

Perimenopause

Western Allopathic Analysis and Approach

Perimenopause is the transition from regular monthly ovulation and menstruation until Menopause. This is the phase when a woman goes from being reproductive to non-reproductive. Menopause can be described as simply the moment the last menstruation stops. Fluctuating estrogen levels and ovarian activity can occur briefly after menopause. Post menopause is technically said to begin about one year after the last menstruation. Although estrogen levels gradually decrease after about age 35, perimenopause usually on average occurs between ages 40 and 50+ years. Interestingly, age 35 is the same as the age western doctor's suggest getting amniocentesis for genetic abnormalities if one is pregnant. The perimenopause phase according to the western model can trigger a myriad of uncomfortable symptoms. Among the most common are night sweats, hot flashes, anxiety and irritability, insomnia, fatigue, depression, mood swings, foggy brain, memory lapses, vaginal dryness, breast tenderness,

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decreased libido, weight gain, and of course, an erratic menstrual cycle.

Many western doctors treat menopause and its persuading loss of estrogen as a disease process. This thought started in the late 1960's and hormone replacement therapy HRT was and continues to be the "normal" way to treat the "disease". Dr Sobel states that this time of a woman's life should be called, "Maturity Onset Ovarian Deficiency State or MOODS", (Sobel, 1996) Sobel believes that if proper western medical terminology were to be used instead of the term perimenopause and menopause, women who suffer needlessly could be diagnosed as being in an endocrine deficiency state and could be treated with HRT. His argument implies that natural aging of the female body is a disease process. Fortunately this erroneous approach to perimenopause and menopause came to a screeching halt in 2002 when the Women's Health Initiative (WHI), the first randomized, controlled study of HRT in women was stopped three years early, due to excess side effects in the group taking the hormones. The women had an increased incidence of heart attacks, strokes, blood clots, and breast cancer compared to the placebo group.

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Other western doctors thankfully have some varying views on the subject among them is Nancy Lonsdorf M.D. author of “The Ageless Woman, Natural Health and Beauty After Forty with Marishi Ayurveda”. Dr Lonsdorf studied the western medical model at Johns Hopkins and then saw it’s shortcomings, so she trained in Marharishi Ayurveda. She says that hormonal fluctuations generally accompany women’s passages into each new biological stage of life: with them often come various discomforts, such as acne and mood swings at puberty, morning sickness and mood swings during pregnancy and depression during postpartum. Perimenopause and menopause is no exception. She goes further to say that most men at midlife go through a similar transition due to aging developing middle-aged spread, wrinkles, and flagging libido, even forgetting a name here or there yet they are not suddenly loosing estrogen. She cites a study of 1500 men and women in rural England which showed little difference between the genders for midlife health symptoms. In fact only two symptoms occurred more often in women: hot flashes and vaginal dryness. It just goes to show you that many symptoms attributed to changing hormones at perimenopause or later are due to other more fundamental disturbances that occur equally in men and women.

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It is interesting to note how cultural differences plays into the discussion of perimenopause and menopause. The Chinese and Japanese language has no word for “hot flashes” because they are rarely reported in women in those countries. Acupuncture, the traditional medicine of China treats the whole person rather than symptoms. It has been hypothesized that the Japanese diet is high in soy which might mimic the effect of estrogens in the body. This is thought provoking about the way western medicine falls short in addressing the natural change of life called perimenopause.

The view that perimenopause is a transitional and potentially positive experience is supported by Ayurveda. The practice of yoga and all it’s aspects, specifically Asana and meditation can be used to balance and harmonize a woman’s whole system into perimenopause.

Yogic practices and Ayurveda to support perimenopause

Patanjali’s yoga sutras state that the ultimate source of human suffering originates in the erroneous belief in an individual body

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and mind, separate from all others and solely motivated by the pleasure-pain principle. The purpose of yoga is to detach the fluctuations of the perception of the mind of pleasure and pain in every day life. The asanas work the muscles and work off stress hormones accumulated in the body. The practice of pranayama works on the nervous system, pratyahara brings our attention inward and meditation brings us insight first into our thought patterns and habits and finally into a state of absorption and oneness.

Patricia Walden now age 57 and in the menopause stage of life found before her transition her strong practice had to be modified from her usual unsupported backbends and inversions and strenuous standing poses which made her symptoms worse. She turned to supported poses to calm her nerves.

General Asanas for Perimenopause

1. Setu Bandha Sarvangasana (supported bridge with blankets and bolsters)
2. Sarvangasana (shoulderstand) with legs on a chair

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3. Ardha Halasana (half plow) with legs on a chair for calming nerves
4. Baddha Konasana (bound ankle pose) with bolsters under knees
5. Supta Badda Konasana (reclined bound ankle pose) bolsters put under back and knees
6. Supta Virasana (reclined heroine pose) bolsters and blankets under the back
7. Uttanasana (standing forward bend) either unsupported or for added relaxation with the head resting on a bolster or blanket
8. Prasarita Padottanasana (wide-legged standing forward bend) unsupported or with head resting on a bolster or blanket
9. Supported backbends lying over a bolster
10. Adho Mukha Svanasana (downward-facing dog) with a bolster or blanket under the head.
11. Pashchimottanasana (intense stretch of the west, seated forward bend) with bolsters and blankets under head and possibly knees
12. Legs up the wall pose
13. Upavisthakonasana (wide-legged seated forward bend) using blankets and bolsters under the chest, belly and head for support

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Asana guidelines

The following guidelines are based on a presentation given by Sandra Summerfield Kozak at the Ayurveda International Symposium (Kozak 2002). The poses are to be used prescriptively to pacify a dosha imbalance. The goal is to preserve the health of the body over time and the asanas are done prescriptively because each person wants to do a practice different than one, which will actually balance them. If left to their own will a dosha will seek itself out rather than seeking to correct an imbalance. For example, a person with vata imbalance wants to do a fast, unfocused and flowing practice, perhaps with a lot of stretching of the ligaments. A person who has a pitta imbalance wants a practice that is hot flowing and uses a lot of strength. Perhaps our American dominance of pitta imbalance explains why “Hot Yoga” and “Power Vinyasa” classes are so full! A person with a Kapha imbalance will want to do a slow, languid practice with a lot of lying around. People do not generally want to do what will balance their dosha, it requires guidance to bring the balance and this often requires opposing the dosha.

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Vata's need slow, even, repetitious focused and grounded practice that is still and deep. The practice needs to be quiet and peaceful. The standing poses are held longer and muscular strength is used to hold the energy in. Vata's benefit from practicing at a set time or routine time each day. Pitta's require a strong practice but they should only work to about 75% of their capacity pulling out of an asana early rather than going for the "burn". They need to practice in a sweet, gentle and nurturing way. They want to cool and soften the physical body; the practice should open them up. Kapha's need an inspirational and motivated practice. They need to give more than they want to give the practice. They want to energize and go beyond their comfort zone, and be actively engaged. They also need to develop a routine so they don't give up too easily.

Pranayama's for Vata Pitta and Kapha

Vata: The suggested pranayama is Nadi Shodhana to restore balance to the nervous system and to the brain function.

Pitta: The suggested pranayama is Sitali or Sitkari breath to cool down the whole system physically, mentally and emotionally.

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Kapha: Bhastrika: The suggested pranayama forces air in and out of the lungs clearing congestion and also gives a feeling of vitality to the system.

Ayurvedic Herbs for Perimenopause

Valerian Root (Valeriana): Used to calm anxiety. It is prosedative meaning it can calm you down and also help you to relax into sleep.

Jatamamsi: Used as above

Brahmi (Bacopa monieri) or Gotu kola: alleviates chronic anxiety by restoring the body's own inner intelligence to improve sleep and mental functioning. Brahmi is tri doshic and according to Sarasvati Buhrman not be tolerated by 50% of bi-polar people so like any herb; it should be used only under the care of a trained ayurvedic practioner.

Ashwagandha: see uses above under Brahmi

Vitex (Chaste Berry)

Sandalwood

Ginger

References and Resources

1. Blackburn, Tiana. Yoga Therapy for the Management of Hot Flashes, Depression and Anxiety during the Perimenopause (2003)

2. Gura, Trisha. Yoga Journal on line “The Graceful Change” <http://www.yogajournal.com/health/>

3. Lonsdorf, Nancy. The Ageless Woman, Natural Health and Beauty After Forty with Maharishi Ayurveda

4. Sobel, R. (1996) MOODS A Menopause Polemic. Maturitas

5. Walden, Patricia and Sparrowe, Linda. The woman’s Book of Yoga and Health: A Life-long Guide to Wellness (Shambhala, 2002)

Phone conversation with Sarasvati Buhrman