The Essential Oils Menopause Solution

Alleviate Your Symptoms and Reclaim Your Energy, Sleep, Sex Drive, and Metabolism

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PART I

What's Going On with My Hormones in Menopause

Chapter 1

Understanding Your Reproductive Hormones

"Why am I exhausted all the time?"

"Why am I always so stressed out?"

"Why can't I sleep through the night anymore?"

"Why can't I lose this weight around my middle? I'm exercising and eating like I always have!"

"Why can't I remember anything? Why is my mind so cloudy?"

"What the heck is going on?!"

Hormones!

Hormones are chemical messengers that regulate most everything that happens in your body: appetite, metabolism, hair growth, sleep, body temperature, mood, sex drive, and menstruation. The female hormones of estrogen and progesterone play starring roles in our reproductive cycles, so it's no surprise they get top billing during puberty, when we transition into our fertile years, and perimenopause and menopause, as we stop getting our periods. But they aren't onstage alone. There is a whole cast of hormones that play a critical part in your health and well-being during both these transitional times as well as every single day in between.

Because our body's systems are so interconnected, hormones work

together in a sort of grand symphony to maintain a harmonious balance and keep everything running optimally. If one hormone goes off-script, other hormones are thrown off balance—throwing you off balance. But it is precisely this complexity that makes it nearly impossible to isolate one hormone as responsible for all of our problems. Instead, we must look at the interplay of a variety of them.

That's why it's so important for you to understand some hormone basics. With a clear grasp of what your hormones do and how they fluctuate, especially before, during, and after menopause, you'll see that none of the symptoms you are experiencing are random or coming out of nowhere. There are reasons why you're feeling like you do based on your own specific chemistry, your past and present experiences, your lifestyle choices, and your environment. The good news is that we can anticipate these changes and symptoms, and adapt your lifestyle to find solutions that work specifically for your needs.

Let's start connecting the dots with a closer look at the nonadolescent hormonal changes: perimenopause, menopause, and the dubious new term, "postmenopause."

What's Perimenopause?

The quick answer: an unpredictable time of transition. The truth is that most people mistake perimenopause for menopause, not realizing the distinction between the two. "Peri" means "around" or "about," so any time before your period has been gone for one solid year falls within the perimenopause spectrum. It can start as early as your mid to late thirties and last anywhere from four to twelve years.

During perimenopause, you still have periods even if they become irregular. This means you can still get pregnant. But know that estrogen levels fluctuate rapidly, spiking up and down as the ovaries begin to slack off in production. Some women breeze through perimenopause, while others experience a spectrum of hormone fluctuations so wild and erratic that they cause a wide range of undesirable changes: hot flashes, night sweats, sleep problems, severe PMS, heavy bleeding, memory issues, vaginal dryness, fatigue, and brain fog, among

others. Perimenopause can be enormously disruptive physically and emotionally, but it doesn't have to be. The goal is for you to prepare for the worst, but adapt for the best!

Perimenopause is a natural phase of life. Your body is beautifully designed to wind down at a certain point, giving you a release from reproduction. Your body is also unique to you and there is no way to predict exactly how it will respond to these hormone changes. But I see perimenopause coming on earlier and more intensely for many women because so many of us are completely stressed and burned out. In putting others before ourselves, we delay self-care, contributing to widespread hormone imbalance and inflammation—and a rocky perimenopause.

The most important thing to remember is that your body is supposed to go through this natural, biological change, and you can control how you prepare and respond. Supporting and nurturing your body during this time by prioritizing self-care and a lifestyle that supports hormone balance offers you the best chance for an easy, graceful transition. Just ask my mom!

The Truth About the Options for Easing Your Way Through Perimenopause

The Pill for Perimenopause Symptoms

You can fix hormone imbalance without adding hormones. You do *not* need the pill or any form of hormonal contraceptive to ease your symptoms. The pill and other forms of hormonal birth control (the patch, vaginal ring, shot, injection, implant, or hormonal IUD) are *contraceptives,* intended to be used to prevent pregnancy. Yet, a lot of doctors would have you think they do even more, such as "fix" painful or heavy periods, PMS or PMDD (premenstrual dysphoric disorder), and irregular or missing periods. In fact, the majority of American women on the birth control pill, a whopping 58 percent, take it for reasons

other than preventing pregnancy. Here's the truth. They don't solve these issues; they mask them by adding synthetic estrogen and progesterone to your body, preventing it from functioning the way it was designed. While these synthetic hormones may temporarily hide symptoms, your body has to work harder to overcome their effect. And that is why new symptoms begin to appear: migraines, decreased libido, vaginal dryness, abnormal uterine bleeding and spotting, thyroid dysfunction, blood clots and deep vein thrombosis, anxiety and depression, and the list continues. So, you may find symptom relief by staying on the pill or starting to take it during perimenopause, but you have to be aware of the side effects and the fact that you are not addressing the real causes for your symptoms. This is why I want you to know: Natural solutions like the ones covered in this book will relieve symptoms by addressing the root cause of the problem without scary, unnecessary side effects.

In some cases, if natural solutions are not working as well as hoped, the pill may be considered to provide a short-term solution to severe symptoms, helping you regain your equilibrium. But as a functional practitioner, I always encourage trying natural options first.

Endometrial Ablation for Heavy Bleeding During Perimenopause

Endometrial ablation is an outpatient procedure that cauterizes (ablates) the lining of the uterus (endometrium) in order to prevent growth and future bleeding. Doctors can use a variety of techniques to achieve this end; I prefer the NovaSure procedure, which uses radiofrequency. In certain situations, I do agree that endometrial ablation can be a viable option. For example, when a woman has developed anemia that can't be successfully reversed due to extreme bleeding, all other options such as supplementation and/or lifestyle changes have been exhausted, and she has decided that she is done reproducing.

What worries me is that endometrial ablation seems to be the new "facelift for your uterus" procedure that middle-aged women are electing to have simply because they are tired of their periods. It's even touted by some doctors as "one of the great gynecological success stories" for reducing menstrual flow. You need to understand that heavy bleeding during perimenopause is *not* abnormal, due to sporadic ovulation and increased estrogen levels. When your body doesn't release an egg, the endometrium continues to grow, causing the next period to be heavier than previous ones. This is *normal*.

I understand the allure of not having to slink off to the bathroom to recover from leaking pads or tampons, and that ditching the crampy, achy menstrual mess each month would be a relief. But please be sure that you have tried everything else to firm up your foundation—diet, exercise, supplements, stress management, self-care—to address estrogen dominance and hormonal imbalance before jumping off the deep end into a procedure that cannot be reversed. (For more on heavy bleeding, see Chapter 14.)

What's Menopause?

Menopause is the complete absence of any menstrual bleeding for at least one year.

It's as simple as that. Once you've gone twelve consecutive months without a period, you are in menopause. The hormonal roller-coaster ride of perimenopause ends. Your ovaries stop producing estrogen and progesterone and cease to release an egg each month (ovulation). And now it's official: Your body is done making babies. It won't continue to prime you each month to do so. You remain in menopause for the rest of your life; it's a permanent state of being. Menopause presents our bodies with an opportunity to rest from reproduction

and use that energy elsewhere! Menopause is the start of a new beginning.

So, how will you know you're in menopause? The onset doesn't happen like it does on television. You don't just wake up one day covered with sweat, sobbing into your floral comforter. Menopause is a journey along the road of life.

The only for-sure factor is that you haven't menstruated for a full year's time. There isn't a hormone test to determine when that will happen, though some healthcare providers will measure your FSH, or follicle-stimulating hormone, levels through either blood or saliva to try to do so. Your FSH levels will reach their peak in menopause, but they can also become elevated in perimenopause, so this one test alone isn't reliable. It's a waiting game, and that is hard, especially when erratic periods can get your hopes up.

The average age of natural menopause is fifty-one, but there are no hard and fast rules here. Some women naturally enter menopause in their early forties, while others don't until their late fifties. Many women bank on the age of their mother's onset as their telltale marker, but many, many factors contribute to this change.

There are other forms of menopause that you could experience, but most have outside factors that force their hand. Premature menopause can happen before the age of forty, and is usually linked to an illness or a preexisting condition, though chronic stress can be a cause, too. Artificial menopause (also called surgical or chemical menopause) is brought on by the removal of both ovaries; for example, in a hysterectomy, or disruption of the blood supply to the ovaries because of radiation, chemotherapy, or drugs. Artificial menopause comes on immediately and usually much stronger than natural menopause. But, for most women, we just wait and trust our body to find its natural rhythm.

The good news about menopause is that the wild hormonal ride of perimenopause is over. The bad news is that you may still be experiencing the same perimenopause symptoms you had been dealing with or noticing new ones. The reason: You're still burned out! Your symp-

toms are *not* always tied to your ovaries and an estrogen deficiency, but rather widespread hormonal havoc rooted in stress and less-than-stellar lifestyle habits. In fact, too much estrogen—including estrogen stored in your fatty tissues—could still be causing some of your symptoms. *Those hormonal imbalances* are driving the mood swings, migraines, disrupted sleep, fatigue, and other symptoms hastily misunderstood and tagged as "menopause." But guess what? If you get a handle on a healthy foundational lifestyle and understand what's happening, you get a handle on those symptoms. In fact, you can even anticipate their arrival and adapt right now to ease your body into these natural changes.

Menopause is usually considered a dirty word or a condition that needs to be treated. Listen to me when I tell you this: It's neither. Our amazing bodies are designed for menopause to happen when our reproductive years are over, and if we support them with a good foundation, we should be able to gracefully saunter into our next phase of life with confidence, knowing that we have done everything in our power to adapt and support our bodies.

Redefining Menopause

It's a common misnomer that menopause means you are officially old. That it is the end of your vitality, beauty, femininity, sexuality, and passion. Please. The only thing menopause ends is your ability to make a baby. Period.

Let me be realer than real: The feminine body is a miracle. The ability to conceive, nurture, and nourish a child is just one of the many miracles we were designed to do. Think about all of the other complex biological functions it executes every single day, and you can rest assured that your estrogen level doesn't dictate your vitality. Here are just a few examples of what menopause really means.

Freedom from periods. No more anxiety over planning around your cycle. No more missed life experiences because of cramps or heavy flow. No more pants ruined because of leaks.

Postmenopausal zest. Renowned anthropologist Margaret Mead coined this term in response to an ageist/sexist comment by a talk-show host who had questioned her ability to achieve a breadth of work that would have exhausted someone half her age, to which she retorted, "It might have killed me too at that age. I attribute my energy to postmenopausal zest." Yes! Now that your body isn't spending its energy focusing on reproduction each month, it has energy to spare.

Hormonal rebalance. During perimenopause, your reproductive hormones are on a roller-coaster ride. Once you reach menopause, your reproductive hormones will stabilize, easing some of the symptoms you may have been experiencing during perimenopause.

Reinventing yourself. With reproduction off your plate and symptoms easing, menopause offers the opportunity to focus on you. It is time to inventory your needs and identify what brings you joy. Once upon a time, when women's life expectancy was significantly shorter, menopause may have occurred at the "end" of life. But now, as we're living longer and well into our eighties and beyond, menopause truly is midlife. Spend the next few decades happy, empowered, and thriving.

What's Postmenopause?

"Postmenopause" is the new trendy term used to refer to the period of time after twelve months have passed since your last period. ("Post" means "after.") Those who use this term think of it like this:

Perimenopause *(before menopause)*

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Menopause *(the moment you've gone twelve months without a period)*

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Postmenopause *(after menopause)*

The trouble is, "postmenopause" is a redundant term. By its very definition, "menopause" is a permanent state of being that covers this time of life. We don't need another word to describe these years. I prefer to be straightforward with my science. If your reproductive years are over, everything in this book for women in menopause applies to you.

The Role of Reproductive Hormones

Whether or not you are still capable of reproducing, your reproductive hormones always matter. They support your total physical and emotional health, not just your sexual development and reproduction. Below is a rundown of the star players, the ones that change over time and more significantly (and naturally) during perimenopause and menopause. I've broken it down into basics for you, also giving you signs that you might have too much or too little, and what to expect during menopause. If you suspect imbalances of any of these, take note now, as you will definitely learn how to support them as we progress in this book.

DHEA, or dehydroepiandrosterone, is a hormone produced primarily by your adrenal glands that converts into the reproductive hormones estrogen and testosterone. DHEA production peaks in your midtwenties and slows with age. Too much DHEA can result in polycystic ovarian syndrome (PCOS), excess hair growth on the face and body (hirsutism), hair loss, irregular menstruation, infertility, acne, Cushing's disease, congenital adrenal hyperplasia, adrenal cancer, or tumors. Having too little DHEA is also problematic. It can result in Addison's disease, dementia, diabetes, low libido, osteoporosis, chronic fatigue syndrome, autoimmune diseases such as lupus and Hashimoto's disease, and vaginal atrophy or dryness.

Estrogen is a catchall word for any compound that produces estrus. We typically focus on the three most important ones when referring to "estrogen" as a whole: estrone, estradiol, and estriol. These three hormones drive the growth and development of a woman's body, including breasts and other secondary sex characteristics, as well as bone density. They also regulate the menstrual cycle, and assist in practically every physiological function. That's right. Your heart, brain, bones, bladder, colon, and practically every other organ in your body relies on estrogen to work properly. During our fertile years, estrogens are produced primarily in the ovaries. In menopause, the ovaries no longer produce estrogen and instead they come mainly from adipose (fat) tissue. Let's take a closer look at the three main estrogens:

Estrone (E1), also known as oestrone, is produced by the ovaries and adrenal glands, as well as our fat tissue (the more fat, the more estrone), and it is responsible for our sexual development and functioning. Because it is less active than estradiol, estrone can be converted into estradiol when necessary. Too much estrone is linked to breast cancer and endometrial cancer growth. Too little is linked to osteoporosis and menopause symptoms, such as hot flashes, decreased libido, fatigue, and depression.

Estrone is the most dominant estrogen during menopause.

Estradiol (E2), also known as oestradiol, is the everyday powerhouse player of the three types of estrogen. Produced directly in the ovaries, estradiol rules in our reproductive system, maturing and maintaining the entire operation. During the menstrual cycle, rising levels cause an egg to mature and release (ovulation) and stimulate the thickening of the uterine lining for successful implantation. Estradiol levels decrease during pregnancy, but increase postgestation. Levels do lower with age, with the most significant decline at menopause when the ovaries stop producing it and we will get it solely from adipose (fat) tissue.

Having too much estradiol can lead to acne, constipation, decreased libido, depression, and weight gain. In extremely high levels, it is implicated in uterine and breast cancer and cardiovascular dis-

ease. Having too little estradiol can hinder bone growth and development and delay puberty, as well as accelerate osteoporosis, insulin resistance, and increase mood swings.

Estriol (E3), also known as oestriol, is the pregnancy estrogen, released in mass quantities by the placenta. It's almost undetectable in women who are not pregnant.

External Estrogens: The Good, the Bad, and the Ugly

In addition to the estrogens created by your body, you should be aware of the "foreign" estrogens present in our environment. These are so close in molecular structure to natural estrogen that they can compete with our hormones for estrogen receptors. (A hormone receptor is like a lock guarding entry to the cell, and its matching hormone is the key to opening it.) Simply put, some external estrogens are good and some are not.

The Good: Phytoestrogens

Phytoestrogens are estrogenic compounds naturally found in fruits and veggies, legumes, and some grains. In our bodies, they function like estrogen, binding with estrogen receptors, but are estimated to be 500 to 1,000 times weaker than what our bodies produce naturally. They are also adaptogenic and can help to support our bodies when natural levels run too low or too high. For this reason, phytoestrogens are often used to lessen the symptoms brought on by perimenopause and menopause.

The Bad and the Ugly: Xenoestrogens and Synthetics

These two are known as endocrine disruptors, and they wreak havoc on your hormones and your body. They are both man-made. **Xenoestrogens** such as BPA, parabens, and phthalates