eats four to six servings of soy per day, or the equivalent of 100–200 mg soy isoflavones. Like all things, soy should be part of a varied diet, not the main ingredient.

Flaxseed: Super Source of Lignans, Fiber, and Omega-3 Fats
Flaxseed is the best available source of anticancer and phytoestrogenic compounds known as lignans—with a concentration more than a hundred times greater than other lignan-containing foods, such as grains, fruits, and vegetables. Lignans are plant substances that get broken down by intestinal bacteria into two chemicals, enterodiol and enterolactone. These substances then circulate through the liver and are later excreted in the urine. Flaxseed is also an excellent source of fiber and of omega-3 fats.
A deficiency of omega-3 fatty acids, which is quite common, can result in fatigue, dry skin, cracked nails, thin and breakable hair, constipation, immune system malfunction, aching joints, depression, arthritis, and hormone imbalances. Omega-3s are also linked to healthier weight and body composition.

Bioflavonoids
Another rich food source for phytoestrogens are the bioflavonoids contained in many herbs and fruits.
Bioflavonoids compete with excess estrogen for receptor sites and are therefore also helpful for balancing menopausal hormones and tonifying the pelvic organs. The white spongy inner peel of citrus fruits is a very rich source, so eat some of it along with your orange or grapefruit. (I usually just take the orange peel and eat the inner white part directly—the same as I would an artichoke leaf.) Other rich sources of bioflavonoids include cherries, cranberries, blueberries, bilberries, many whole grains, grape skins, and red clover. In supplement form, 1,000 mg of bioflavonoids with vitamin C daily has been shown to relieve hot flashes.

Principles

- **Maintain Normal Blood Sugar and Insulin Levels**

Many women to operate under the delusion that the reason we tend to gain weight at midlife is because our metabolism slows down, our bodies become more efficient at storing energy in the form of fat, and falling estrogen levels result in increases in appetite. As it turns out, these metabolic changes, though real enough, are not the result of menopause, per se, but are instead the natural progression of a process that begins much earlier: glycemic stress (from blood sugar that is too high) and resulting insulin abuse. Here's what happens.
When you eat too many refined carbohydrates (in the form of french fries, mashed potatoes, cookies, ice cream, soda pop, white bread and rolls, etc.), you get an immediate and substantial increase in blood sugar. This excess sugar in the blood is converted to triglycerides in the liver. At the same time, however, excess blood sugar actually causes inflammation in the lining of blood vessels throughout your body, starting in the skeletal muscles. This is known as "glycemic stress," a term coined by family physician Ray
Strand, M.D., whose research has documented how glycemic stress, if left unchecked, eventually results in syndrome X, which is characterized by central obesity (too much belly fat) and an increased risk for type 2 diabetes, male pattern baldness, and heart disease.
Excess blood sugar over long periods of time eventually leads to insulin resistance. Let me explain. Insulin is produced in the pancreas and is responsible for ferrying glucose from the bloodstream into our cells, where it is used for fuel. Good health depends upon our body's ability to make and utilize just the right amount of insulin to keep our blood sugar at optimal levels and our metabolism working normally. Consumption of refined carbohydrates results in an immediate surge in blood sugar. This trig-

gers the pancreas to secrete large amounts of insulin to process the blood sugar. Every cell in the body has insulin receptors on the surface. These allow insulin to "open the door," so that glucose can enter the cell. But over time, when blood sugar levels continue to be too high, the insulin receptors lose their ability to respond to this abnormal metabolic burden. The excess blood sugar is also stored as fat, which in turn contributes to insulin problems. Over time our cells become insensitive to insulin's effect and a condition known as insulin resistance develops, in which more and more insulin is poured out, to less and less effect. Eventually neither the body tissues nor the pancreas can keep up with the blood sugar load. Virtually every cell in our bodies is adversely affected by this abnormal metabolic state. In severe cases, an individual with this condition may be diagnosed with type 2 diabetes and require insulin injections to meet the demand.

About 25 percent of the population appears to be genetically resistant to the adverse effects of overproduction of insulin and insulin resistance. These individuals usually manage to stay very slim no matter what they eat. But 75 percent of the population is not so lucky, especially during perimenopause. Most perimenopausal symptoms, such as heavy bleeding, cramps, fibroids, and PMS, will respond to a diet that keeps your blood sugar and insulin levels stable—a diet that will also help prevent cellular inflammation. In general, insulin and blood sugar levels stay normal on a diet of unrefined whole foods that include carbohydrates with a low to moderate glycemic index, such as fruits, vegetables, and whole grains. The glycemic index is simply a measurement of the rate and degree to which a given carbohydratecontaining food raises blood sugar levels. High-glycemicindex carbohydrates—including alcohol, starchy and sugary foods such as cookies, candies, soda pop, alcohol, and white bread, and almost all refined, processed foods—are quickly metabolized into sugar, triggering a rush of insulin into the blood.

On the other hand, carbohydrates with a low glycemic index break down slowly, raising blood sugar to relatively low levels over a longer period of time. This allows them to be metabolized with only a small amount of insulin. Evolutionarily speaking, most of the high-glycemic-index carbohydrates are "new" foods that have been rapidly increasing in our diets only over the last century. Up until then, for millennia, our food supply and metabolism evolved side by side along with the active lifestyles that also keep insulin levels normal.

A diet high in refined carbohydrates makes all perimenopausal problems worse because of its adverse effect on hormone balance. It reinforces the tendency toward excess fat around the waist and belly (central obesity), which in turn favors production of estrogen and androgens. Central obesity and high insulin levels—which can occur even in women of normal weight and BMI—are also associated with higher blood triglyceride levels and low HDL cholesterol. (A low HDL level is one of the first signs of insulin abuse. I had this in my early thirties!) This, of course, has a negative effect on heart health, but it also interferes with the normal mechanism by which the body deactivates free estradiol. A relative increase in the amount of metabolically active estradiol in the bloodstream can target estrogensensitive breast and endometrial tissue, resulting in possible excessive growth of these tissues. This is one of the reasons why hyperinsulinemia (excess insulin in the blood) with insulin resistance is a significant risk factor for breast cancer as well as polycystic ovary syndrome. High insulin levels also increase tissue sensitivity to a protein known as insulin-like growth factor (IGF-1), which is known to stimulate the growth of breast and other tissues. Skeletal muscles are designed to burn blood sugar effectively, which is why maintaining adequate muscle mass and exercising regularly are important keys to maintaining stable blood sugar. But as women age, they often stop exercising as much as they did in their teens and twenties. Lifestyles become increasingly sedentary, so by the time they hit perimenopause, many women have replaced their muscle mass with fat and years of insulin abuse have stored excess energy as fat—particularly abdominal fat. (Fat weighs less than muscle but takes up more space. This is the reason why so many midlife women notice that their clothes don't fit well anymore even though they haven't gained any weight!) One of the earliest signs of insulin resistance is increased belly fat—that spare tire around the middle. Body fat is loaded with insulin receptors, and the fatter you get, the

more insulin it takes to get blood sugar into the cells. Type 2 diabetes will often disappear simply with weight loss alone. Glycemic stress and insulin resistance are also associated with heartburn, insomnia, swelling, sugar cravings, fatigue, and excess daytime sleepiness—all of which are associated with tissue inflammation that is the result of the complex interaction between insulin, blood sugar, stress hormones, and essential fatty acids. People with excess body fat, from years of eating high-glycemic-index meals, actually produce high levels of inflammatory chemicals such as IL-6 (interleukin 6) from their body fat. They are prone to aches and pains, estrogen dominance, and PMS as a result. Ultimately, glycemic stress leads to insulin resistance and, later, diabetes and/or heart disease, if left unchecked.

- **Eat at Least Three Meals a Day**

Most perimenopausal women do best when they keep their blood sugar stable throughout the day by eating frequent, smaller meals. I highly recommend a snack at around four in the afternoon, right during the time when blood sugar, mood, and serotonin tend to plummet. This snack can keep you from overeating at night when you get home. (If you don't, you're apt to begin your evening meal the minute you get home and then end it when you go to bed, in a desperate attempt to make up for a full day's worth of deprivation.) To successfully negotiate the metabolic challenges of midlife, you need to be patient. And you also need to rethink your "diet" mentality. In other words, you need to think of your new metabolism as something that will require a new way of living and eating, not another quick-fix diet.

- **Eat Protein at Each Meal**

Cut Down on Refined and High-Glycemic-Index Carbohydrates and Sugar, Including Alcohol

Your success will be contingent on eating foods with a low glycemic index (GI). The glycemic index was created to measure how much the blood sugar rises after you eat a carbohydrate meal, using white bread as the benchmark. White bread has a glycemic index of 100, whereas the glycemic index of corn is 54, an apple is 38, and an avocado is 0. The rule of thumb is white and processed foods have a very high glycemic index, whereas whole foods and those foods, or both.

Eliminate as many refined carbohydrates from your diet as possible. That means cutting out foods made with refined white flour, such as muffins, rolls, bagels, biscuits, French bread, breadsticks, crackers, snack foods, and pretzels.

- **Consume Grain Products with Caution**

Even if you have eliminated refined grains in all forms, you can still get into trouble with whole wheat, whole rye, whole oat, or millet flour. A fascinating line of research now suggests that the degenerative diseases that currently plague the human race didn't arrive on the scene until agriculture became widespread. Paleoarcheological studies show that many of the ancient Egyptians were fat and had dental caries—diseases associated with a grain-based diet and virtually absent in hunter-gatherers. Many carbohydrate-sensitive individuals find that eating grain products triggers binge eating.

In addition, about one in three people is intolerant of gluten, a protein found in grains (including oats, wheat, kamut, rye, and barley) used in many foods, such as wraps, breads, pasta, pizza, and rolls. But this isn't just a digestion problem. People with celiac disease or gluten sensitivity have a higher risk of death, mostly from heart disease and cancer. A study published in 2009 that followed 30,000 patients for about fifty years found a 39 percent increased risk of death in those with celiac disease, a 72 percent increased risk of death in those with gut inflammation related to gluten, and a 35 percent increased risk of death even in those who were sensitive to gluten but did not have a positive intestinal biopsy indicating celiac disease.

- **Eat a Wide Variety of Fresh Fruits and Vegetables Daily**

You want to shoot for at least five servings a day, but it's easy, at least in the summer, to get in more. Remember that a serving is small, as little as 4 ounces or ½ cup in many cases. The healthiest fruits and vegetables are the ones that are the most colorful. That's because the pigments in these foods, such as the carotenes or carotenoids, are very powerful antioxidants. Go for broccoli; red, yellow, and green peppers; dark green leafy vegetables such as collards, kale, and spinach; and tomatoes. Pigmentrich blueberries have been found to have the highest concentration of antioxidants compared to forty other fruits and vegetables.

- **Eat Healthy Fats Each Day**

Good sources of omega-3 fats include pumpkin seeds, sunflower seeds, flaxseed or flaxseed oil, hempseed or hempseed oil, organ meats, cold-water fish or fish oil supplements, and docosahexaenoic acid (DHA) supplements. Nuts are also a good source, and they make a very satisfying low-carb snack—I take them to the movies in lieu of high-carb popcorn. Just make sure you enjoy them in moderation—no more than a handful once or twice per day. Raw chia seed is another excellent source and has a higher
concentration of omega-3 fats than any other plant source.

- **Trans Fats: The Bad Actors of the Fat World**

The most dangerous fats by far are the trans fats—the partially hydrogenated fats and oils that aren't found anywhere in nature. They are present in shortening and margarine, which are made by blowing hydrogen into liquid vegetable oil at very high temperatures and pressures.
Trans fats contribute directly to the overproduction of proinflammatory eicosanoids and have therefore been found to contribute to the development of cancer and heart disease.
Unfortunately, trans fats are added to just about every type of packaged baked good because they don't get rancid nearly as quickly as unprocessed fats. This prolongs the shelf life of the product. Since such products are also invariably high in refined carbs, it's best to simply eliminate them from your life. (If you have them once in a while, pray over them first.) The good news is that food manufacturers must now add information about trans fat content to labels.

- **Saturated Fat: An Overrated Threat**

Saturated fat, as mentioned above, is not the culprit we've made it out to be as far as heart disease is concerned. The bottom line: if you're following a diet that keeps your insulin and blood sugar levels normal, then saturated fat isn't likely to become a problem. After all, the epidemic of heart disease didn't start in this country until margarine and shortening—which are trans fats, not saturated fats—were added to the diet back in the 1940s. Before that, lard and butter were widely used, and heart disease was rare. Some women, however, are sensitive to the arachidonic acid found in dairy foods, eggs, and beef, which contributes to cellular inflammation, and in turn to menstrual cramps and arthritis. The symptoms go away when they eliminate these foods. Other women have no problem. As with all things, I'd suggest that you enjoy saturated fat in moderation. You don't have to count fat grams if you are keeping your carb intake relatively low. In the absence of excess insulin, it appears that fat in your diet is not stored as fat. But the minute that fat is combined with sugar or starch—as in a doughnut, for example—the pounds pack on.

- **Protect Yourself with Antioxidants**

Every day, more and more research is showing the benefits of vitamins and minerals, especially those known as antioxidants. Antioxidants combat cellular damage from free radicals, which is one of the key underlying mechanisms leading to chronic conditions such as heart disease, cataracts, macular degeneration, and many cancers. Free radicals are highly reactive unstable molecules that have lost one electron and are aggressively seeking a replacement—a process that, in your body, results in damage to everything from your DNA to the collagen layer of your skin. You can't escape free radicals comple-

tely, because they are a by-product of normal metabolism. They are formed in our bodies when, for instance, molecules of fat react with oxygen in a process similar to the one that turns fat rancid or makes iron rust. But free radicals are also formed by exposure to ozone, tobacco smoke, car exhaust, chemicals outgassed from new carpet, and other pollutants. Exposure to radiation, insecticides, and excessive amounts of sunlight can also lead to the formation of free radicals. Free-radical damage results in cellular inflammation and the release of too many of the "bad" eicosanoids that appear to be involved in virtually every disease process known. The body was designed to fight off free-radical damage in the same way that your immune system is designed to fight viruses and bacteria. One mechanism that your body uses to fight free-radical damage is to repair the damage once it's been done. Another mechanism is to "scavenge" the free radicals before they cause harm: to supply the extra electron they need before they can grab it from vulnerable tissue. This is what antioxidants do. Here's a great example from a 2010 study done in South Korea that looked at the effect of dietary supplements on high-risk human papillomavirus (HPV) infection and cervical cancer. The researchers found that women with HPV who also took the antioxidant vitamins C, E, and A (as well as calcium) decreased their risk of developing cervical dysplasia (pre-cancerous lesions) by 79 percent. Antioxidants are found abundantly in fresh fruits and vegetables, especially the brightly colored ones. The amount of antioxidant in a given fruit, vegetable, grain, or protein source depends upon the soil in which it is grown or on which its food source is grown. Organically grown fruits and vegetables that are picked and eaten when ripe have the highest amounts of antioxidants and minerals in them. Food is the best source for our antioxidants. They seem to work synergistically—that is, they're more powerful in balance with one another and with other nutrients as they occur naturally. However, if you don't manage to consume five servings of fruits and vegetables a day, supplements can still provide significant protection.

Perimenopause Supplement Program

For many women helped this good supplement program listed below. Following this program means that you'll have to give up the idea of getting everything you need in one tablet. You'll probably end up taking ten or more capsules or tablets per day. Think of them as food, not medicine.

Antioxidants
Vitamin C 1,000–5,000 mg
Vitamin D3 2,000–5,000 IU
Vitamin A (as betacarotene) 25,000 IU
Vitamin E (as mixed tocopherols) 200–800 IU
Glutathione 2–10 mg
Alpha-lipoic acid 10–100 mg
Coenzyme Q10 10–100 mg

Omega-3 Fat
DHA 200–2,500 mg
EPA 500–2,500 mg
(total of 1,000–5,000 mg)

B Complex Vitamins
Thiamine (B1) 8–100 mg
Riboflavin (B2) 9–50 mg
Niacin (B3) 20–100 mg
Pantothenic acid (B5) 15–400 mg
Pyridoxine (B6) 10–100 mg
Cobalamin (B12) 20–250 mcg
Folic acid 1,000 mcg
Biotin 40–500 mcg
Inositol 10–500 mg
Choline 10–100 mg

Minerals
Calcium 500–1,200 mg (amount depends on calcium content of diet)
Magnesium 400–1,000 mg
Potassium 200–500 mg
Zinc 6–50 mg
Manganese 1–15 mg
Boron 2–9 mg
Copper 1–2 mg
Iron 15–30 mg
Chromium 100–400 mcg
Iodine 3–12.5 mg
Selenium 50–200 mcg
Molybdenum 10–20 mcg
Vanadium 50–100 mcg
Trace minerals—usually from marine mineral complex

What To Do About Bloating

During perimenopause there is a shift toward fataccumulating hormones (cortisol and insulin) and away from fat-mobilizing hormones (estrogen and growth hormone). If your body is under stress of any kind, this shift will worsen. In addition, your abdominal fat cells have more cortisol receptors on them at midlife, so fat is preferentially directed toward them. This often results in fluid retention and bloating. Try the following to reduce bloating.

~ Decrease consumption of high-to moderate-glycemicindex carbohydrates. Yet another symptom of cellular inflammation and too much insulin is excess stomach acid. A diet lower in carbohydrates and higher in fat and protein very often results in complete and fast relief of heartburn and indigestion.

~ Eat three to five small meals per day. Consuming large quantities of food elevates insulin levels and makes bloating worse—even when the foods are healthy.

~ Include some protein, healthy fat, and low-glycemicindex carbohydrates in every meal or snack. However, fruit is best eaten alone. Consuming it with fat causes bloating and indigestion in many women.

~ Eliminate all breads and baked goods for at least a week. See if this makes a difference. Many women are sensitive to gluten.

~ Drink plenty of water. It helps the body rid itself of toxins.

~ Take probiotics. Every course of antibiotics you take disrupts normal gut flora. Over time, excess yeast can colonize the entire gut, causing allergies and indigestion. Taking a good probiotic regularly helps prevent problems. (Yogurt, by the way, generally doesn't contain enough bacteria to be helpful—unless you make the yogurt yourself.)

~ Leave at least three hours between your last meal and bedtime. Going to bed on a full stomach can cause acid reflux.

~ Stop or cut way back on alcohol. Alcohol is a gastric irritant.

~ Use enteric-coated peppermint. This supplement can be very soothing for digestion problems. Take 2–3 capsules between meals. If rectal burning occurs, reduce the dose.

~ Take digestive enzymes. Digestive enzymes are naturally occurring catalysts that help the body process sugars, starches, proteins, and fats. Taking the proper enzymes can dramatically improve bloating and gas as well as a host of other health problems stemming from faulty digestion.

Exercise

If you don't already exercise, there is no time like the present to start. Your muscles are loaded with insulin receptors. The more muscle mass you have and the more heat you generate from your muscles on a regular basis, the more efficiently you'll burn carbohydrates and body fat. You'll also be protecting your bones and your heart and boosting your health-related quality of life in a number of ways. (One 2008 study even showed that moderate physical activity improved these health-related quality-of-life factors in midlife women significantly more than hormone therapy did.)

If you already exercise, change your routine. Perhaps you've found yourself, like me, stuck at a metabolic roadblock, even though you've already changed your diet and are exercising regularly. When this happens, it is usually because your body has adjusted to your current level of activity—just as it's possible to maintain your weight on as little as 1,000 calories per day, because the body's metabolic rate simply decreases to accommodate its perception of starvation.

Quell Cellular Inflammation

The number-one reason for cellular inflammation—and all the diseases and symptoms associated with it—is a refinedfood, high-glycemic-index diet, which has the following characteristics.

~ Too many refined carbohydrates, resulting in the overproduction of insulin. Too much insulin favors the production of proinflammatory substances such as prostaglandin F2-alpha and the cytokines.
~ Deficiencies in the polyunsaturated fats known as omega-3 fats. Omega-3 fats are necessary for the function of nearly every cell in the body, particularly those of the nervous system, brain, eyes, and immune system. Omega-3 fats also decrease cellular inflammation. Currently, levels of the especially important omega-3 fat DHA (docosahexaenoic acid) are 40 percent lower, on average, in American women than in European women.
~ Too many trans fats, usually from margarine and shortening, which increase cellular inflammation.
~ Deficiencies in the micronutrients that are necessary for combating cellular inflammation. Too little vitamin C, vitamin B6, and magnesium, for example, favor the overproduction of pro-inflammatory substances. Unremitting stress is also a factor in cellular inflammation. It results in the overproduction of epinephrine and cortisol, stress hormones that promote cellular inflammation. Caffeine, which is often used to alleviate the effects of stress and fatigue, has the same effect. When you follow the hormone-balancing food plan below, supplement your diet with additional antioxidant nutrients and consciously decrease stress through meditation, relaxation, and regular exercise, you will be well on your way to quelling cellular inflammation.

The Final Frontier: Accepting Our Bodies

Ultimately, our digestive, food, and weight problems will not be healed completely until we have accepted our bodies unconditionally. Part of creating health at midlife is to regain the body acceptance and self-esteem that most of us lost when we entered adolescence. This is not inconsistent with wanting to make changes—and in fact may facilitate them.

Common women diseases

Endometriosis

Endometriosis is a mysterious but increasingly common condition. The tissue that forms the lining of the uterus, the endometrial lining, normally grows inside the uterine cavity (and is responsible for monthly menstrual cycles). In endometriosis, for some reason, this tissue grows in other areas of the pelvis and sometimes even outside the pelvis entirely. (There are documented cases of endometriosis in the lining of the lungs and even in the brain.) The most common site for endometriosis is in the pelvic organs, especially behind the uterus, but it can also occur on the pelvic side walls (which surround the internal organs in the pelvic cavity), and sometimes on the bowel.
Endometriosis is sometimes associated with infertility and pelvic pain, though not always. Since fibroids and endometriosis are often present in the same individuals at the same time, everything I say about fibroids often applies to endometriosis as well. Like fibroids, endometriosis is related to diet, immunity, hormone levels, and blocked pelvic energy. Endometriosis is an illness of competition. It comes about when a woman's emotional needs are competing with her functioning in the outside world. When a woman feels that her innermost emotional needs are in direct conflict with what the world is demanding of her, endometriosis is one of the ways in which her body tries to draw her attention to the problem.

Symptoms

Endometriosis is classically associated with pelvic pain, abnormal menstrual cycles, and infertility. These symptoms vary a great deal from woman to woman. Some women with advanced endometriosis have never had any symptoms at all and don't even know that they have the disease until their doctor

dia noses it. Others, with only minimal endometriosis, may nonetheless have debilitating pelvic pain and cramps almost continuously. Most women are somewhere in between these two extremes.

Treatment

Women with symptomatic endometriosis do best with a comprehensive treatment program that fully supports their immune systems while they remain open to finding out what they need to change about their lives. They have come to a greater understanding of what they need to learn for true healing, not just masking of their physical symptoms.

Hormones The most common treatment for endometriosis, once diagnosed, is hormonal therapy, in the form of birth control pills, synthetic progestin, danazol (Danocrine), or the GnRH (gonadotropin-releasing hormones) agonists, such as Synarel and Lupron. These drugs act on the pituitary gland to make a woman temporarily menopausal, thereby allowing the endometriosis to regress by stopping its cyclic hormonal stimulation. All of these hormonal therapies change the amount of estrogen and other hormones in the system, so that endometriosis is not activated. When hormone levels are decreased, symptoms often disappear and the disease itself becomes inactive. The problem with these approaches is that they don't really cure the disease; they simply shut down the hormonal stimulation of it for a while. In addition, some women do not tolerate well the side effects of these treatments. Danazol is expensive—it costs about a dollar a dose—and it can have masculinizing side effects, such as hair growth, weight gain, hot flashes, thinninh vaginal tissue, bone loss and voice deepening. Yet some women badly need these hormonal treatments as a respite from pain, even though the pain often recurs once the drug is discontinued.

Natural progesterone often works very well to relieve endometriosis symptoms and is the next treatment following dietary improvement. Natural progesterone helps counteract endometriosis by decreasing the effects of estrogen on the endometrial lesions. Natural progesterone is free from side effects and is very well tolerated. Use it on days ten to twenty-eight of each cycle; some women may need to use it daily. Natural progesterone capsules taken orally are another choice; the usual dosage is 50 to 200 mg per day, taken on days ten to twenty-eight of each cycle. Progesterone vaginal gels are also available by pre-scription.

Surgery

Many women with severe endometriosis, having tried hormones and pain medication for years, often end up at a very young age with complete hysterectomies, including removal of their ovaries. I regard this treatment as a last resort after trying other more benign alter natives. More conservative surgery that removes only the endometriosis and preserves the pelvic organs can be very helpful. More and more gynecologists are skilled at this pelviscopic surgery and have learned how to remove endometriosis without missing any lesions. If any endometriosis is left behind after this conservative surgery, the pain is likely to recur. Pelviscopic surgery, done correctly, has a pain recurrence rate of only about 10 percent. In these women, the pain is frequently associated not with endometriosis but with fibroids, adhesions, or adeno myosis.

Natural Healing Program for Endometriosis

See the Master Program for Optimal Hormonal Balance and Pelvic above

Fibroid Tumors

Fibroids are benign tumors of the uterus. They grow in various locations on and within the uterine wall itself or in the uterine cavity. Standard medical practice to gauge the size of a fibroid is to compare the size of a uterus with a fibroid with the size of the uterus at various stages of pregnancy. Thus, a woman will be told that she has a fourteen-week-size fibroid if her uterus is as big as it would be if she was fourteen weeks pregnant. Fibroids are made from hard, white gristly tissue that has a whorllike pattern. They are present in 20 to 50 percent of all women. No one knows, from a conventional medical

standpoint, what causes them. Caroline Myss teaches that fibroid tumors represent our creativity that was never birthed, including "fantasy" images of ourselves that have never seen the light of day and creative secrets of our other "selves." Fibroids also result when we are flowing life energy into dead ends, such as jobs or relationships that we have outgrown. I ask women with fibroids to meditate on their relationships with other people and how they express their creativity. Fibroids are often associated with conflicts about creativity, reproduction, and relationships.

Symptoms

Most women do not have symptoms from their fibroids. These uterine growths usually come to a woman's attention on routine pelvic examination. Whether a fibroid is symptomatic has to do with its size and location within the uterus. Those that are located in the muscle wall of the uterus just under the surface (subserosal) may not be symptomatic. But those growing into the uterine lining itself (submucosal) often cause heavy or irregular bleeding. Some fibroids are attached to the inside or even the outside of the uterus by a thin stalk. These are known as pedunculated fibroids. If they are on the outside of the uterus, they are sometimes confused with ovarian tumors. Women who have both fibroids and endometriosis may experience menstrual cramps, pelvic pain, or both. Most fibroids can be treated conservatively by letting them be and having an examination every six months to a year or so to monitor their growth.

Bleeding

Some women with fibroids have extremely heavy periods, resulting in anemia, fatigue, and even an inability to leave the house during the heaviest days. If the fibroids are growing quickly, if a woman's hormones are in flux (which is common around the time of menopause), or if she's been under a great deal of stress, she can even develop hemorrhaging from uterine fibroids. Fibroid tumors can cause a lot of bleeding because the uterus is endowed with a very rich blood supply. If the fibroid is submucosal, located just under the uterine lining, the body has an especially difficult time with the usual mechanism that stops menstrual flow. Menstrual flow is stopped, in part, by muscular contraction of the uterus, and fibroids may interfere with this mechanism. An endometrial biopsy (taking a sample of tissue from inside the uterus) or sometimes a D&C is necessary in cases of abnormal bleeding to be certain that the bleeding is caused by fibroids and not cancer (though cancer is rarely found). This is especially true for those women who have bleeding at irregular intervals throughout the month.

Fibroid Degeneration

A fibroid may start to degenerate following its rapid growth. This can happen, for instance, during a particularly stressful or emotionally demanding time, during pregnancy, or during the year or so before menopause. Fibroid degeneration can occur when the fibroid outgrows its blood supply. When this happens, the center of the fibroid is deprived of oxygen from the blood, and the nerves deep inside this tissue register a lack of oxygen as pain. The pain can be a nuisance, but the condition is not usually dangerous. The degeneration in the center of the fibroid often causes some shrinkage in fibroid size, and on occasion a fibroid shrinks or disappears. The pain usually goes away after a week or so as the nerves adjust.

Ovarian Cysts

We women are meant to express our creative natures throughout our lives. Our creations will change and evolve as we ourselves grow and develop. Our ovaries, too, are always changing, forming, and reabsorbing those small physiological cysts. As long as we express the creative flow deep within us, our ovaries remain normal. When our creative energy is blocked in some way, abnormally large cysts may occur and persist. Energy blockages that create ovarian cysts may result from stress. Such stress is not-

necessarily negative; for example, a woman may have a job that she loves but may sometimes simply neglect her need for rest. A cyst may be the result.

The left side of the body represents the female, receptive, yin side, while the right side is the more analytic, action-oriented yang, male side. And amazingly, these differences are reflected in the differing connections of each ovary in the brain. Most of the ovarian cysts I've seen are on the left side—symbolic, I feel, of the wounded feminine in this culture. Many women try to imitate male ways of being in the world that don't always fit their inner needs.

In premenopausal women in general, cysts that are less than four centimeters in diameter are considered normal. An ovarian cyst is called a *functional cyst* when it arises as part of the ovulation process. A cyst larger than four centimeters may be watched for a few months to see if it goes away. An abnormal cyst may contain fluid, blood, and cellular debris under the surface covering the ovary or within the body of the ovary itself.

Symptomatic Functional Ovarian Cysts

Follicular Cysts

Many ovarian cysts that grow bigger than four cen timeters and persist after two or three menstrual cycles are actually functional. Such cysts form when the follicle, the physiological cyst in which the egg develops, fails to grow and discharge the egg in the normal way. When this happens, the ovarian follicle may continue to grow beyond the time when ovulation should have taken place. It sometimes grows as big as seven or eight centimeters in diameter and can be painful. These cysts are described on ultrasound as unilocular and thin-walled, meaning that they consist of just a single collection of fluid con tained within a thin membrane. They usually go away on their own, but some persist and require surgery. Although some physicians prescribe birth control pills to stop the ovulation process and allow the cyst to regress, the newer low-dose-estrogen birth control pills do not contain enough hormone to shut down the ovary and influence the cyst.

Luteal Cysts

Another type of functional cyst is known as the corpus luteum. A corpus luteum, or luteal cyst, forms when the mature egg is discharged from its follicle at ovulation. This process is sometimes accompanied by a small amount of bleeding into the ovulation site on the capsule of the ovary—and sometimes into the pelvic cavity as well—at the time when the egg erupts from the ovary. Some ovarian cysts are completely asymptomatic, while others cause pain. The pain can be sharp and knife-like if, for example, the cyst bursts and spills its contents into the pelvic cavity. Or the pain can be dull and aching if the condition is more chronic, as in many cases of endometriosis of the ovary. A small pain sometimes accompanies ovulation, caused by the release of blood into the pelvic cavity. It is known as *mittelschmerz* (middle pain). Bleeding into a cyst cavity or the pelvic cavity often causes pain because it stretches the ovarian capsule (the tis sue on the surface of the ovary). This pain can last from a few minutes to a few days. If the bleeding continues into the cyst wall for longer than a few hours, the corpus luteum becomes known as a *corpus hemorrhagicum,* which simply means "a body that bleeds." Bleeding from a corpus hemorrhagicum can last for several hours or even days and sometimes mimics an ectopic (tubal) pregnancy. It may be accompanied by vaginal bleeding. Hemorrhagic cysts usually go away on their own, but they can cause several days of pain. Very occasionally, the bleeding doesn't stop and surgical intervention, usually through the laparoscope, becomes necessary. Most often, this procedure stops the bleeding and removal of the ovary isn't necessary. Most functional ovarian cysts are diagnosed by a pelvic examination, followed by an ultrasound evaluation. Both ovaries are examined and compared to be sure that it is an ovarian cyst and not something else, such as a fibroid, that is being felt. Neither type of functional ovarian cyst—follicular or luteal—leads to cancer. Some women have symptoms from them repeatedly, while others have them only once in a lifetime. The important point to keep in mind is that these cysts can arise in only a matter of days or hours because our bodies are able to produce ovarian cysts rapidly. They can also go away rapidly.

Benign Neoplastic Cysts

Because ovaries contain cells that are capable of growing into complete human beings, they also contain cells that are capable of growing into a wide variety of cysts and growths, reflecting our enormous creative potential. When our creative expression is frustrated, this creative energy calls our attention to it through our body and physically manifests itself in the ovary rather than moving through us smoothly into the outer world. Benign, nonfunctional ovarian cysts occur when those cells of the ovary that are not associated with ovulation begin reproducing. The term *neoplastic* is often used in discussing these and other growths, both benign and malignant. *Neoplasia* means "new growth."

Other Cysts

Besides follicular, luteal, hemorrhagic, and benign neoplastic cysts, some ovarian cysts are solid in character and don't go away after two or three menstrual cycles. This kind of cyst is assumed to be an ovarian growth arising from something other than ovulation. They require further investigation and treatment via surgery, because until a doctor has surgically removed tissue and examined it under the micro scope, it is not certain whether the cyst is benign.

High androgens, PCOS, IR

Eighty-two percent of women with excess androgens have what is known as polycystic ovary syndrome (PCOS), a condition where the sex hormones become unbalanced for reasons we don't quite understand. Women with PCOS—the top cause of infertility— start making more androgens, which causes the symptoms of high androgens such as acne and rogue hairs. Here's what confuses most people: not all women with excess androgens have PCOS, and not all women with PCOS have high androgens. While they do overlap, the difference is that PCOS is characterized by insulin resistance and ovarian cysts. Sadly, PCOS goes widely undetected. PCOS the number one reason women struggle to get pregnant.

Symptoms of PCOS

- Difficulty losing weight
- Does not ovulate regularly – Period becomes irregular
- Ovaries produce higher level of testosterone - rogue hairs, achnes
- Inflammation
- Cysts in the ovaries
- Some women suffer from inzulin resistence
- Mood disorders
- More likely to have autoimmun diseases and estrogen dominance
- More likely to suffer from fatty liver
- Relative estrogen dominance (with no ovulation, no progestern production which cause estrogen dominance)
- Inflamation through the body which offen starts from microbiom, thats why is so important to heal the gut first. Also comes from sugar, alcohol, carbs and inzulin resistence

The main cause of PCOS is high insulin. A diet rich in sugar and high GI carbs can be the cause of high insulin. Another cause daily stress in a long term. High cortisol maintain high level of sugar in the blood which leads to an overproduction of inzulin. Another reason can be the endocrin disruptors (environment chemicals, PBA, Parabens (personal care products), Phthalabens (parfums and plastic), PCBs and dioxins (non organic food and fish))

PCOS is also linked to other significant health concerns

Heart disease. PCOS puts you on the fast track to major diseases, like heart disease and stroke PCOS is associated with an undesirable cardiometabolic profile, as measured by belly fat, high blood pressure,

inflammation, insulin resistance, and abnormal glucose metabolism—and a sevenfold increase in diabetes. The risks can last a lifetime: insulin resistance, high ovarian output of androgens, and inflammation all persist after menopause.
Cancer. PCOS may be associated with an increased risk of hormone dependent cancer, such as breast cancer and perhaps endometrial cancer. The underlying mechanism is that when women rarely ovulate, the ovaries continue to make estrogen but it's not balanced by progesterone, which is released by ovulation. Over time, this can lead to buildup of the uterine lining and precancerous changes.
Mood problems. Even among lean women with PCOS, there is an increased rate of body dissatisfaction and depression symptoms, as well as more anxiety, depression, withheld anger, diminished sexual satisfaction, and lower health-related quality of life. Anxiety correlates with androgen levels and insulin resistance, but not with body mass index or age.
Abnormal liver enzymes. Blood tests show that 30 percent of women with PCOS have high levels of liver enzymes, which indicates inflammation in the liver and probably scarring. In other words, one in three women with PCOS has a liver that doesn't work normally. If you've been diagnosed with PCOS, you'll want to get your liver checked, and I recommend caution with alcohol and medications that overtax the liver and can harm it.

In treatment there is two approach. Either to treat the symphtoms, usually with birth controll pill which does not cure the root cause, but it can be the cause weith gain, mood swings, vitamin deficiency, blood clots and microbiom problems.
The other approach to adress the root cause. Anovulatory circles as women not ovulating, achne and hair problem due to excess production of testosterone, and weight gain due to inzulin resistence and inflamation.
Great news that we can do a lot through lifestyle and diet.
Bioidentical progesteron is great to regulate menstruation, only to take in the second half (luteal phase day 13 to 27) of the cycle. Zein pharma Yam root for example. It also helps with the building up of the uterus lining, balancing the effect of estrogen and helps with fertility by maintaining a helathy uterine lining where a potential emrio can implant. Progesteron is the calming hormone which helps with PMS, anxiety and sleep.

Insulin resistence can be battled with organic food and paleo diet. Vegetables are good for the microbiom. Cutting out alcohol, sugar and proccess food are inflamatory and can affect your hormons. You can take additional steps and cut out gluten and diary as sometimes they cause inflamation. Cruciferous vegetables are good for hormonal balance.

30 – 45 minutes of work put recommended daily for improvement.

Supplements as Multivitamin with iron, D vitamin, Methyl B complex, Omega 3, Chromium, Magnezium and Calcium. Alternative to metformin berberin (not be taken during pregnancy and lactation). It is important to test the microbiom and take probiotic. Spironolacton can help to reduce the effect of testosterone.

Fertility with PCOS:
See a specialist if they recommend Clomid or Letrozol to help ovulation.

Weight loss with PCOS: Check inzulin (ideal fasting inzulin 6), testosteron should be under 40, progesteron around 13 and check estradiol and balance them through lifestyle, supplemets, bioidentical hormon, diet and work out.

Remedy: Lose weight and exercise / Eat for lower androgens (GI low food and fiber) / Iodine (It can be iodine deficiency) Eat foods containing zinc / Avoid dairy / Eat more protein / Nigella Sativa one tablespoon morning and evening for 6-12 monthes / Omit sugar / Omega 3 rich oil / Yoga / Chromium / Inozitol / Vitamin D / Saw palmetto

Insulin resistence

Insulin resistance heralds several serious problems, including excess weight, obesity, prediabetes, diabetes, dementia, Alzheimer's, stroke, and some cancers. Insulin is not something to mess with. Here's an analogy: insulin resistance fosters a bad neighborhood around the cells of your body, but instead of drive-by shootings, muggings, and other high crime influencing your vulnerable cells, you have too much sugar, inflammation, clogged arteries, and weight gain. These problems lead to accelerated aging, wayward hormones, and poor organ reserve. It's the classic chicken or egg scenario: it's not clear whether high androgens cause insulin resistance or insulin resistance causes high androgens. Either way, we know that high insulin levels drive the ovaries to make more testosterone. Insulin resistance is also a major factor in the troubling condition called metabolic syndrome, a cluster of ominous signs that are linked to a greater risk of diabetes and heart disease; it affects one in four women in the civilized world.

Causes of insulin resistence:
sugar, straches and high GI index food, visceral fat, sedentary lifestyle, stress, over eating

Clues of insulin resistence: Apple shape body, skin tags, darkening on neck and armpit

Insulin resistance:

- raises the activity of aromatase, the enzyme chiefly responsible for estrogen production, which sets the stage for estrogen dominance and lack of ovulation
- it can cause fatty liver diseases because insulin causes your liver cells to produce and store fat
- it can cause inflamation in your heart and blood vessels which can lead to heart attack
- in your brain it can cause stroke, dementia or Alzheimer diseases (now call Type III diabetes)
- It can damage your kidney leading to dialysis
- enhances the activity of 12/21 lyase, an enzyme that increases androgen levels.
- lowers sex-hormone-binding globulin (SHBG), allowing more free testosterone to roam the bloodstream and trigger rogue hairs and pimples.
- raises blood markers of inflammation (biomarkers) such as interleukins, cytokines, and adopokines, which initiate a perpetual cycle of inflammation.
- Increased risk for type 2 diabetes
- Abnormal cholesterol levels
- Hypertension
- Obesity
- Overstimulation of ovarian testosterone
- Polycystic ovary syndrome
- Increased risk for breast cancer and endometrial cancer

Again there are two solution, one to treat the symphtoms with medication that controll blood sugar and give insulin injection which in many case leads to obesity or the other solution to activate insulin receptors, which controls the blood sugar and reverses the diseases. It can lead to weight loss and decrease in inflammation markers.

Good news if you change your diet and lifestyle inzuline resistence are reversible.
Diet should be again in low carb and paleo diet, as well as intermittent fasting (8pm-8am).
Regular exercise is inevitable.

Lets understand how the different macro nutritient impact your blood sugar and insulin level:

- Carbs (especially from grains) can really spike your insulin level
- Proteins have and moderate impact on blood sugar and inzulin
- Fats have almost no impact

The best is to have protein + fat + fiber with every meal to stabilize your bood sugar. (Gluten and diary free)

To start to cure yourself check insulin, A1C, and glucose level.

Remedy: Peolpe suffer from IR and PCOS usually are defficient on D vitamin. Iodine also needed to regulate blood sugar. Methyl B complex is stress vitamin it helps boost your energy and your mood and it also lowers sugar and carb cravings. Berberine for activating insulin receptors (alternative for metaformin), it also had antiinflamatory benefits and it also works to kill bad bacteria in your microbiom). You have to take good quality of D vitamin, as well as 100 mg Chromium and cinamon with main meal and inozitol. Alpha lipoic acid also helps with inzulin resistance. Omega 3 helps to reduce inflammation. Myo inozitol helsp with ovulation and fertility, it also helps they metabolic profile and high testosterone issues. Regulary exercise rutin is also inevitable (3-5 x a week cardio and yoga). And you also have to address the gut microbiom and take good quality pre and probioticum and colostrum.

HUMAN PAPILLOMA VIRUS (HPV)

Human papilloma virus (HPV) is a very common virus with more than a hundred different DNA subtypes that can cause venereal warts and cervical dysplasia. It is associated with abnormal Pap smears.
For the vast majority of women, this viral infection will spontaneously clear from the immune system within one to two years without any symptoms at all. Others will develop warts or cervical dysplasia. And some who have been exposed to certain high-risk subtypes of HPV will be at risk of developing cervical cancer. We don't really know, in a conventional sense, who will develop abnormalities from the virus and who won't, unless we look at the factors that can contribute to decreased immunity. Abnormalities start to grow and cause damage only when the immune system has already been weakened in that area of the body and is unable to maintain the health of the tissue. The good news is that even though HPV is quite common in women under thirty, it usually clears up by itself in six to eight months.
Chronic stress and specific attitudes about sex actually change the blood flow to cervical tissue and affect its secretions. Studies suggest a link between stress and the subsequent development of disease in this area of the body. Suppression of the immune system as a result of chronic emotional or other stress can lead to changes in immunity that allow increased virus production in the first place. The link between ab normal Pap smears and deficient immune system functioning is well known. The virus doesn't "cause" cervical dysplasia, and it doesn't "cause" cervical cancer, either. Most women who have the HPV virus don't go on to develop cervical cancer, because most viral activity and infections are halted by good immune functioning. But in about 10 percent of women with high-risk HPV on their cervix, the HPV infections will be long-lasting and will put them at risk for cancer.

Symptoms

Most women with HPV have *no* symptoms. In those who do, the most common symptom is warty growths (condylomata acuminata) on the outside of the vulva that are painless but can be seen and felt. These can grow and multiply during pregnancy, when the hormones associated with pregnancy stimulate their growth. They often disappear on their own following delivery, when the hormones once again change. HPV infection is sometimes associated with chronic vulvar pain, chronic vaginitis, and chronic inflammation of the cervix (cervicitis). A vaginal discharge is usually not present, although it can be. Because some women have HPV infection in association with vaginal infections from yeast or from an imbalance in the vaginal flora known as bacterial vaginosis, it is not always possible to tell exactly what virus or bacteria is causing what symptom. Unless a woman has actual warty growths on her vulva or has chronic vulvar or vaginal irritation associated with HPV, she won't know that she has it.

Treatment

Treatment is aimed at removing the visible warts and making sure the woman doesn't have any of the abnormal or precancerous cells that are sometimes associated with the warts. Once the bulk of a wart is removed, the immune system can deal with and remove the remainder more easily. Even though removal of warts doesn't really "cure" anything, it does help the body fight HPV.

Nutritional Approach The effectiveness of wart removal treatment can be enhanced with dietary change and supplements. Studies have shown that foods high in antioxidants, such as vitamin C, folate, vitamin A, vitamin E, betacarotene, and selenium—or supplements containing these—help heal and prevent cervical dysplasia. Regular intake of iodine can shrink cysts. The antioxidant class known as the proanthocyanidins, found in pine bark and grape seeds, have proven to be very helpful in some cases. Because of the connection between HPV, cervical dysplasia, and cervical cancer, I recommend that a woman diagnosed with HPV support her immunity by following the Master Program for Optimal Hormonal Balance and Pelvic Health.

Herpes

Herpes is a kind of virus that can cause small, painful ulcers on the vulva, in the vagina, or on the cervix. Herpes viruses can also cause cold sores. Herpes viruses are divided into several types. Type 1 (HSV-1), the kind that causes cold sores, tends to live "above the belt," but it can also cause genital herpes. In fact, herpes simplex type 1 has now emerged as a major cause of genital herpes, particularly among college-age populations, in which oralgenital contact is the biggest risk factor in up to 80 percent of new cases of genital HSV infections. Type 2 tends to live "below the belt" and up until very recently has been the most common herpes virus associated with genital herpes. Type 2 can occasionally live "above the belt," too, and cause oral infections. Once a person has herpes, he or she has it for life. A herpes virus that is dormant (or latent) resides in the infected tissue around the lips (either genital or oral) or in the spinal nerves.

Symptoms

As with HPV, most women who have been exposed to herpes never get sores and therefore have no reason to suspect that they have the virus. In a 1997 survey, fewer than 10 percent of people who tested positive for herpes knew that they were infected. Many women attribute their mild genital symptoms to something else, such as a yeast infection or irritation from pantyhose. In fact, in one study of women at high risk for sexually transmitted diseases, 47 percent had evidence of the virus on testing, though only one-half of these had ever had any symptoms. When the virus becomes active, however, it causes very characteristic small ulcers on the genital organs. The first episode of herpes outbreak that a person has (known as a primary herpes infection) can be extremely painful, resulting in a fever, systemic illness, swollen lymph nodes in the groin, genital pain, and even an inability to urinate secondary to pain and herpes infection in the bladder or urethra. Herpes virus can also cause urinary retent-

ion by temporarily paralyzing the motor nerves to the bladder. This is rare and also self-limiting. After a primary herpes outbreak, a person will almost never have symptoms this severe again, since the body produces antibodies to the herpes.
Emotional factors, such as depression, anxiety, or hostility, may allow increased production of the herpes virus and subsequent chronic vaginal irritation. However, herpes tends to "burn itself out" after a number of years. That means that a person may get outbreaks frequently for a year or two, but they usually don't continue.

Treatment
Medication A variety of antivirals (e.g., acyclovir [Zovirax] and valacy clovir [Valtrex]) are widely available for treatment of herpes.
Nutritional and Herbal Treatments Garlic is a highly effective remedy for herpes recurrence, and it has no known side effects. It also works for cold sores. Garlic has been shown to have a number of antiviral, antibacterial, and antifungal properties. For women with recurrent herpes, I recommend the following: When the familiar tingling sensation starts, signaling that an outbreak is about to occur, take twelve capsules of deodorized garlic (available in health food stores) immediately. Then take three capsules every four hours while you are awake, for the next three days. In almost every case, the herpes outbreak will be prevented.
Other Herpes Treatments Melissa extract *(Melissa officinalis),* also known as lemon balm, has been scientifically shown to have antiviral activity against herpes infections. It can prevent ulcers and speed healing if used at the onset of symptoms. Tea tree oil, from the Australian tea tree, can be applied directly to the tingling area just prior to a herpes outbreak, using either a Q-tip or your finger. In most cases, this topical treatment will prevent an outbreak.

Cervicitis
True cervicitis is an inflammation of the cervix caused by the same infectious agents that cause vaginitis, such as trichomonas or yeast. Cervicitis and vaginitis are usually present at the same time, and treatment is the same. In some women, the mucus-secreting cells of the endocervix sometimes extend out onto the outer cervix (the exocervix). This is a normal anatomical variation and is not true cervicitis. Though these women sometimes experience a bit more vaginal discharge than usual, this only rarely requires treatment. In cases in which the discharge is truly a problem, cryocautery (freezing) of the cervix or LEEP cautery can be done.

Vaginal Infection (Vaginitis)
Almost all women normally have some kind of vaginal discharge. A yellowish or whitish stain on a woman's underwear at the end of the day, particularly if she has been wearing panty hose or pants, is almost inevitable. Many women don't know this and often think that they havesome kind of infection, but it is quite normal and does not require a visit to a gynecologist. Vaginal discharges differ at different times in the menstrual cycle. Many women notice an increase during the days surrounding ovulation; some feel that they have "wet" themselves. Some women have pre menstrual spotting of brownold blood. This in itself is not an abnormality.
Just about every woman, however, is susceptible to a vaginal infection at some point in her life. Both the vagina and the vulva are often involved in this infection.
Common organisms that produce infection under the right circumstances are chlamydia, Gardnerella, trichomonas, and yeast. The key concept here is "the right circumstances." The vagina, which normally maintains an acidic pH, is colonized by many different types of organisms, all of which work together to form a healthy vaginal ecosystem and functioning immunity. Even yeast and Gardnerella can live in the

vagina normally. When a woman is healthy, these organisms do not cause problems. Only when something in this area becomes imbalanced are these organisms associated with infection.
Almost every type of organism that can cause a vaginal infection when conditions are out of balance can also be found in women who have no symptoms. For instance, some women have trichomonas protozoans, a well-known sexually transmitted cause of vaginitis, present in their vaginas for years with no symptoms whatsoever. Others are incapacitated by the itching and burning the protozoans can cause.

Symptoms and Common Causes
Most vaginal infections make their presence known by a burning or itching sensation, sometimes accompanied by a change or increase in vaginal discharge.
Anything that disrupts the pH balance or bacterial balance of the normal vagina can result in an infection. The time you're most likely to get a vaginal infection is during or right around your menstrual period, when your mucosal immunity is at its lowest point in the monthly cycle.
Repeated Intercourse over a Short Period of Time
Semen is buffered alkaline fluid, with a pH of about 9. One episode of intercourse with ejaculation can increase the pH of the vagina for eight hours. When vaginal pH is higher than normal for long periods of time, the bacterial balance can be lost. Those organisms that are normally present only in small numbers can begin to grow and cause infection-like symptoms. If a woman makes love with ejaculation of semen into the vagina three times in a twenty-four-hour period, her vagina will not return to its normal pH for that entire twenty-four-hour period. For some women, this is a setup for infection, particularly women who are in long-distance relationships and whose sex lives are sporadic and limited to increased activity over a few days. To prevent problems, you can douche within a few hours of intercourse with Summer's Eve Medicated Douche, which contains povidone iodine and lowers vaginal pH. Or use a vinegar douche—one tablespoon per quart of warm water. Douching to reduce vaginal pH after sex is meant as a preventative treatment *only* in those women whose vaginitis is triggered by contact with semen. It's not meant as an endorsement of douching as a standard practice for women.

Emotional Stress
Some women respond to a perceived boundary violation with a vaginal infection. Many yeast infections also occur premenstrually, when a woman's stress is more apt to manifest in symptoms—and when the hormonal milieu is more susceptible as well. They often clear up spontaneously once the period starts.

Antibiotics
After the introduction of broad-spectrum antibiotics in the 1940s and 1950s, the incidence of yeast vaginitis increased dramati cally. Many women can date the onset of their vaginitis to their teen years, when they took antibiotics such as tetracycline to treat acne. Unfortunately, every time we take an antibiotic, we disrupt the natural balance of organisms in the vagina and bowel, and a yeast infection, either full-blown or chronic, can result. In the last decade, while the percentage of women over the age of eighteen has increased by only 13 percent, the number of antifungal prescriptions for women has increased by 53 percent.

Birth Control Pills
Some women notice more yeast infections on the pill, which may be related to the type of progestin in the pill. Try switching pills or stopping the pill for three months and see if the yeast infections clear.

Diet
Many books have now been written on the connection between repeated courses of antibiotics, a refined-food diet, and excessive yeast growth in the vagina and bowel. Eating a lot of food made with refi-

ned sugar and flour can favor the overgrowth of vaginal yeast. Dairy products can also contribute to yeast vaginitis in some women because of their high lactose (milk sugar) content, which favors the overgrowth of yeast in the bowel and vagina. Many conventionally trained physicians don't look at repeated courses of antibiotics and poor diet as factors in chronic vaginitis. Many women have seen ten or more doctors for their vaginitis and have had every conventional culture and biopsy done without uncovering a definitive cause. Once these women begin to support their bodies' natural healing abilities through emotional work, dietary improvement, and supplements, their vaginitis problems have often gone away.

Treatment

Over-the-Counter Preparations

Many women can treat an occasional episode of vaginal burning or itching with one of the over-the-counter preparations that is now widely available. If you've tried an over-thecounter preparation for a week or so with no improvement of your symptoms, see a health care practitioner to be certain that you're not missing something. Once a diagnosis of a vaginal infection is made, the practitioner can prescribe the proper treatment.

Resistant cases of bacterial vaginitis can be treated with vaginal antibiotic creams available by prescription.

A trichomonas infection can be treated with Flagyl (the oral antibiotic metronidazole), available by prescription. The side effects from this treatment are nausea and an adverse reaction to alcohol. If a woman has trichomonas and has a sex ual partner, both partners must be treated. Otherwise, they may reinfect each other. A male has no symptoms but carries the trichomonas in his genital tract.

Preventing Recurrence

Avoiding the chemical irritants involved in vulvovaginal infections can be very helpful for susceptible women. Women with a history of repeated infections may choose to avoid using tampons for six months.

Douching

I don't recommend douching except for specific symptoms that you are treating or after repeated intercourse to prevent infection. Especially with commercial preparations, douching simply disrupts the normal bacterial flora of the vagina and may actually increase the risk of infection. It is not necessary to "clean" the vagina.

Nutrition

For women with recurrent yeast infections, I recommend the Master Program for Optimal Hormonal Balance and Pelvic Health, also suggest avoiding all antibiotics. Note that sugar in all forms (including foods that become sugar quickly—including white flour, potatoes, and most processed grains) feeds y ast. To eliminate yeast in the intestinal tract and rebalance intestinal flora, which will help avoid reintroducing yeast into the vagina, you can use a variety of supplements, such as acidophilus and bifida factor, both intestinal biocultures.

Psychological and Emotional Aspects

Some women with chronic vaginal infections fail to respond to anytreatment. Some, too, are not open to trying any but the most conventional treatments, convinced that "there's a reason for this that you doctors are simply not finding—so do more tests." These situations present a very difficult dilemma for both the patient and the health care practitioner. For a true cure of the problem, the emotional aspects of chronic vaginitis and vulvovaginitis must be looked at and worked through. This is not to say that the problem is just in those women's heads. What might have begun in the head becomes physical. Studies have shown that many women with these infections have antibodies that work against their own immune and reproductive cells.

Even when a woman doesn't intellectually "know" that her husband is having an affair, her body may well be aware of it. I've seen several women in whom chronic vaginitis began at about the same time their mate started an affair. Of course, we might explain this by saying that the husband was bringing something home to his wife in the form of germs, and that does happen. But in most of these women, I've been unable to find a physical cause for the vaginitis. In a woman who has been in a monogamous relationship for years, a sudden onset of primary herpes, fever, general illness, geni tal sores, warts, or other obvious infections can be classic indicators of infidelity. For reasons already discussed, however, this is not always the case and is almost impossible to prove. Women may also have vaginal problems exacerbated by guilt over affairs that *they* are having. It's not uncommon for a spouse to lie if he is confronted about having an affair. Several of my patients, especially premenstrually, have had dreams that their husbands were lying to them. After years of questioning their own sanity, they've found out that the dreams were correct—they had in fact been lied to. And guess what? A woman's body knows it, often long before her intellect accepts the information.

Benign Breast Symptoms: Breast Pain, Lumps, Cysts, And Nipple Discharge

The most common reason women seek medical consultation for breast symptoms is breast lumps or cysts. Though most of them are benign, these must be closely monitored to make sure that they are not cancerous. (Nipple discharge is a less-common symptom but can still be cause for concern.)

Approximately half of all women who go to doctors go because they have some kind of pain in their breasts. Cyclic mastalgia, or breast pain that comes and goes depending on the menstrual cycle, is usually caused by suboptimal iodine levels, excess hormonal stimulation of the breast from hyperestrogenism, excessive caffeine intake, or even chronic stress. It is *not* a risk factor for breast cancer.

"Fibrocystic Breast Disease"

Currently about 70 percent of women have been told by a health care provider that they have "fibrocystic breast disease." In the 1970s and early 1980s a few studies seemed to indicate that women with so-called fibrocystic breast disease had a two to three times higher incidence of breast cancer. A panic ensued, and women were told conflicting stories by different doctors. When the National Cancer Association Consensus Committee investigated the issue in 1985, it discovered that 70 to 80 percent of what is called fibrocystic breast disease is actually normal changes in breast anatomy and is *not* associated with an in crease in breast cancer. Yet many women still believe it is.

Breasts are composed of fat and connective tissue. Over time, the ratio of connective tissue to fat changes. It is therefore normal for some areas of the breast to be denser on examination than others—breast tissue is not homogeneous. One area may be denser than another simply because there's more connective tissue in that area than another. Most women normally undergo what pathologists call fibrocystic changes in their breasts, so the chance of finding them on a biopsy is very high. Unfortunately, because the term has been used to describe just about any breast thickening, tenderness, or other symptoms, women whose breast tissue is merely dense with connective tissue are sometimes given the diagnosis of fibrocystic breast disease, as are those who simply have variations in tissue density throughout their breasts, all of which are normal.

Breast Cysts

Breasts are very sensitive to hormonal changes, and nonmalignant lumps or thickenings often go away over time. But it is a standard med ical recommendation that you tell your health care practitioner immediately about any lump you find. You want to know if the lump is a cyst. Breast cysts are very common in women in their forties when their hormone levels are changing. Breast cysts, which are

fluid-filled, are di agnosed by placing a needle in them under local anesthetic and aspirating the contents. Sometimes a physician cannot tell a solid lump from a cyst on examination, so ultrasound is needed to make the distinction. If the lump is a cyst, its contents, usually yellow or greenish brown fluid, can be aspirated. Most experts feel that cyst fluid can be dis carded because it is rarely helpful to analyze it. The cyst will disappear following aspiration in most cases and no further treatment is required. If there's any suspicion, however, the aspirated cells should be tested for cancer. If the ultrasound clearly shows a simple cyst and the woman does not want a needle stuck into her breast, the cyst can be watched. Many women track their cycles and stress levels by their cysts. When a cyst gets too painful or too large or sticks out, then she can go in and get it aspirated. Most cysts disappear with menopause. If a lump is *not* clearly a cyst, the patient should be referred to a general surgeon with an interest in breast problems or to a comprehensive breast care center.

Treatment for benign breast symptoms

The vast majority of women have breast pain from time to time. Breast pain is the number one reason why women visit clinics specializing in breast care. But it's so common that almost all general physicians see women with this problem. Unfortunately, like so many other women's health issues, breast pain too often has been viewed by the medical profession as a neurotic all-in-her-head kind of disease, and so it hasn't received the attention and care that it deserves. But every one of us knows that pain is a sign of imbalance somewhere in our lives. And breast pain is no exception.

The burning question that most women with breast pain want answered right away is this: "Is my pain a sign of cancer?" The answer to this is almost always no.

What Causes Breast Pain?

To get relief from your breast pain, you first have to understand why it may be there. There is no doubt that the most common type of breast pain occurs premenstrually and is related to the hormonal changes in your body that are part of your menstrual cycle. In the luteal phase of your cycle (the two weeks before your period begins), all women have an increased tendency to retain fluid and to gain a pound or two. But in susceptible women, this slight fluid increase, as well as other hormonal changes associated with the menstrual cycle, can cause pressure or inflammation in the breast tissue, resulting in breast tender ness. The same inflammatory chemicals such as prostaglandins and cy tokines that cause menstrual cramps can also cause breast tenderness. Your breast tissue actually goes through cyclic changes each month that mirror those that are happening in your uterus. The difference is that the buildup of fluids and tissue in your uterus passes out of your body in the form of your menstrual flow. But the buildup of fluid and cellular tissue in your breasts simply gets reabsorbed back into your body. So it's not difficult to see how pain might result in many women, particularly if their iodine intake is too low or if they are eating a diet that favors cellular inflammation. These cyclic hormonal changes also explain why women are so often offered a variety of hormonal therapies for their breast complaints—which I'll address in a minute. Some women experience breast pain that is not related to the menstrual cycle at all. No one knows what causes this. Some sources think it is related to inflammation in the body, whereas others think it is related to neuroendocrine changes resulting from subtle interactions between our environment, our perceptions, and our hormonal and immune systems (breast pain has been linked to alterations in steroid and protein hormones, including estrogen, progesterone, LHRF [luteinizing hormone releasing factor, made by the hypothalamus], and prolactin). The key to pain relief is following an inflammation-reducing diet and supplementation program, including iodine, and at the same time acknowledging and then releasing the various emotional states, including trauma, depression, anxiety, and learned helplessness, that have been shown to alter the body's immune and hormonal systems.

Breast cancer

According to the National Cancer Institute, at age twenty, the risk of getting breast cancer is 1 in 2,500; at forty, 1 in 63; and at sixty, 1 in 28 . . . far different from 1 in 8! On the other hand, lung cancer is by far the leading cause of cancer death in women of all ages. Cardiovascular disease trumps them both—killing six times more women than breast cancer.

It is well documented that estrogen and estrogenlike chemicals (known as xenoestrogens) stimulate the growth of breast tissue and, in excess, may increase the risk of breast cancer. It is possible that these factors, along with suboptimal levels of vitamin D and iodine, are contributing to earlier signs of puberty in young girls. I'm also concerned about the possible effects on breast tissue of recombinant bovine somatotropin (rBST), also called bovine growth hormone (BGH), which is given to cows to increase milk production. In addition, environmental contaminants such as PCBs, PBBs, and mercury are probably significant as well.

Every woman should be proactive about her breast health *now.* Why wait until further studies on environmental toxins come in or the definitive treatment for breast cancer is figured out when you can start, through your thoughts, emotions, and daily choices, to create breast health now—even if you've already got cancer?

The breast is an estrogen-sensitive organ. Many women who have been on birth control pills or estrogen replacement have found that the medication resulted in enlarged and often tender breasts. The effect of these medications, plus the inflammation-causing standard American highglycemic- index, low-fiber diet, which overstimulates breast tissue, is a setup for breast cancer.

The Breast Cancer/Diet-Hormone Link

Breast cancer has been associated with high levels of certain types of dietary fat and low levels of some nutrients, such as iodine, vitamin D, and selenium, for many years. As far back as 1973, a study at the National Cancer Institute showed that countries with the highest intake of animal fat had the highest mortality rates from breast cancer.

Carbohydrates in the form of starch (breads, pasta, etc.) also can be a negative factor. Scientific data are rapidly accumulating on the link between sugar, insulin levels, and breast cancer.

High-fat, nutrient-poor diets in industrialized societies almost always include large amounts of partially hydrogenated fats (also called trans fats) and are usually associated simultaneously with high consumption of refined carbohydrates and sugar along with a low intake of fresh fruits and vegetables, iodine, and antioxidants. It is not the fat per se but the type of fat combined with a diet that raises blood sugar that is the real culprit. This combination is a setup for chronic inflammation at the level of the cell—especially when you add in the biochemical effect of certain emotional states, which I've already mentioned. Excessive estrogen (relative to progesterone) over the life cycle that is related to diet and obe sity also appears to be associated with increased risk of breast cancer, at least in some individuals. Emotional stress; a nutrient-poor diet full of refined carbohydrates and low in vitamin D, iodine, magnesium, and omega-3 fats; environmental toxins—any and all of these can increase cellular inflammation. And inflammation precedes cancer.

Program to promote healthy breast tissue

This program is designed to eliminate breast pain and decrease your risk of breast cancer. Choose from the options in this section on the basis of what appeals to you and what you can easily do without stressing yourself out unduly. You don't have to do everything I've listed here all at once, un less it feels right to you.

First, consult your health care provider. This is to make certain that you have no signs of breast cancer. It is ideal to have a physician who can also offer you the emotional support you need for dealing with breast pain, a breast lump, or both.

Minimize estrogen and inflammation. Follow a low-sugar diet that minimizes excess estrogen and also decreases cellular inflammation in your system. Breast tissue is exquisitely sensitive to high-refined-carbohydrate (high-sugar) diets, which raise estrogen, insulin, and blood sugar levels, resulting in cellu-

lar inflammation. Excessive estrogen production stimulates breast tissue, resulting in breast pain and cyst formation in many women. Many cancerous breast tumors are stimulated by hormones such as estrogen. Tamoxifen, a drug used to treat breast cancer, works by lowering estrogen's effect on breast tissue. The higher the percentage of body fat (because body fat manufactures estrogen) and the higher the insulin levels from too many refined carbohydrates, the higher the estrogen levels and the greater the risk for breast and other gynecological cancer.
Plenty of soluble fiber in your diet from vegetable sources helps increase the excretion of excess estrogen. Lentils and beans are good sources. You can also supplement with psyllium or slippery elm. The cruciferous vegetables (cabbage, broccoli, kale, Brussels sprouts, turnips, and collard greens) all contain the plant chemical indole-3-carbinol, which has been shown to decrease estrogen's ability to bind to breast tissue, thus making the body's own estrogen less apt to promote cancer. This substance is also available as a supplement. About 80 percent of women with cyclic breast pain get relief from dietary change alone be cause a whole-food, inflammation-reducing diet changes hormonal levels and has been shown to significantly reduce the severity of breast ten derness and swelling.

Get enough phytoestrogens (soy, flax) in your diet. Asian women who consume a traditional diet—including the soy-based products tempeh, tofu, miso, and natto—excrete estrogen at a much higher rate than those who don't. They also have a much lower risk of breast cancer. These soy products, rich in what are known as phytoestrogens, which are plant substances that have biochemical properties similar to weak estrogens, ap pear to be protective against breast cancer, in part because their weak estrogenic activity tends to block estrogen receptors on the cells from excessive estrogen stimulation from other sources. A Singaporean study showed that diets high in soy products con ferred a low risk of breast cancer in premenopausal woman. Soy even helps women who have already been diagnosed with breast cancer.
The Shanghai Breast Cancer Survival Study, following more than five thousand female breast cancer survivors in China, showed that the more dietary soy the women ate—either soy protein or soy isoflavones—the lower their risk of death and recurrence of breast cancer. (This was true whether the cancer was estrogen receptor-positive or estrogen receptornegative, and whether or not the women took tamoxifen.) Studies also show that soy exerts a protective effect on breast tissue. And laboratory studies have shown that phytoestrogens inhibit the growth of human breast cancer cells.
Get enough lignans. Another study found that vegetarians and women in areas with low breast cancer risk have high urinary lignan levels, whereas those women in areas of high risk have low levels. (Lignans are building blocks for plant cell walls that, when eaten, break down into entero-lactones and entero diol, which have potent anticancer and estrogen-balancing effects.) Flaxseed has one of the highest lignan concentrations of any food. It can be eaten as ground-up seeds (I recommend one-quarter cup three to seven days per week, mixed with soup, yogurt, or other foods) or in capsule form as Brevail, a natural plant extract available at health food store.

Uterine Prolapse

Uterine prolapse refers to a condition in which the fibromuscular tissue, fascia, and ligaments that normally hold the uterus in place become damaged or relaxed, thus allowing the organ to drop from its normal position in the pelvis. In severe cases, the uterine cervix and the uterus itself may actually protrude from the vaginal opening. You could liken the pelvic floor supports for the uterus, vagina, and rectum to a floor in a building. In order to support the weight of whatever is on it, the floor must be firmly attached to the structural beams and supports that suspend it. The same is true of the pelvic floor. It relaxes or sags when pelvic muscles have become weak, when there is a genetic weakness in the collagen of the connective tissue, or when it's damaged from delivering a large baby or from having multiple babies (although if laboring women are properly supported and not encouraged to push too hard, most do not have this problem after delivery). This can show up as prolapse of the uterus

(sometimes known as procidentia), prolapse of the bladder (cystocele), prolapse of the rectum (rectocele), or prolapse of all three. If a loop of bowel prolapses into a rectocele, it is known as an enterocele. Sometimes the vagina itself will prolapse following a hysterectomy, resulting in a vaginal vault prolapse. In moderate cases of prolapse, women experience pressure in the lower pelvis and vaginal area. Sometimes they will feel the cervix moving down their vagina. Others may experience difficulty emptying their bowels completely because of the enterocele. Prolapses of all kinds are more common in women of northern European heritage and in those with red hair. The reason for this is that blondes and redheads have a collagen layer that is thinner than those who have darker skin. (This is also why those of northern European heritage are more apt to have osteoporosis.) African Americans and those with darker skin are the least likely to experience prolapse.

Treatment

Mild to moderate pelvic floor sagging can be treated effectively by strengthening the pelvic floor, and also jade egg exercises have often helped women with mild to moderate prolapse. Pessaries are also available to hold the organs in place during the day, and most such products are made by the Milex company. It will provide comfort and repositioning of her pelvic organs while strengthening her pelvic floor. Women with more severe prolapses can use larger pessaries. For very mild prolapse, a diaphragm—or sometimes just a tampon inserted in the vagina—can hold things in place.

*Hormone Therapy*Women with thinned vaginal tissue secondary to lack of hormones may experience worsening prolapse. A small amount of vaginal estrogen cream along with doing Kegel exercises will often arrest the prolapse while it's in the mild stage so that surgery can be avoided. Many health care practitioners tell their patients that the prolapse will definitely get worse over the years. But in women who maintain pelvic floor tone (and use hormone replacement to replenish vaginal tissue thickness), this needn't be the case.

Surgical Approaches All pelvic floor prolapses are highly amenable to surgery. And over the years, a number of procedures have been developed that allow a woman to keep her uterus by having it surgically suspended in the pelvis rather than removed. This is commonly done via laparoscopy. Surgeons trained in urogy-necology often do this type of procedure. I recommend that all women who are suffering from uterine prolapse consult with a surgeon who is well versed in prolapse corrections that allow the pelvic organs to remain intact. If you opt for a hysterectomy, make sure your surgeon does the surgery in such a way that avoids future vaginal vault prolapse, if possible.

Hormon yoga asanas and guidelines in your own practice

Why Hormon yoga

- Lots of fine movements which is benefitial for women body
- Focus on hip area
- Working on glands with modified asanas
- Strenghtening the inner (Yinparts) of the body
- Lots of balancing asanas
- Optimal alignment (hip – head, heels, joints, hip, spine)
- Hip, core, pelvic floor, lower back strenghtening asanas
- Asanas for healthy women organs, against prolapses, dislocations
- Practice aligned with cycle
- Asanas for grounding
- We strenghten the digestive system
- We try to reestablish lost connection with our body and sensations

- We work with connective tissues
- We relieve stress points, using restorative and yin posture for nerveus system
- We gain energy by strenghtening pelvis and joints

Fundamentals of right posture

- Ground with your health and let your bones to gravitate
- Engage the back muscles of your legs and back
- Direct upwards everything at the front part of your body (knee cap, pubic bone, navel and sternum) direct downwards everything at the back part of your body (heels, calves, tailbone, shoulder blades)
- Insert spine deeply into the body
- Narrow your body from the side, especially hip area

Neutral pelvis

The women pelvic has the tendency for anterior tilt, which compresses the lower back and alows the internal organs to bulge out. This can cause menstrual pain, digestion problems as the intestines are under strain, lower back pain and even pain in the knee.

Place your hands on the hip area and bring back to neutral position. Immidietally you feel thats it is easier to ground with the heels, the back of the leg becomes active and knee cap is not under pressure. There is an immidieta relief in the lower back and the sacram becomes a craddle to the internal organs.

You have to maintain this neutral position while standing, walking and running.

How you can do it:

- Mula bhanda: Tailbone pointing towards the heels, pubic bone and navel upwards. Engaging and puuling up the pelvic floor muscles.
- Hip bandha: Pushing the sacram inside the body and directing the psoas muscles forward. To to this you have to lenghten every morning your psoas muscles otherwise you will have a lower back pain.

Correct sitting

All starts with the right posture of the pelvis. Pelvis should be grounded while sitting or standing.

- push sitting bones inside the chair
- arch with your sacram
- connect your tigh bone with your pelvic gridle and bring the weight towards the legs

Lazy hips (Women hip as the source of wisdom & energy)

Unfortunatelly most of the ladies have lost nerve connection with the buttock and pelvic area due to stress and neglient movement pattern. As we are in thinking mode thorough the day, we forget about

our body which results in careless movement. When we moving without attention we tend to put strain in our spine. Thats why there is so many lower back and spine problem.

In order to bring back the correct movement and posture pattern we need pay attantion to our body while moving and correct ourself.

First you have to develop back lost connection with your hip area and pelvis floor. By practicing women yoga you can easily achieve this.

Our hips is weakened by many factors, we need to give special care:

- it distorts every month due to cyclic hormonal changes
- too much wind energy (ayurveda) adversely affects it
- all emotional baggage and trauma accumulates in this area

It is inevitable that we learn to take care of our hip area. With a strong hip you have more will power, creativity and slef confidence. Ladies with weak hip area does not have so much confidence and they can develop women diseases much quicker.

For women health it is essential that you maintain a strong hip by daily yoga practice where you equally lenghten and strenghten it.

Spine protection

How to avoid lower back pain

Knee protection

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