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A SYSTEMIC HERBOLOGY APPROACH TO MENOPAUSE

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[Notes for practitioners, but available to all. The programming information refers to Systemic Formulas. See www.jacktips.com and the "Health Professionals" section for more information on these amazing natural healers.]

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THE MENOPAUSE MYTH

The topic "Change of Life" or "menopause" first attracted my attention as a clinical nutritionist in 1982 upon reading a brochure on menopause and estrogen replacement. I instinctively disagreed with the content of the brochure, but did not know enough on the subject to know why. Thus I began to educate myself about menopause and how to help women naturally.

It seemed to me, philosophically, that menopause is a phase of life that should come smoothly and go smoothly, and that side effects should **not** be the norm. Granted the transitional periods of life such as teething, weaning, puberty, adulthood are often accompanied with symptoms, but symptoms only occur when the person has difficulty adjusting to the changes. The norm should be a smooth and easy transition to the new state of life.

Our philosophical concern here is this: Can a person move through the changes in life with grace and ease, or does Nature demand that teething result in fever, puberty result in acne, and menopause result in hot flashes, dryness, and osteoporosis?

I took great exception to what "medicine" and its allied professional organizations (dieticians, nurse practitioners, PA's) were preaching to women, namely that calcium loss was a fact of life and thus osteoporosis, a crippling bone-loss disease, was the destiny of women unless they used estrogen to trick Mother Nature and maintain a few years more youth before their non-childbearing-capable bodies fell apart or they developed cancer from the estrogen replacement therapy.

The key questions that I pondered were, "Is it, in fact, the destiny of the female of the human species to bear children, work, wither, break a hip and die? Is it really in the archetypal blueprint for Nature to discard women as unnecessary or extraneous after child-bearing years? Is it in the genetic coding of women to lose their bone density and fall apart, but for some unknown reason this is not the case for men?"

The problem was that I had read a slick, four-color brochure that told women, from a medical perspective, that after age 25 they could not gain bone mass and that the rest of their lives they used their "bone bank account of calcium". When the account ran

low, they got degenerative bone disease. So, to prevent this at the time of greatest taxation on the calcium -- menopause -- a woman should start taking synthetic estrogen replacement drugs because now the side effect of cancer was reduced due to the lower dose being given.

So in that brochure a problem-solution scenario was presented. The problem was inevitable, and now, thanks to the marvels of modern medicine, here was a way to beat the odds, to not degenerate and die, to somehow squeak out a little joy in life before the grim reaper took it all away.

As you can tell, the publication (which they claimed had been distributed to more than 10 million women through physician's waiting rooms) did not sell me on the idea. I did not see, as the flyer suggested, that the only thing between a woman and imminent death was the doctor and the drug. I was already concerned about the increase in breast, uterus and cervix cancers due to the use of estrogen replacement prescription drugs. Further, I could not find any conclusive studies that estrogen could actually increase bone mass or increase calcium absorption into the bone. I was very interested in this inevitable disease from a nutritional perspective, because I believed there would be nutritional answers.

First, I wanted to know if the facts were true, or were they only true in modern society. I certainly wouldn't doubt the authenticity of information given to millions of people from those who know so much, but I never hold as true the statistics gathered from all the sick people in this country. I want to know what is true to **Nature**. For instance, "What is the true life span of a human being? Is it 30 years like it was in the Dark Ages? Is it 900 years like Biblical patriarchs? Is it three-score and ten? (That would be 70 years). Is it 144 years like some cultures claim? What's in the original blueprint?

Although it often happens that women develop menopausal symptoms and have osteoporotic bone degeneration, I found it doesn't have to happen that way. This is the answer I wanted, of course. Women are not supposed to develop osteoporosis according to their inherent blueprint. Philosophically this was important to ascertain because I did not believe that it was in the overall destiny of women to fall apart after age 40 or 50.

Life is certainly hard and there are many challenges to overcome, but Nature doesn't stack the deck or load the dice against women. What I found was that there were skeletal remains of aged women whose bones did not show osteoporosis: that ancient cultures had influential women who were known to be strong of body in their latter years. And I learned that the body had back-up systems for synthesizing and producing estrogen after the ovaries shut down at menopause and the ability to bear children passes. And even more importantly, progesterone can still be synthesized after menopause, and it is more important than estrogen for maintaining bone strength. A perusal of the statistical data compiled by the World Health Organization revealed that menopausal symptoms and osteoporosis are minor concerns in other cultures such as China.

Next, since symptoms of menopause are so prevalent in the United States I thought it would be a good idea to investigate lifestyle factors. And I wanted to know if there was a history of successfully treating menopausal women for change of life symptoms and osteoporosis. I found that herbology and homeopathy had impressive histories of assisting change of life, preserving youthful appearance, maintaining the ability to have sexual relations, and preventing bone deterioration.

So, here is our first tenet of this discussion: Menopause, like birth, puberty, pregnancy, and death, is a natural maturation process or milestone on life's path. It is the physiological doorway to a new era of life-adventure. It is certainly not an event to dread or an official "beginning of the end". Nature is not through with the woman as Western medicine would have us think. In fact, a philosopher once said, "the most powerfully creative force on the planet is the post-menopausal woman."

HERBAL SUPPORT FOR MENOPAUSE

Herbs, and herb-based combination formulas provide the biochemical factors (vitamins, minerals, hormonal precursors) to help effect a smooth change of life. The apex of herbology, Systemic Herbology, also provides the bioenergetic factors (tissue frequencies and energetic characteristics, cellular identity factors) to effectively help women accommodate the various stresses and transitions of menopause.

The body is a living bio-system. Thus, by natural design, it responds beautifully to the assistance of herbology since plants are a living bio-system too. The principle here is "**life begets life**". We can rely on the plant bio-system to heal and support the human bio-system because they are compatible systems based on the organization of molecules by living plants and the use of such materials is in accord with the natural laws of life.

Menopause, which heralds the end of menstruation, does NOT mean a woman has to get osteoporosis, or have the inability for sexual relations. It does not mean a less feminine existence.

Let's look at some of the herbal programs pioneered over the last six years at the Systemic Clinic in Austin, Texas [Ed. note: now called the Apple-A-Day Clinic] for the various concerns of menopause. They have proven to be very effective and can be relied on to assist women with the menopausal transition.

[Note: The following programming information may not be applicable for people unfamiliar with Dr. Wheelwright's research and Systemic Formulas, but the narrative in each section may be of interest. Formula information is provided here at the request of doctors and natural health professionals who have repeatedly expressed their desire for this information.]

THE BASIC MENOPAUSAL PROGRAM

Upon Arising and Before Bed:	2 or 3 F+ (Female Plus)
With Breakfast and Supper	1 or 2 EZV (Natural "dry" Vit E); 2 BFO (Borage, Flax, Fish Oils)

HOT FLASHES

The hot flash phenomenon of burning heat, especially to the face, with sweating, redness, and sometimes dizziness and heart palpitations, is most likely the result of the pituitary gland releasing gonadotrophin hormones at the request of the hypothalamus (part of the brain) after the ovaries have biologically shut down. This is all a normal body process, except in menopause the ovaries become unresponsive to the hormonal command. When the ovaries "shut down" and reduce or stop their production of eggs, as well as estrogen and progesterone, the person's biological clock has ticked into menopause and the ovaries are not able to respond to the continued command to perform.

But some women's pituitaries, sensing the lower estrogen and or progesterone levels in the blood, send out additional ovary-stimulating hormones. The additional hormones cause the body thermostat to heat up resulting in symptoms such as hot flashes, shortness of breath, heart palpitations, and perspiration. Without a response from the ovaries, the body does not know to curtail the ovary-stimulating hormones so an excessive amount can be generated. This is the most common explanation for hot flashes. This hormonal miscommunication results in hot flashes or flushes which are similar to a histamine reaction. The hormones cause the body to react in a different way since the normal reaction is not carried out by the ovaries.

This is a common phenomenon. Approximately 70% of menopausal women experience hot flashes. An important question here might be, "What about the remaining 30% of menopausal women? How did their bodies adapt to menopause without having hot flashes. One answer may well be that their bodies were able to effectively switch to their natural hormonal backup systems and provide the estrogen and progesterone necessary for proper body function. Thus their bodies were able to adapt with ease and symptoms were not generated as a result of their bodies' struggle to maintain its vital functions.

To help the body adjust to the change of life and balance its hormonal interactions:

HOT FLASHES DURING MENOPAUSE

Upon Arising and Before Bed	2 F+ (Female Plus); 1 Fpms (Female menses), 2 Gf (Thyroid)
With Breakfast and Supper	2 SENG (Ginseng Plus) 2 EZV (Natural Vitamin E)

The ginseng in **SENG** provides an estrogen and progesterone boost to the body via hormonal precursors and helps support the adrenal glands without risk of side effects. This often helps the body make hormonal adjustments gradually. Note: the adrenal glands also provide estrogen and progesterone and can serve in the feed-back loop to the hypothalamus in the brain.

Natural Vitamin E has provided consistent support for women's health issues including PMS and menopause. It enhances estrogen's and progesterone's effectiveness at the cellular receptor sites meaning the body is able to do more with less. Natural, plant-source vitamin E is considered optimal for health. Thus we often recommend: 2 **EZV** (Vitamin E) with 2 meals a day.

Based on these nutritional insights, here is:

OTHER CONSIDERATIONS. Each woman is biochemically individual. And some often have a history of suppressive medicinal drug use and or surgical procedures. We have found in the case of premature menopause due to surgical removal of the uterus and ovaries, a variation of the basic menopausal program may bring relief quicker. In such cases, consider:

PREMATURE MENOPAUSE

With Breakfast and Supper:	2 F+ (Female Plus)
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- 2 **Fpms** (Female Pre-menses)
- 2 **BFO** (Borage, Flax, Fish Oil)
- 2 **EZV** (Natural Vit E)
- 2 **SENG** (Ginseng Plus)

MENOPAUSE WITH A HISTORY OF ILL EFFECTS OF BIRTH CONTROL PILLS

[Do the Basic Menopause Program and add 2 **Gb** (Pituitary) with the 3 **F+** (Female Plus)]

- Upon Arising and Before Bed: 2 or 3 **F+** (Female Plus)
2 **Gb** (Pituitary)
- With Breakfast and Supper 2 **EZV** (Natural Vit E);
2 **BFO** (Borage, Flax, Fish Oils)

VAGINAL DRYNESS AND THINNING

Menopause often causes a change in the vaginal tissues. The vaginal lubricating cells diminish resulting in dryness which can make intercourse uncomfortable as chafing can occur. Thinning can make the vagina area more prone to infections, itching, and soreness.

The vaginal wall, which was previously ten to twelve cells thick, can thin to only two or three cells' thickness after menopause. This can result in tearing or discomfort during intercourse.

The physiological and emotional need for intercourse does not necessarily diminish with age or menopause, so some attention to the thinning process may be necessary for a smooth transition.

A therapy we have used with apparent success, but subsequently abandoned, was using vitamin E topically. In order to not leave a residue in the vagina, a water-soluble, all natural from plant-source Vitamin E is necessary. Not leaving a residue is important because residues may provide an environment for bacterial overgrowth. Ultimately, the individual can decide if various vitamin E products are suitable for vaginal use.

The application of vitamin E topically was working well for a number of women. A gynecologist who was very supportive of our program asked us to verify from the manufacturer that the vitamin E we were using was completely water soluble as we thought. We inquired and the official report was that the vitamin E was 95% water soluble. Evidentially, in the molecularization process of the oil, there was a small amount of residue that could not be considered water soluble, so we discontinued its use and relied on oral vitamin E application.

The idea is still a good one, but whether or not a person can obtain a natural-source, completely water soluble product is the challenge. Since vitamin E works with estrogens, such a therapy may help slow down the vaginal wall thinning as well as serve as a natural lubricant and thus could replace K-Y jelly and a person would not have to use a petroleum product to get safe lubrication, if needed.

POST-MENOPAUSAL CARDIOVASCULAR RISK

After menopause, estrogen levels decrease. A side effect of this is the blood chemistry changes. Estrogen plays a role in maintaining the high-density lipids (good cholesterol) and keeping the low-density lipids (so-called "bad" cholesterol) low. When the estrogen decreases, the body must rely on other influences to maintain proper ratios between the types of lipids in the blood stream.

If a woman eats partially-hydrogenated fats (margarine, chips, cookies, etc.), the blood levels of low-density lipids can rise making the person more susceptible to heart disease.

To help protect the cardiovascular system when there is a post-menopausal risk such as with a person who eats a lot of tortilla chips, icing on cakes, margarine, and so forth, here is an herbal program to help.

POST-MENOPAUSAL CARDIOVASCULAR RISK PROGRAM

Upon Arising and Before Bed: 2 or 3 **F+** (Female Plus)
 With Breakfast and Supper 2 **EZV** (Natural Vit E);
 2 **BFO** (Borage, Flax, Fish Oils)
 2 **Hcv** (Heart, Cardiovascular)

Follow the Pro-Vita! Plan and reduce/delete partially-hydrogenated fats.

IRREGULAR PERIODS AND FLOODING

Some women experience irregular menstrual periods during menopause. In addition to to being a risk for later-life conception, irregular periods are often accompanied by PMS symptoms such as depression, sugar cravings, and breast tenderness. Sometimes menstrual irregularity occurs for a year or two.

When women are prone to irregular periods during menopause, it is a good indication to recommend the **Fpms** formula, thus the program is identical with the "Premature Menopause" program listed above.

Regarding "flooding", during change of life, some women can go several months without a period, and then have a time of excessively heavy bleeding. Such bleeding can result in excessive energy loss (loss of vital fluids), and anemia (low iron).

Flooding can also be a symptom of medical concerns such as fibroids, uterine polyps, adenomatous hyperplasia, endometriosis, and possible cancer. Women experiencing flooding should be examined by their doctor to rule out complications. Then, if no complications exist, the person has the ability to safely seek natural therapies for flooding without concern about more severe diseases.

After a physician determines there is no cause for concern, the basic menopausal program PLUS one additional formula (OXOX) is usually sufficient to effect menopausal transition.

MENOPAUSE WITH FLOODING OR IRREGULAR PERIODS

Upon Arising and Before Bed: 2 or 3 **F+** (Female Plus)
 2 **OXOX** (Cell Cleanser)

neutral. Simply make a few adjustments to the food choices to steer a person's pH in the adjusting direction.

For people experiencing physical fatigue, the adrenal support program is very effective along with the basic menopause program. This is also an important program to prevent acidosis (a pH imbalance) which leads to osteoporosis.

Since the adrenal glands are called upon to maintain the estrogen balance after menopause, adrenal support can be quite helpful, particularly if malaise and fatigue, or even hypoglycemia, are concerns.

Also, keep in mind that the body also derives estrogen from the fat cells. The hormone, androgen, in the fat cells is converted to estrogen. So there are two sources of estrogen left after the ovaries quit producing eggs and the accompanying estrogen.

The **Ga** (Adrenal) formula can be easily added to the Basic Menopause Program. It can be taken with the **F+** in the morning only, or given early in the day with meals. Another option is to take the **Ga** formula with the **SENG** formula if it is in the program.

Occasionally a woman becomes edgy, hyper, or experiences insomnia during menopause. This is actually a fatigue syndrome to the body even though the person may call it the opposite. When in a prolonged flight-or-fight metabolism, the body is quickly fatigued. The apparent energy-abundance takes a toll. This is another example where adrenal support is needed. In such cases where the person is wired or nervous, use the **Ga** with **Nc** (Calm). In cases of insomnia, use 3 **N3** (Anti-tensive) before bed.

Let's summarize the program variations depending on the symptoms presented:

MENOPAUSAL MALAISE/FATIGUE WITH LOW THYROID

Upon Arising and Before Bed:	2 or 3 F+ (Female Plus) 1 Gb (Pituitary)
With Breakfast and Supper	2 EZV (Natural Vit E); 2 BFO (Borage, Flax, Fish Oils) 2 Gf (Thyroid) 1 Ga (Adrenal)

MENOPAUSAL MALAISE/FATIGUE WITH HYPER BEHAVIORS

Upon Arising and Before Bed:	2 or 3 F+ (Female Plus) 2 Nc (Nerve Calm)
With Breakfast and Supper	2 EZV (Natural Vit E); 2 BFO (Borage, Flax, Fish Oils) 1 Ga (Adrenal).

MENOPAUSAL MALAISE/FATIGUE WITH INSOMNIA

Upon Arising and Before Bed:	2 or 3 F+ (Female Plus)
With Breakfast and Supper	2 EZV (Natural Vit E);

2 **BFO** (Borage, Flax, Fish Oils)
1 **Ga** (Adrenal)

With Lunch

1 **Ga** (Adrenal)
2 **Nc** (Nerve Calm)

Before Bed

3 **N3** (Nerve Anti-Tensive)

SUMMARY

We should stop and summarize because I can see that some of you are becoming bewildered at all the variations. So let's not lose sight of the simplicity of it.

The **Basic Menopause Program** will help 90% of the women that see you and need such a program. But, since each is unique, we'll never have nutrition or natural health down to a recipe book. If we did, then we'd be guilty like Western Medicine of trying to cram every individual into the same test tube. This is why medicine is having such a difficult time now and why people are flocking to natural health therapies.

To quote Dr. Wheelwright, "Medicine has painted itself into a corner by denying both bioenergy and biochemical individuality, as well as building the science on the need to diagnose a specific pathogen or disease process regardless of the individual's unique manifestations. We must be able to individualize our programs for the individual according to the individual's individual circumstances. Did I stress the word *individual* enough?"

Unless we are willing to take the time to understand the whole person, we'll never be more than recipe book nutritionists. And I'll tell you right now that you can only help ten to twenty percent of the people from a recipe book. You've got to know their symptoms and history in order to have a perspective to base a nutritional program. And if you have the ability to have expertise in a diagnostic test such as blood work, functional lab testing (as presented on the site www.jacktips.com in the section "People Seeking Health"), hair tests, electro-acupuncture, or homeopathic case-taking, then you have even deeper understanding how to help a person.

So, what will you do for a person with menopausal symptoms who's also experiencing forgetfulness? [Answers from audience]

What was that? Lecithin? The Brain Formula? Tyrosine? Well, I'd go with the first two. I can't recommend single amino acids unless they are all together, and if they're all together then they're not single. There are too many inter-reactions. Amino acids alter pH and suppress as well as enhance biochemical processes. I've studied them for years to realize I don't know enough to use free-form amino acids by themselves for extended periods of time. I'd have to give a complete formula if I recommended amino acids. And I don't know specifically that weak memory is caused by an amino acid imbalance. I'd have to do an amino acid profile like Tyson does to draw a conclusion. But you're thinking in the right direction.

But yes, the **B** (Brain) formula makes the most sense because it is made to help memory and recall. Lecithin supports brain function, but I would not consider it primary or specific nutrition for forgetfulness, but it's a good answer.

The point here is to tailor the program to the individual. Use the Basic Menopause Program and add on for specific symptoms of the individual.

How about Menopause with water retention? [Pause]

Got you there. What? Vitamin B-6. Well, sure. That's the diuretic vitamin. I'd use the **KDIR** herbal formula, but I can tell you are thinking and have the idea.

So, these few herbal formulas have helped thousands of women with their particular symptoms and their unique approach to change of life. As biological, bioenergetic, and biochemical individuals, each person can be supported where she needs support, and accomplish menopause smoothly and naturally -- the way Nature intended it.

Well, our time is up so remember that Menopause is simply a milestone on life's path, disease and discomfort are not guaranteed. Herbal therapies are here to help with every change in life. Thank you.

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