

Complementary and Alternative Approaches to Menopause



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KEYWORDS

- Black cohosh • Botanic medicine • S-equol • Pine bark • Hops • Flaxseed
- Daidzein • Genistein

KEY POINTS

- Few botanic therapies suggested for menopause have robust evidence for efficacy and safety.
- Pycnogenol, pollen extract, ERr731 (rhubarb extract), S-equol, and genistein may offer some symptom mitigation.
- Soy foods offer limited symptom relief.
- Red clover, evening primrose oil, *Panax ginseng*, *Dioscorea*, and vitamin E are ineffective.
- At best, botanicals decrease vasomotor symptoms 15% to 30% better than placebo.

INTRODUCTION: WHY IS COMPLEMENTARY AND ALTERNATIVE MEDICINE SO POPULAR?

Since the publication of the Women's Health Initiative (WHI),¹ women bothered by symptoms of menopause have been desperate to find nonhormonal therapies. While professionals continue to debate the merits or deficiencies of the WHI, and as the pendulum of professional opinion keeps oscillating, women continue to be frightened by hormones and confused by alternatives. For the past decade, women have been inundated with seemingly conflicting information from multiple sources, both scientific and commercial.

What is the window of opportunity? Is estrogen good when used alone but bad when used with a progestin? Are hormones helpful if taken early in the menopausal transition but dangerous later on? What if you start, then stop, and then restart? There is no universal consensus among health care professionals regarding these

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conundrums. Continuing uncertainty and ambiguity about hormone therapy fuels anxieties about midlife and future morbidity. As a result, many women have lost faith in conventional pharmaceutical offerings. They perceive that the medical establishment has colluded with big pharma to turn aging and menopause into diseases rather than natural processes. History does indeed document such a partnership. In 1966, Robert Wilson, MD,² published *Feminine Forever*, with major financial backing from the leading manufacturer of estrogens at that time. He promulgated the notion that menopause marked the end of a meaningful, healthy existence for women. He stated that he could not understand why his colleagues “simply refuse to recognize menopause for what it is—a serious, painful and often crippling disease.”² This characterization of menopause, as an endocrine deficiency disease, not merely deficiency, was pervasive until the 1970s and is antithetical to the way many women nowadays want to approach midlife and menopausal symptoms.

Women now hold to personal beliefs and values that are more holistic and want treatments that support wellness, maintain mental and physical function, and improve quality of life. Although a complex set of variables influence each individual’s personal experience of menopause and menopausal symptoms, an even more complex set of variables influence the decision to use hormone therapy. Complementary and alternative medicine (CAM) approaches to menopause seem to harmonize far better with the cultural of wellness. Women who want to take more personal responsibility for their health and well-being also want more autonomy. There is a paradigm operating that leads many women to feel like failures if, having eaten properly and exercised regularly, they have continued symptoms, rising cholesterol, or progressive bone loss. Accepting a drug treatment is viewed as a passive acquiescence, a sign that one did not work hard enough to maintain one’s own health.

In the following sections, the author reviews commonly suggested CAM options for menopause and offers rational guidance based on a rubric proposed by the Natural Medicines Comprehensive Data Base—products that are safe and effective, safe but ineffective, unsafe but effective, and both unsafe and ineffective. Data are cited from peer reviewed publications, randomized trials, and well-done meta-analyses. If no quality studies are available, existing data are mentioned; but recommendation regarding use is withheld.

DEFINING COMPLEMENTARY AND ALTERNATIVE MEDICINE

Alternative medicine encompasses several systematic medical practices based on models of health and disease that differ from the medical physiology that underpins Western medicine (**Box 1**). Traditional Chinese medicine (TCM) defines health as the balance of the essential life force called qi (pronounced *chee*); acupuncture, as one of the therapeutics used in TCM, is said to support wellness and to treat disease by regulating the flow of qi along meridians that course through the body. Mind-body systems of medicine see health as a balance of conscious and unconscious influences of mind on bodily functions. Manipulative and body-based systems like chiropractic, osteopathy, and massage seek to rebalance or realign the body through manipulation. Meditation, hypnosis, music, and prayer fall under the aegis of mind-body practice. Mind-body also includes energy-modulating modalities, like therapeutic touch, qi gong, and magnets, which supposedly reorder bioelectric fields in or around the body.

The most commonly used CAM practices are biologic-based therapies, including botanic medicines, dietary supplements, vitamins, minerals, and orthomolecular medicine.

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