



What You Wish Your Mother Told You About Perimenopause

Message from Milly

Greetings to all,

I usually like to do a seasonal topic this time of year, but there's one that keeps coming up repeatedly: perimenopause.

Some of the questions I've been getting lately are:

"What's the difference between perimenopause and menopause?"

"What are the symptoms of perimenopause?"

"Aren't I too young to be starting perimenopause? Maybe it's just a hormone imbalance. How can I tell?"

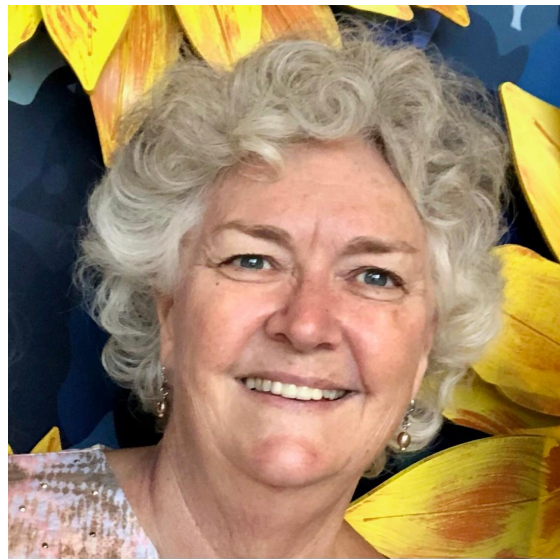
"Can herbs and supplements help, or do I need bioidentical hormones? And BTW, is HRT even safe?"

This is a big, emerging, and often misunderstood topic

I'm so excited to be discussing with you today in a question and answer format.

I'll also provide some additional resources for further reading.

Next month, we'll focus on menopause, and I may do a newsletter on andropause for the men



(so if you're interested, please hit reply and let me know).

Buckle your seat belts as we enter the wild and transformational world of perimenopause.

Blessings to all,

-Milly



What is the difference between perimenopause and menopause + symptoms?

For years, the transitional time in a woman's life between the child-bearing years and non-child-bearing years was referred to as *menopause*.

However, that's no longer an accurate term (and actually never was!).

The correct term for the time of transition between menstruation and no menstruation is called *perimenopause*.

At-a-glance:

- **Perimenopause** is the transition period before menopause that typically lasts 7 years.
- **Menopause** officially occurs when you've gone 12 months without a period.
- **Post-menopause** is any time after you've not had a period for 12 months as well (which is kind of confusing, but you get the gist).

Perimenopause is what causes those infamous symptoms, like hot flashes, mood swings, heavy bleeding, sleep problems, and night sweats.

These symptoms are due to fluctuations in hormones like estrogen, progesterone, and testosterone.

Hormone fluctuations are a

completely normal part of the process of reaching menopause.

However, symptoms vary greatly, ranging from almost non-existent to life-altering chaos!

Common symptoms of perimenopause may include:[1]

- Hot flashes
- Heart palpitations
- Changes in skin
- Shorter or longer time between periods
- Cognitive issues, like memory lapses or trouble concentrating
- Heavier or lighter periods
- Mood swings
- Sleep issues, such as trouble staying asleep or falling asleep
- Depression/Anxiety
- Changes in hair
- Muscle and joint pain
- Less stamina
- Low energy
- Weight gain or difficulty losing or maintaining weight
- Low libido

This is not an exhaustive list of symptoms but paints a comprehensive picture.

I've also noticed as a clinician that women are generally having a tougher time with symptoms than they did a generation or two ago.

Granted, it used to be considered taboo to discuss these symptoms.

However, I believe toxicity does play a role in the body's ability to maintain homeostasis as hormones fluctuate.

The liver, for example, must be in tip-top shape to conjugate and process hormones.

The adrenals, too, which are intimately involved in hormonal function, should rise during perimenopause to compensate for dips in estrogen, progesterone, etc.

However, the adrenals are very sensitive to stress, so by the time most of us hit our 40s, they're not up for the extra work, and symptoms run amuck.

Chronic conditions, such as autoimmunity, can also increase the severity of symptoms and even the time of onset (more on this to come). [2]

This is why I often recommend more frequent cleansing and the use of liver—and adrenal-supportive herbs, homeopathy, and lifestyle practices as women reach their 40s.

References:

1: <https://www.acog.org/womens-health/faqs/the-menopause-years>

2:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7961833/>

Aren't I too young to be in perimenopause? How can I tell if it's just a hormonal imbalance?

Okay, this is a big one in the integrative health field because a lot of people are told they have hormonal imbalances.

Although hormonal imbalances are very common, it's also possible you may be experiencing early or normal perimenopausal symptoms.

So here's the deal.

The normal age range for experiencing perimenopausal symptoms is between 45-58 or 7-10 years before menopause onset.[1]

However, many women experience perimenopause symptoms earlier due to things like:[2]

- Autoimmune conditions that impact the ovaries, like



Hashimoto's

- A history of smoking
- Obesity
- Regular exposure to endocrine-disrupting chemicals
- Traumatic brain injuries
- The age at which you got your period (although this doesn't always affect the onset of perimenopause)
- Genetics
- Whether you had children and at what age. If you had children later in life, you may start perimenopause later, too (but not always)
- Race: Hispanic and African American women tend to start earlier
- Use of oral contraceptives
- Alcohol intake
- Socioeconomic factors
- And more

So, are you too young to start perimenopause?

If you're in your late thirties or early forties and otherwise healthy, non-smoking, etc., it's probably not perimenopause.

However, if you identify with any of these factors listed above, yes, you could very well be experiencing perimenopausal symptoms in your late thirties or early forties.

How Do You Know If It's Perimenopause Or A Hormonal Imbalance?

Such a great question!

In general, if you're under 45 and experiencing things like menstrual difficulties, fertility issues, PMS or PMDD, hormonal acne, irregular periods, etc., it's likely a hormonal imbalance.

However, if you're within that close-to-45 range or younger and you are

affected by any of the factors listed above, it's likely perimenopause.

So, don't accept a "hormonal imbalance" diagnosis without a discussion about perimenopause.

Unfortunately, there is no definitive test for perimenopause.

Integrative doctors can run hormone panels, like the DUTCH test (this is a good one to ask for), to check your status, but it won't tell you definitively if you're perimenopausal.

Therefore, perimenopause assessment is largely determined based on symptoms, age, and the above factors.

Do note that unless you see a perimenopause-literate doctor, they may not know about these other factors that may affect perimenopause onset.

Therefore, if you want hormone testing done or wish to discuss HRT, I recommend working with someone who specializes in perimenopause, menopause, and women's health versus just any OBGYN or even an integrative MD/DO.

I can also help by using BioEnergetic Assessment to customize a hormone-supportive herbal, nutritional, and homeopathy program.

I cannot, however, run lab tests or recommend hormones.

References:

1: <https://www.acog.org/womens-health/faqs/the-menopause-years>

2: <https://www.bmj.com/content/351/bmj.h4292>

Can herbs and supplements help, or do I need bioidentical hormones? And BTW, is HRT even safe?"

I am so thrilled to answer this question matter-of-factly because it's



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one many health-conscious women struggle with:

Do we rely completely on natural remedies, good nutrition, and exercise for perimenopause and just slog through, or should we consider HRT with bio-identical hormones?

This is a controversial topic, but once you know the facts, it's a lot less scary.

My answer is the same as for anything regarding health and symptoms: start with the most natural and low-risk route possible. If that's not working after an honest try, consider another path.

The good news is there are lots of herbs scientifically proven to help reduce symptoms of perimenopause.

These herbs contain phytoestrogens (plant estrogens) and other active plant compounds that support hormone fluctuations, liver function, adrenal function, neurotransmitter function, and other aspects of women's health.

Some of these include:

- **Black Cohosh** for hot flashes, mood swings, and sleep disturbances.[1]
- **Red Clover** for hot flashes and other symptoms.[2]
- **St. John's Wort** for emotional well-being and other perimenopausal symptoms, like hot flashes.[3]
- **Dong Quai** for hot flashes, night sweats, and mood.[4]
- **Evening Primrose Oil** for night sweats and other symptoms.[5]
- **Alfalfa** for neurological benefits and other symptoms (plus it's highly nutritious and great for the liver).[6]

I also like recommending **The Opening Channels Program** as a

gentle yearly, bi-annual, or quarterly detox, **liver-supportive herbs like Dandelion, Nettles, and Milk Thistle**, as well as adrenal support products like **Ashwagandha, Rhodiola with B-vitamins, and Licorice**.

Should You Consider HRT/Bioidentical Hormones?

If you've tried the au natural route and are still experiencing miserable symptoms, it may be time to explore an integrative HRT approach with an integrative physician who specializes in perimenopause and HRT.

Without going into great detail (I'll provide other articles for that), today's HRT is not the same as it was 20+ years ago.

Any integrative menopause expert worth their salt will be recommending bio-identical or body-identical HRT, not the original synthetic stuff that caused all the scare over breast cancer and heart disease (which was over-inflated and miscommunicated, BTW).

This includes micronized progesterone and estradiol, and some doctors may recommend very low-dose testosterone.

Bio-identical/body-identical hormones are typically synthesized from plants and may be given as an oral, topical, ring, or injectable pellet form.

There are also vaginal hormone products, like vaginal estrogen, that can be given locally for specific concerns like sexual health, incontinence, etc.

Are there risks with bio-identical/body-identical HRT?

Yes, there are.

However, new research suggests the

benefits may outweigh the risks if given in the right dose, form, combination, and earlier (within 10 years of menopause) versus later in life.

I know a lot of integrative women's health experts are now staunch body/bio-identical HRT advocates for perimenopause, especially given the flaws in the original Women's Health Initiative study that caused all the panic back in the early 2000s.

I, however, remain conservative and believe in trying the natural route first, then weighing the pros and cons of modern HRT with a very perimenopause-literate integrative doctor.

There's no shame in needing a little extra help; just be sure you're working with the right person who knows what they're doing and can dose and monitor you properly to ensure maximum benefit and minimal risk.

The following content provides some helpful context on HRT of the past and present, bio-identical hormones, and risks vs. benefits:

- [Dr. Aviva Romm's Podcast: Demystifying Hormone Replacement Therapy \(HRT\) in Menopause with Sharon Malone](#)
- This article: [Here's The Current Thinking On Hormone Therapy \(it's not what you heard 20 years ago\)](#) from Forbes is also quite good
- [Findings On HRT Since The Women's Health Initiative](#) from The Women's Health Network is also a good read

I hope this information was helpful, and I will be back next month with more on the next phase, menopause.

Need holiday supplements, to schedule an appointment, or other

support?

Email Holly at:
info@quintessentialhealth.net.

References:

- 1:
<https://pubmed.ncbi.nlm.nih.gov/33861455>
- 2:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8069620/>
- 3:
<https://pubmed.ncbi.nlm.nih.gov/31331546/>
- 4:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6419242/>
- 5:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8102809/>
- 6:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6780855/>

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