



Bethune Oriental Medicine Center

Main Clinic

3220 – 99 St. (Parsons Rd.)
Edmonton, Alberta T6N 1M2

TEL: (780) 461 6668
FAX:(780) 461 6366
www.bethune68.com

Sub-Clinic

White court: call (780) 461-6668
Lloydminster: call (780) 461-6668
Lac La Biche: Louise (780) 623-7041

Business Hours

- Mon - Fri 9 AM- 7 PM
- Sat - Sun 10 AM-4 PM



You can take Bus 70, drop off at 32 Ave.

Menopause

Menopause is the time in a woman's life when the ovaries stop producing estrogen. Menopause is usually recognized by the cessation of menstrual periods. Other symptoms of menopause include flashes, mood changes, difficulty sleeping, and vaginal dryness. The common symptoms of perimenopausal syndrome are:

- Hot flashes/night sweats
- Loss of sexual desire
- Vaginal dryness/itching
- Sleep disturbances
- Changes in appetite and body weight
- Mood swings/anxiety
- Skin changes

If a woman is not menstruating because she has had a hysterectomy or endometrial ablation, other symptoms of menopause often alert her that menopause is starting.

The average age of the onset of menopause is 51 years, and it most commonly occurs from age 47 to 53. Perimenopause is the period immediately before or after the onset of menopause, and averages 4 years.

“Currently, hormone replacement therapy is the main therapy for perimenopausal syndrome. However, menopausal hormone therapy has undergone radical change since the publication of the Women's Health Initiative Randomized Prospective Trial of combined estrogen plus progestin therapy for disease prevention. After a mean of 5.2 years of follow-up, the E + P versus placebo trial of 16,608 women was stopped because the health risks of taking E + P exceeded the benefits. An increase in breast cancer risk, coupled with an adverse trend in overall risk-benefit ratio, reached the preset stopping boundaries.

In addition, there was an increased risk of nonfatal myocardial infarction, stroke, and pulmonary embolism. The decreased risks seen for osteoporotic fracture and colorectal cancer were outweighed by the above risks. The FDA has required mandatory label changes for all hormone products based on these findings. The Women's Health Initiative found that treatment with estrogen plus progestin for up to 5 years is not beneficial overall. There is early harm for coronary heart disease, continuing harm for stroke and venous thromboembolism, and increasing harm for breast cancer. This risk-benefit profile is not consistent with a viable intervention for primary prevention of chronic diseases in postmenopausal women. Menopausal hormone therapy should be reserved for women with moderate to severe vasomotor symptoms”. (Curr Opin Rheumatol. 2003 Jul;15(4):464-8.)

Alternative therapies include the use of vitamins, amino acids, or herbal remedy (<http://health.discovery.com/centers/womens/perimenopause/peri-menopause.html>), and acupuncture:

- **Hot flashes/night sweats:** Vitamin E, ioflavonoids, 2 % natural progesterone skin cream are recommended.
- **Lower Libido:** L-arginine, topical testosterone cream, or natural progesterone cream.
- **Vaginal dryness/itching:** Vaginal lubricants or moisturizers,
- **Sleep disturbances:** Valerian Root, Passionflower, 5-HTP, Chamomile, Kava Root, Lavender, or Melatonin.
- **Weight gain/food cravings:** Cravings often can stem from magnesium-calcium imbalance. Take both minerals in ratio of 2:1 in favor of magnesium. Amino acid L-glutamine may also reduce sugar cravings.

Acupuncture may be used alone or in combination with other therapies for above symptoms.

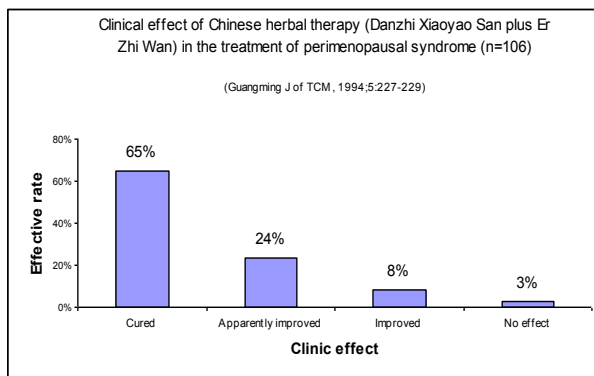
Treatment of perimenopausal syndrome with Traditional Chinese Medicine

Herbal therapy

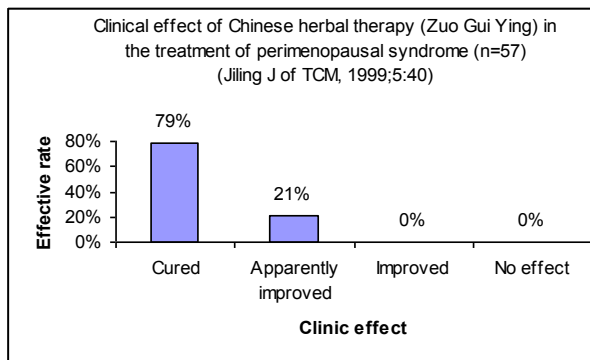
Traditional Chinese Medicine believes that the symptoms of perimenopausal syndrome are caused by a kidney deficiency which, furthermore, results in the dysfunction of the liver, heart and spleen. In the clinic, the syndrome can be classified into patterns of kidney-liver deficiency, kidney-spleen deficiency, and kidney-heart deficiency. Each deficiency pattern needs different herb formulas to correct. Clinically it works for most patients with perimenopausal syndrome. Basic studies also suggest that the herbal ingredients in these formulas may have estrogen-like effects to replace the natural hormones needed for women in perimenopausal period.

(Note, the liver, kidney, spleen and heart systems, as well as the term of phlegm used in this brochure is the concept in Traditional Chinese Medicine, not the ones in Western Medicine.)

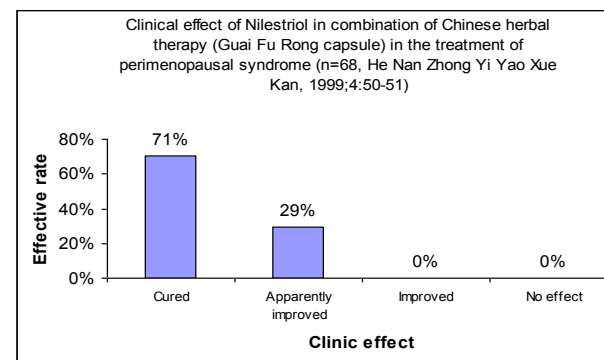
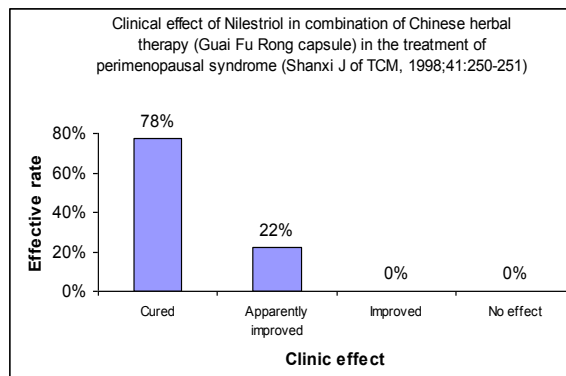
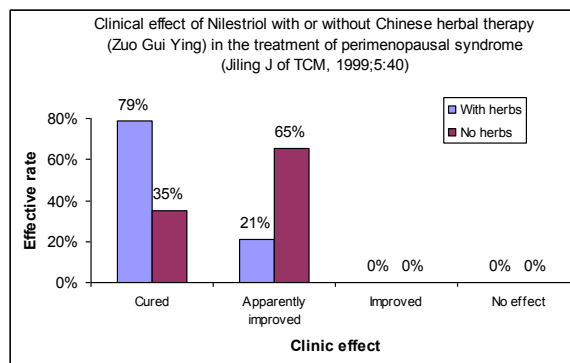
In one study, 106 patients with perimenopausal syndrome were treated with herbal therapy (using DanZhi Xiaoyao San and Er Zhi Wan); a total of 65% cure rate was achieved. The herbs were taken once a day for seven days which is one healing period.



In another study, 57 patients were treated with different herbal therapies. Total effective rate was as high as 79%.

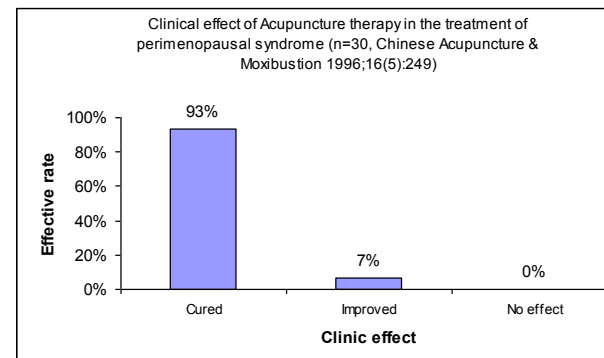


Lots of clinical studies have been performed to combine Western Medicine with Traditional Chinese Medicine in the management of perimenopausal syndrome. It was reported that, combination of Nilestriol with herbs could yield a higher cure rate than without the herbs.



Acupuncture

Acupuncture is also an important therapy in the treatment of perimenopausal syndrome. Various acupuncture related techniques are available, such as body and ear acupuncture, body and ear acupressure, skin punch technique, etc. Some doctors may also use moxibustion for the treatment of this syndrome.



Folk therapy

It is also common in China that people take advantage of food for healing. The food may or may not contain a herbal ingredient for the correction of perimenopausal syndrome. For example, people may cook rice soup by adding the herb Heshouwu (*Radix polygoni multiflori*), Lianzi (Semen nelumbinis) or Jinyingzi (Fructus Rosae Laevigatae). They may also prepare herbal wine by adding some herbs, such as Yimucao (Herba Leonuri) and Shendihuang (Radix Rehmanniae) in the wine before drinking.