CLARE PYERS

Menopause

Midlife Reimagined: Clear Strategies for Thriving Through Menopause

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WHAT WE WILL COVER TODAY

- Chinese Medicine Theory of Menopause
- Healthy menopausal transition
- Vasomotor symptoms
- Understanding the WHI study
- Supporting your patients on HRT
- Blood tests
- Vaginal, Genitourinary and Sexual health
- Insomnia
- Neurocognitive Health
- Thyroid disorders
- Metabolic health
- Cardiovascular health
- Bone health
- Supplements

SYSTEMIC IMPACT OF MENOPAUSE

Perimenopause and menopause are not just about hot flushes and periods stopping — they affect every tissue in the body.

Traditional Chinese medicine offers profound support, and even better results are obtained by incorporating ideas from hormonal, metabolic, neurological, and sexual health science.

7 YEAR CYCLES

Seven year cycles describe the way Jing is allocated to bodily functions. These seven year cycles represent the unfolding of the 3 treasures: Jing, Shen, Qi.

Once reproduction and menstruation are no longer occurring, Jing is no longer allocated to menstruation, and it can be reallocated to other endeavours.

Pre and post-heaven factors can deplete Jing and accelerate this timeline.

14

Teeth grow, hair grows long and strong, menstruation begins, conception is possible

21

Adult teeth fully developed, Kidney Qi is balanced, body grows to full height.

28

Body is in optimal state for reproduction. Bones and muscles are strong

35

Peak condition declines gradually. Yang ming starts to decline. Hair starts to lose its lustre.

42

Three Yang channels decline: Yang Ming, Tai Yang, Shao Yang. Grey hair appears. Face wrinkles appear.

49

Ren and Chong decline. Menstruation dries up. Physique declines.

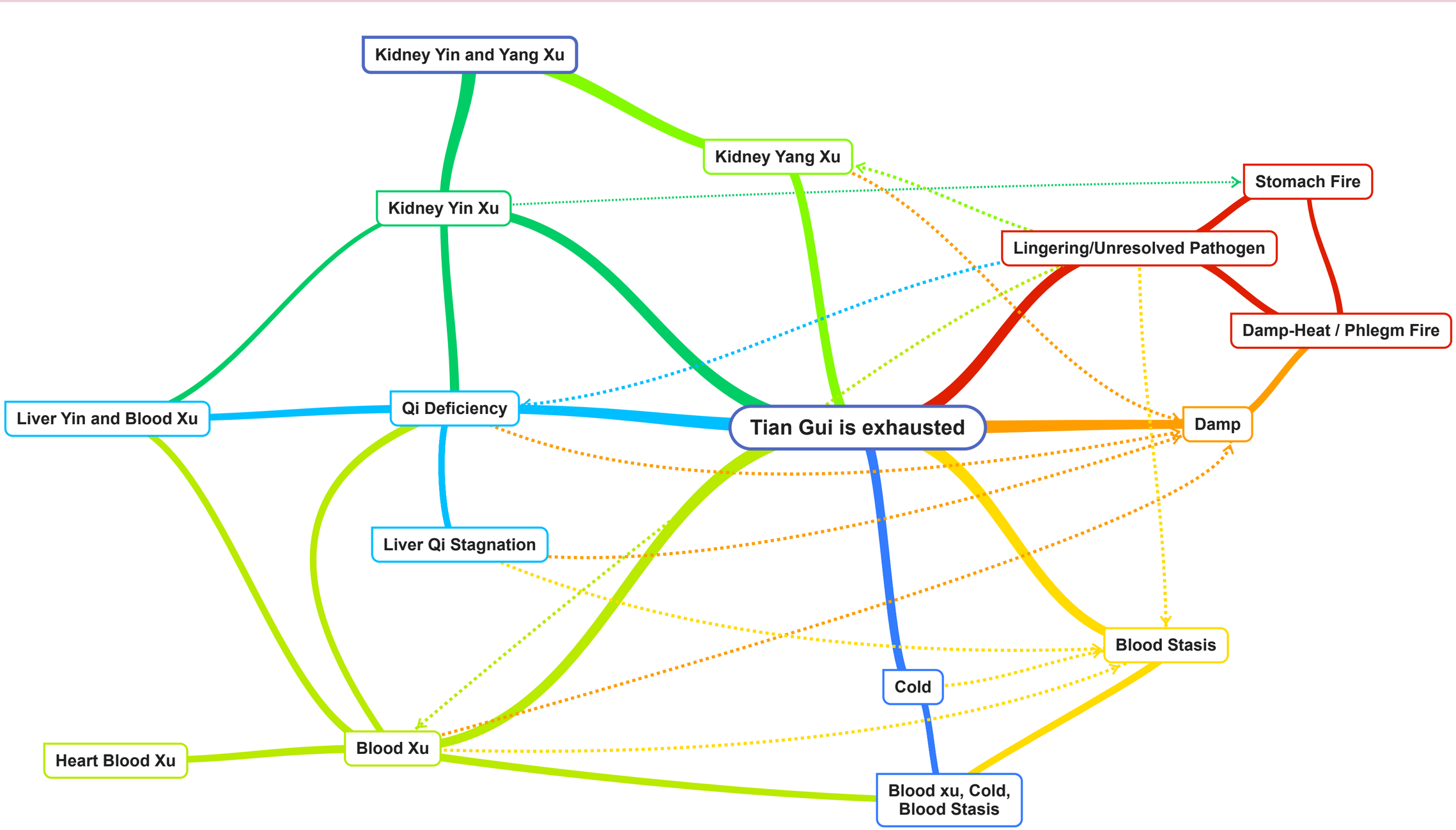
GATES OF LIFE (DR JOHN SHEN)

The Gates of Life are significant physiological and psychological changes that every person undergoes throughout their life. For women, the major gates are: Puberty, Pregnancy/Childbirth, Menopause.

Minor gates include: teething, losing virginity, leaving home, marriage, divorce, major illnesses and/or accidents, major astrological events eg Saturn returns 29yo & 58yo.

The gates present opportunities for change, for pre-existing imbalances to penetrate deeper or significantly improve. This depends on attitude, lifestyle, environmental factors and treatment.

Without the protection of oestrogen, testosterone and progesterone, the menopause gate leaves women more vulnerable to chronic diseases. Weight gain, cardiovascular disease, diabetes, osteoporosis, cognitive decline.


Kidney Yin and Yang Xu
Kidney Yang Xu
Kidney Yin Xu
Stomach Fire
Lingering/Unresolved Pathogen
Damp-Heat / Phlegm Fire
Liver Yin and Blood Xu
Qi Deficiency
Tian Gui is exhausted
Damp
Liver Qi Stagnation
Blood Stasis
Cold
Heart Blood Xu
Blood Xu
Blood xu, Cold, Blood Stasis

CLARE PYERS

Healthy and Disharmonious Physiological Menopausal Transition

<40yo

Premature Menopause

Cessation of ovarian function and loss of menstrual periods before 40yo. Sometimes called Premature Ovarian Insufficiency.

40-45yo

Early menopause

Cessation of ovarian function and loss of menstrual periods between ages 40-45

45-51yo

Perimenopause

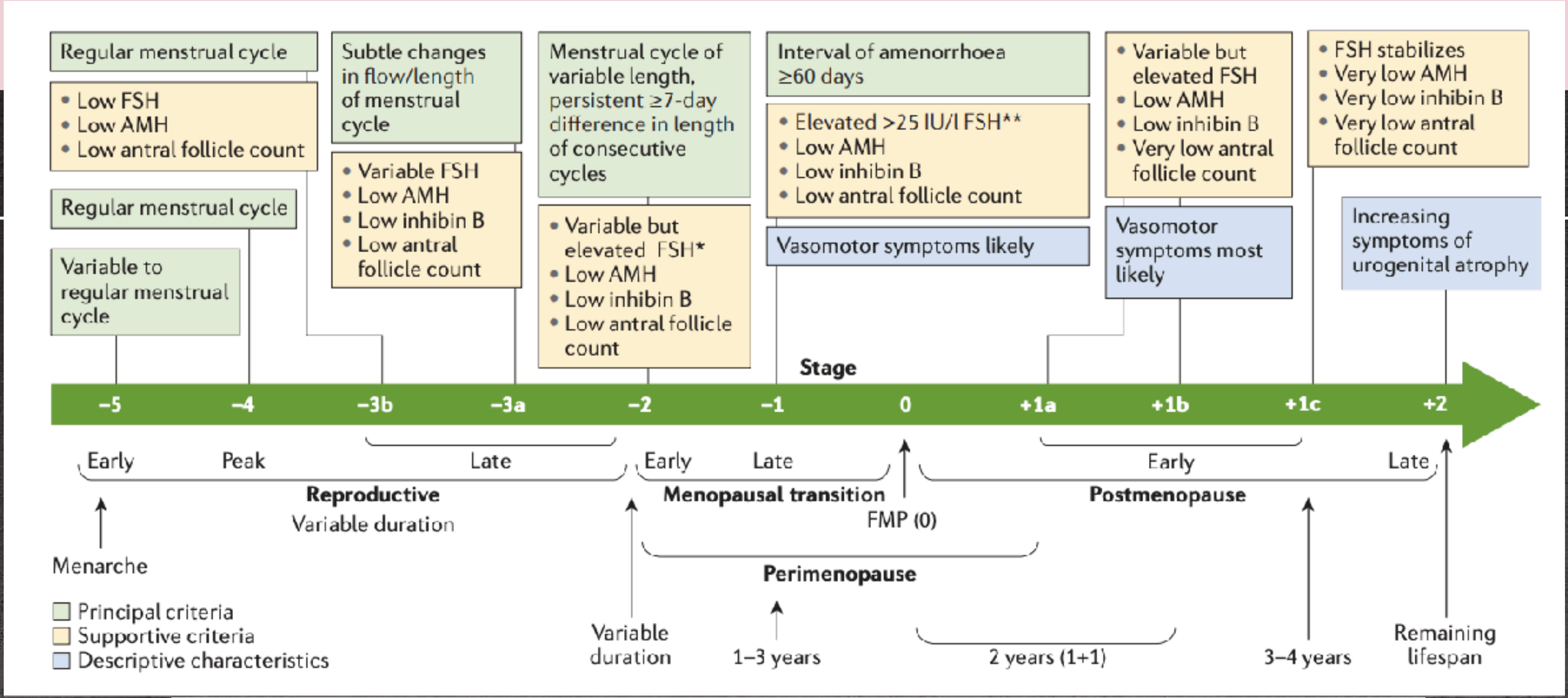
The span of time from onset of menstrual cycle irregularity until 12 months after the final menstrual period. Typically starts in mid 40s, but may commence in early 40s and last up to 10 years.

52yo+

Post Menopause

The time from 12 months after the final menstrual period onwards.

Healthy and Disharmonious Physiological Menopausal Transition



Davis, S., Lambrinoudaki, I., Lumsden, M. *et al.* Menopause. *Nat Rev Dis Primers* **1**, 15004 (2015). https://doi.org/10.1038/nrdp.2015.4

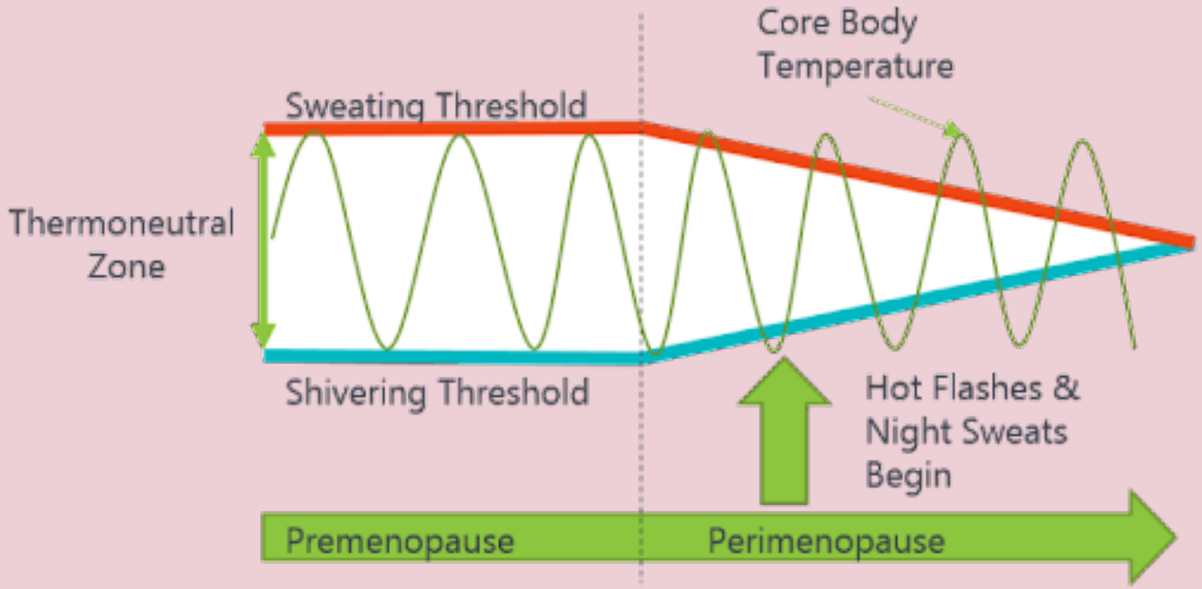
VASOMOTOR SYMPTOMS

Hot flushes and night sweats are triggered by hypothalamic dysregulation. Estrogen normally helps regulate thermoregulatory control in the brain.

As estrogen levels fall during perimenopause and menopause: The hypothalamus becomes more sensitive to small changes in body temperature.

Even a minor rise in core body temperature triggers a sweating and vasodilation response. This leads to the sudden sensation of heat, flushing, sweating, and chills that characterize a hot flush.

Sleep disruption from night sweats worsens cognitive function, mood stability, and fatigue.

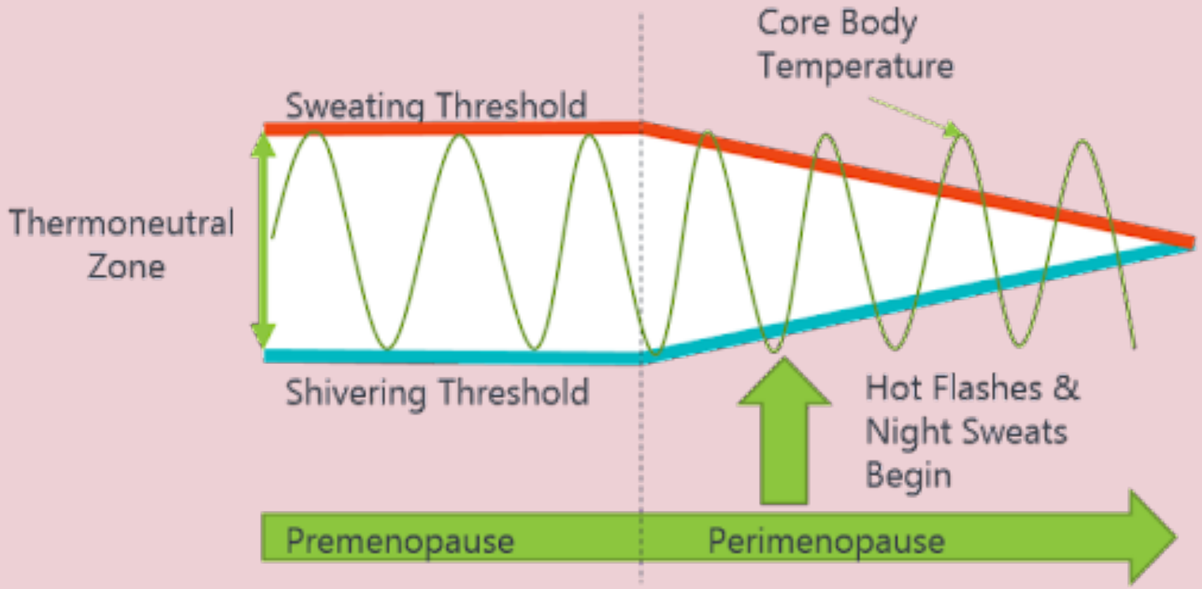


VASOMOTOR SYMPTOMS

Vasomotor symptoms in general reflect a loss of balance between Yin and Yang, leading to heat rising to the surface and destabilising Wei Qi.

Kidney Yin deficiency fails to anchor Yang, leading to internal heat rising to the surface. Sudden warmth, flushing, and night sweating represent Yin failing to cool the body appropriately.

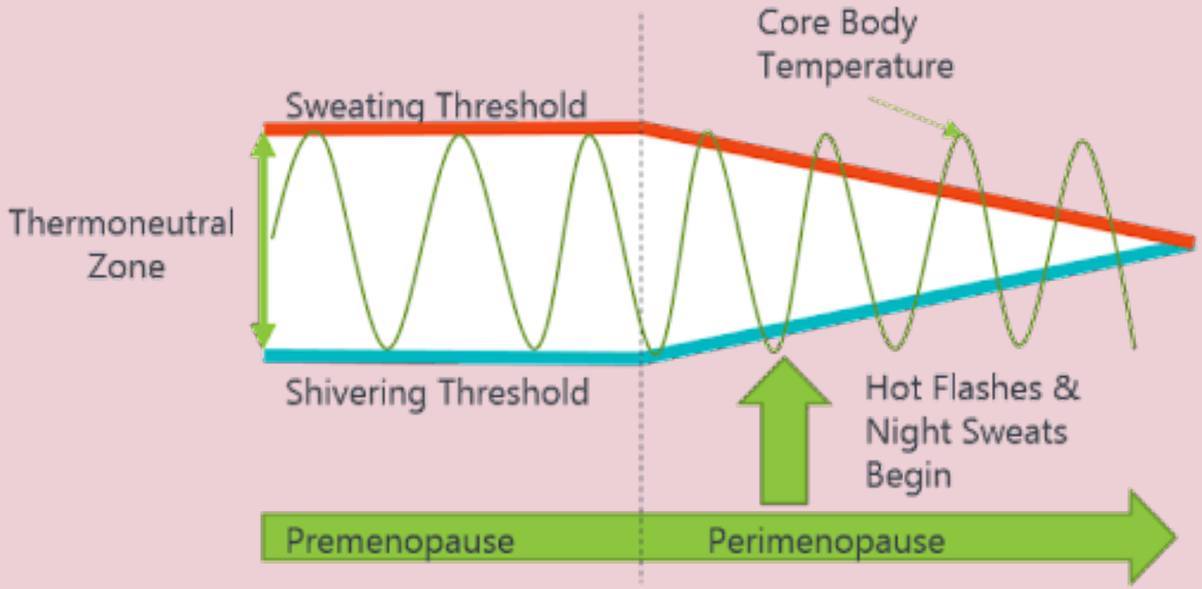
Emotional repression, frustration, or chronic stress causes Liver Qi to bind. Over time, stagnation generates internal heat. When Liver Qi transforms into Liver Fire, it flares upward, causing sudden hot flushes, especially triggered by emotional stress or anger.



VASOMOTOR SYMPTOMS

When Kidney Yang declines, the body cannot stabilize temperature properly. Coldness dominates, but paradoxically there can be flashes of rising heat as the system tries to compensate. These hot flushes are usually mild, short, and followed by coldness or chills

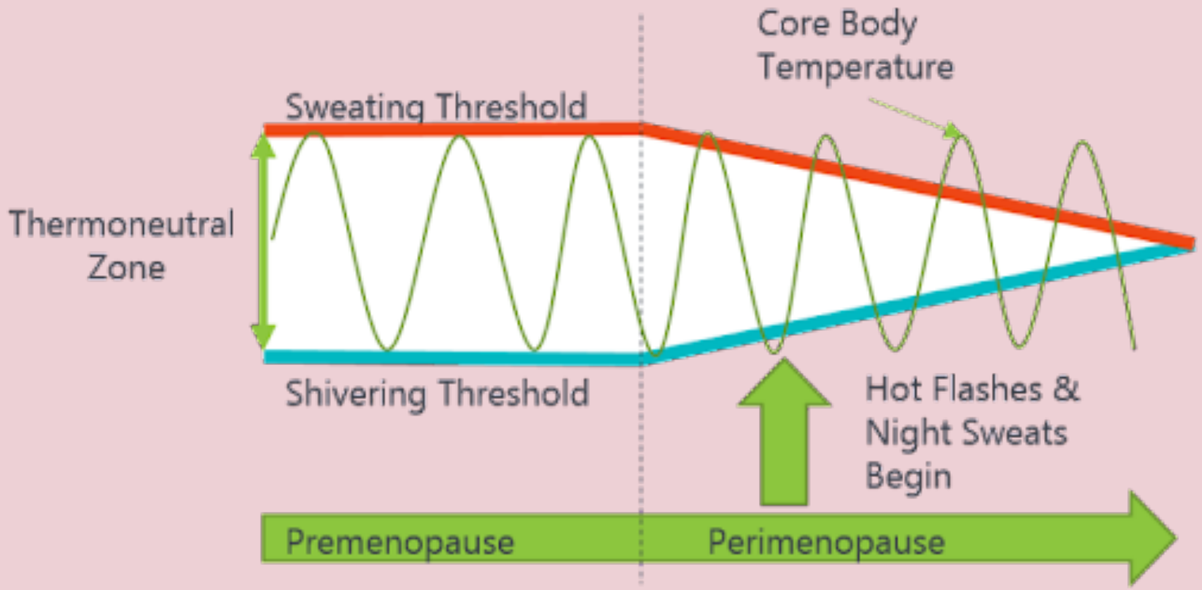
Heart Blood nourishes the Shen and anchors the spirit. If Blood is deficient, Yin cannot restrain Yang within the Heart, leading to emotional instability, insomnia, palpitations and hot flushes that often occur alongside anxiety or during sleep disturbances.



VASOMOTOR SYMPTOMS

Blood stasis blocks the normal movement of Qi and Blood through the channels. This leads to localized heat buildup — like a river dammed and backing up. The heat generated by stagnation overflows to the surface, causing flushing and sudden waves of heat. Often worse in the evening or when lying down.

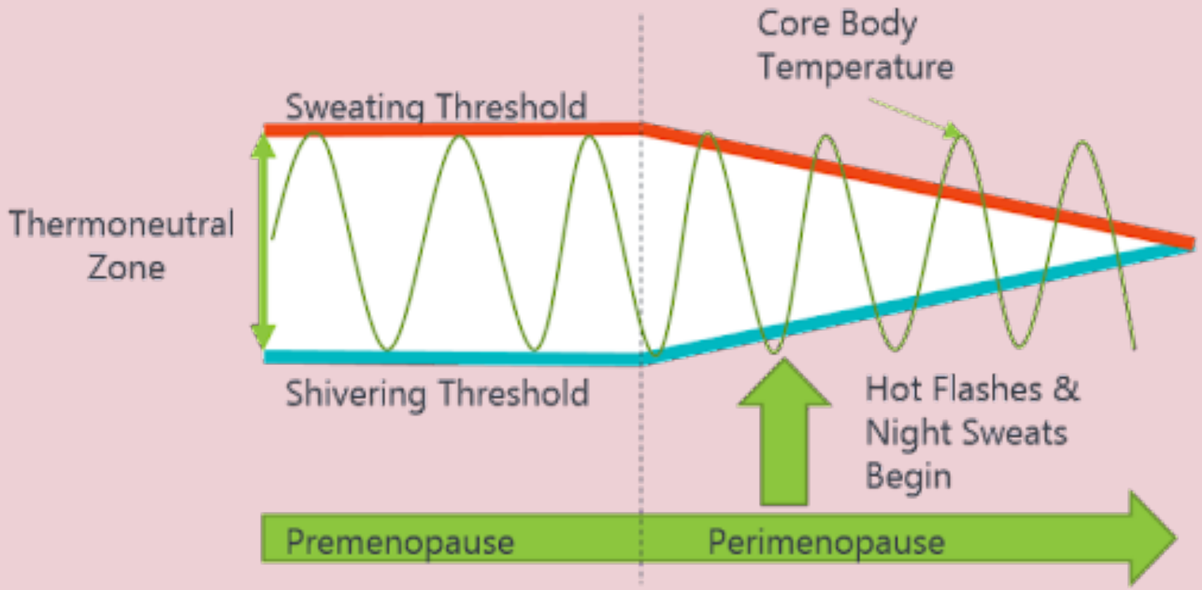
Dampness and phlegm obstruct the middle burner and sensory orifices, trapping heat internally. The Yang Qi tries to rise and push through the heaviness but is blocked, creating episodic sensations of heaviness followed by flushed heat. Often less "burning" and more sticky, sluggish, with lingering sensation after a flush.



VASOMOTOR SYMPTOMS

The Spleen fails to hold fluids and Qi properly, allowing Yang to float upwards unchecked. This can cause mild flushing and spontaneous sweating, especially after exertion, eating, or emotional stress. The body lacks the infrastructure to "anchor" heat properly.

The Chong Mai can becomes unstable or rebellious during major life transitions (eg perimenopause). Qi surges upward irregularly, causing sudden intense flushing, palpitations, anxiety, chest tightness, or pressure in the throat or head. Symptoms are more dramatic and unpredictable.



Pattern	Key Symptoms	Treatment Focus	Common Herbs/Approaches
1. Dual Kidney Yin and Yang Deficiency	Early menopause, scant flow, low libido, cold feet, fatigue, night sweats, lower back/knee pain	Tonify Kidney Yin, Yang, and Jing; clear deficiency heat; regulate Chong & Ren	Er Xian Tang, Wu Zi Yan Zong Wan, Fu Gui Ba Wei Wan, You Gui Wan + Liu Wei Di Huang Wan. Acupuncture: KI3, KI6, KI7, Ren4, Ren6. Moxa recommended. Lifestyle: warm foods, sleep, weights not cardio.
2. Kidney Yang Deficiency	Hot flushes worse in morning or after exertion, cold extremities, fatigue, urinary frequency, dribbling	Warm and tonify Kidney Yang, nourish Essence and Blood	You Gui Wan, Zhen Wu Tang, Er Xian Tang, Fu Gui Ba Wei Wan. Moxa, Du4, Bl23, sacral holes. Supplements: Deer velvet, iodine, Vit D. Warm diet and lifestyle.
3. Kidney Yin Deficiency	Night sweats, dry mouth, insomnia, vaginal dryness, malar flush, 5-centre heat	Nourish Kidney Yin, clear deficiency heat	Liu Wei Di Huang Wan, Zhi Bai Di Huang Wan. Ht6, Ki6, Sp6, Ren4. Herbs: Sheng Di, Zhi Mu. Focus on hydration, wet foods.
4. Heart and Kidney Yin Deficiency	Palpitations, insomnia, anxiety, night sweats, low-grade fever	Nourish Heart and Kidney Yin, calm Shen	Tian Wang Bu Xin Dan. Acupuncture: Ht7, Ki6, Pc6. Shen-calming herbs: Suan Zao Ren, Bai Zi Ren. Stress management essential.
5. Heart Yin Deficiency with Blood Deficiency	Anxiety, insomnia, poor memory, palpitations, dry mouth, pale tongue	Nourish Heart Blood and Yin, calm Shen	Gui Pi Tang, Suan Zao Ren Tang. Tonify Spleen to support Blood. Hrt3, Hrt6, Lv8, Sp3, St36. Sleep hygiene, mindfulness recommended.
6. Liver and Kidney Yin Deficiency	Dry eyes, brittle nails, dizziness, scant periods, tendon issues	Nourish Liver and Kidney Yin, soften Liver	Qi Ju Di Huang Wan, Yi Guan Jian. Tian ma gou teng yin. Liver Blood tonics. Lv8, Kd6. Encourage flexibility (mental and physical).
7. Liver Qi Stagnation with Heat	Irritability, anger, headaches, breast tenderness, irregular periods	Soothe Liver Qi, clear heat, harmonize emotions	Jia Wei Xiao Yao San. Acupuncture: Lv3, GB34. Encourage emotional expression, movement.
8. Spleen Qi Deficiency	Fatigue, bloating, loose stools, poor appetite, brain fog	Strengthen Spleen Qi, drain Dampness	Si Jun Zi Tang, Liu Jun Zi Tang. Sp6, St36. Nutrition focus: cooked foods, avoid raw/cold foods.
9. Blood Stasis with Heat	Sharp pain, clots with periods, fixed abdominal pain, darker complexion	Move Blood, clear Heat	Xue Fu Zhu Yu Tang. Herbs: Dang Gui, Chi Shao, Chuan Xiong. Invigorate circulation with movement, Qi Gong.
10. Damp-Phlegm Accumulation	Heaviness, fogginess, oedema, sticky stools, weight gain	Transform Dampness, strengthen Spleen, clear Phlegm	Er Chen Tang, Ban Xia Hou Po Tang. Lifestyle: remove dairy/sugar, focus on drying foods, daily movement.
11. Rebellious Qi in Chong Mai	Palpitations, anxiety, abdominal fullness, chest tightness/oppression, sighing, breathlessness. Flushes rising like a wave.	Harmonise Chong Mai, subdue rebellious qi	Wu zhu yu tang (cold), Zuo jin wan (heat stagnation), wen dan tang (phlegm), Bao he wan (food stagnation), Gui zhi fu ling wan. Sp4-PC6, Ren4. St30.

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Initial Results (2002 for Conjugated Equine Estrogen (CEE) + Medroxyprogesterone acetate (MPA) Progestin Trial)

Study was stopped early due to risks outweighing benefits.

Findings:

- **Increased risk of:**
  - **Breast cancer (26% increased relative risk)**
  - **Coronary heart disease (29% increased risk)**
  - **Stroke (41% increased risk)**
  - **Venous thromboembolism (VTE)**
- **Decreased risk of:**
  - **Colorectal cancer**
  - **Fractures (hip, vertebral)**

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Original Goal of the WHI

To test if hormone therapy could prevent chronic diseases like heart disease, cognitive decline, osteoporosis, and cancers.

Based on promising observational studies (like the Nurses Health Study) that suggested hormone therapy users had lower rates of heart disease and dementia.

Randomized Clinical Trial (RCT) needed to determine causality — because observational studies are prone to healthy user bias.

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Study Design Highlights

Two separate trials:

- **Estrogen alone trial (~10,000 women)**
- **Estrogen + Progestin trial (~17,000 women)**

Average participant age: 63 years (10+ years post-menopause).
Primary outcomes: Coronary heart disease (CAD) and breast cancer.

Women with severe vasomotor symptoms largely self-selected out before trial enrollment (but hot flashes were not an exclusion criterion).

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Outcome	Estrogen + Progestin (CEE+MPA)	Estrogen Alone (CEE)
Heart Disease	Slight increase	No increase, possible benefit in younger women
Breast Cancer	**24–26% increased risk**	No increase; possible later reduction
Stroke	Increased	Increased
Venous Thromboembolism (VTE)	Increased	Increased
Bone Fractures	Decreased	Decreased
Cognitive Decline	Increased risk (in older women)	Increased risk (in older women)

FINANCIAL REVIEW

Menopause drug scare hits women

600,000 women warned to stop combined HRT medication

Hormone alert for cance

True degree of therapy risk lost in the clamour of commentato

Expert panel backs HRT cancer warning

Latest guidelines

- Limit HRT therapy to no more than three years
- Review its use in the treatment of osteoporosis
- Remains an appropriate short-term treatment for symptoms of menopause

'There can be risks with stopping medication suddenly without supervision'

HRT linked to cancer and stroke: doctors demand drug restrictions

Deborah Smith
Science Writer

The NSW Cancer Council has called for a common form of hormone replacement therapy to be restricted to short-term use after a new study linked it to breast cancer.

United States doctors have abruptly halted a major clinical trial of combined oestrogen and progestin use by healthy post-menopausal women because the harm from the drugs was found to be significantly greater than the benefits.

Along with a 26 per cent increase in breast cancer, the study showed the hormone combination also led to an increase in heart disease, stroke and blood clots.

The Cancer Council's chief executive, Andrew Penman, said the increased risk of breast cancer could occur after three years of combined HRT use. "This is much earlier than previously thought and our concern is that some women have been using the treatment for over 10 years."

Dr Penman said the council would recommend to the Pharmaceutical Benefits Advisory Committee that combined HRT be restricted to symptomatic relief of menopausal symptoms, and not be taken for more than two years.

However, the president-elect of the Australasian Menopause Society, Susan Davis, cautioned against a "knee-jerk reaction" by doctors and women. "I don't think this changes anything for women who are peri-menopausal and aged around 50, or who have used any form of HRT for less than five years."

The American trial, part of the Women's Health Initiative run by the US National Institutes of Health, was due to be completed in 2005 but was stopped after the women were followed for an average of 5.2 years. It involved 16,600 women aged 50 to 79.

The results were published yesterday by the *Journal of the American Medical Association*. Although the risks overall outweighed the benefits, only a small number of individual women – about 2.5 per cent – had problems.

Compared with women taking a placebo, for every 10,000 women taking combined HRT eight more would get breast cancer, seven more would have heart attacks, eight more would have strokes, and 18 more would have blood clots, in a year.

But six fewer would get colorectal cancer and five fewer would have hip fractures, the researchers said. They stressed, however, that the new study did not apply to women without a uterus taking oestrogen-only preparations.

The Cancer Council says an estimated 600,000 Australian women aged 45 to 64 use some form of HRT. Concerned women should see their doctors or call the Cancer Helpline on 131 120.

HORMONE THERAPY

THE RISKS
41% increase in strokes; 29% increase in heart attacks; doubling of venous blood clots; 26% increase in breast cancer.

THE BENEFITS
37% cut in colorectal cancer; one-third reduction in hip fractures; 24% reduction in all fractures.
Source: Journal of the American Medical Association.

More needed to settle HRT scare

The hormone replacement therapy scare inspired last month by US researchers is having predictable results. Australia's biggest supplier of the oestrogen-progestin combination has reported a 30 per cent decline in sales since American doctors cut short a long-term study of 16,000 HRT users to warn the world that the therapy increased the risks of breast cancer, heart disease, stroke and blood clots, particularly among women who took the therapy for five years or more. A Melbourne specialist went further, claiming two-thirds of his patients had quit HRT. These outcomes will suit, if not fully satisfy, doctors who embraced the US warnings. What has not been answered is whether doctors too quickly ruled out HRT for women trying to prevent or minimise the debilitating symptoms of menopause, including sweats, sleeplessness, hot flushes and deterioration in bone density.

For the defenders of HRT, the American report prompted understandable panic among its users. This might have been avoided, or at least lessened, had the researchers not highlighted their findings with a simplistic, misleading and, arguably, mischievous set of statistics. The ensuing furore left little room, for instance, to counter arguments such as women being twice as likely to develop breast cancer if they took two alcoholic drinks a day, instead of HRT. The American report said an HRT user's breast cancer risk, for example, jumped 26 per cent (with similarly alarming rises in the risks of other side effects). To women who know little about statistical interpretation, this might (and probably did) suggest their odds of developing breast cancer would increase by 26 chances in 100. In fact, the odds grew by 0.08 per cent. In Australia, where 600,000 women used HRT pre-scare, this would mean 1200 extra cases a year of life-threatening heart attacks, strokes, breast cancer and pulmonary embolism. Conversely, abandoning HRT would lead to 6660 extra cases a year of bowel cancer and hip fractures because the therapy limits these risks. No-one suggests these numbers are insignificant. But the preliminary reports about the drop-out rate from HRT provide no assurance that women are making informed choices about this important decision. Indeed, they are accompanied by anecdotal evidence of scared women quitting HRT on little more than their own poor understanding of poorly presented statistical results. They deserve better than that. They deserve a clear lead from those best placed in the medical and scientific world to warn, advise and reassure.

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Media headlines:

🔥 **"Hormones Cause Cancer!"**

🔥 **"Hormone Therapy Dangerous!"**

Mass panic among doctors and patients.

Hormone prescriptions dropped by ~70%.

"The sum total of lives that have been saved due to less breast cancer as a result from the lack of HRT for the past 20 years is exactly zero." —Peter Attia

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Follow-Up: CEE Estrogen Alone Arm (2004)

Different results:

- **No increased risk of breast cancer (in fact, slight reduction).**
- **Increased risk of stroke and VTE remained.**
- **Heart disease risk not increased and may have been reduced in women aged 50–59.**

WOMEN'S HEALTH INITIATIVE (WHI) STUDY

Critical Flaws and Confounders:

Timing Issue: Most women were well past menopause — ideal window for hormone protection likely missed.

Formulation Issue: Non-bioidentical hormones (CEE and MPA) differ from today's standard care (transdermal estradiol and micronized progesterone).

Healthy User Bias: Women in prior studies were often healthier overall.

Oral Estrogen Effect: Oral CEE increases clotting proteins — transdermal delivery does not.

SUPPORTING YOUR PATIENTS ON HRT

Menopause care today is about personalized risk assessment, targeted hormone use, and choosing the right delivery system to maximize benefits while minimizing risks

SUPPORTING YOUR PATIENTS ON HRT

For patients taking oestrogen:

Monitor their FSH, ideally it should be between 20-35. Any lower and they likely have symptoms from estrogen dosing being too high.

Serum estrogen not as reliable marker.

Dosing should relieve symptoms, and ideally not cause uncomfortable NEW symptoms (eg headaches, breast tenderness, spotting)

Modern Safer Options:

- **Prefer transdermal estradiol (patches, gels) + micronized progesterone over oral CEE/MPA.**
- **Lower clotting risk, better metabolic profile.**
- **Local Vaginal Estrogen have minimal systemic effects.**

SUPPORTING YOUR PATIENTS ON HRT

For patients taking progesterone:

Based on symptoms.

Usually 100-200mg

Should help with sleep.

If oral isn’t tolerated (eg mood disturbances), then Mirena is indicated.

Bioidentical has a better safety profile compared to MPA/ synthetic progestins.

SUPPORTING YOUR PATIENTS ON HRT

For patients taking testosterone:

Based on total T, free T, symptoms (acne, facial hair).

Free testosterone declines in women taking oestrogen due to increased SHBG. This can also affect thyroid function.

Low-dose topical testosterone supports libido and vaginal health in selected women.

SUPPORTING YOUR PATIENTS ON HRT

DHEA for Genitourinary Syndrome Menopause:

- **Vaginal DHEA restores tissue health without significant systemic absorption.**
- **Ideal for breast cancer survivors or estrogen-contraindicated women.**

IMPORTANT BLOOD TESTS

FSH

FSH = FOLLICLE STIMULATING HORMONE

- **Produced in anterior pituitary gland**
- **Stimulates follicles in ovary to mature**
- **Increases dramatically during menopause**
- **FSH above 25 IU/L is associated with menopause**

LH

LH = LUTEINISING HORMONE

- **Produced in anterior pituitary gland**
- **Stimulates ovary to release mature follicles**
- **Levels increase at menopause**
- **LH above 20 IU/L associated with menopause**

AMH

AMH = ANTI-MULLERIAN HORMONE

- **Produced in ovaries in granulosa cells of follicles**
- **Stimulated by growth of follicles**
- **Levels decrease as egg production declines**
- **Levels below 1 ng/mL associated with menopause**
- **The rate of change of AMH as a predictor of menopause (1)**
- **If your AMH is below 0.2 and you're more than 40, then the probability that you're going to go through menopause in the next five years is very high**
- **(1) https://www.fertstert.org/article/S0015-0282(12)01892-4/fulltext (2) https://academic.oup.com/jcem/article-abstract/96/8/2532/2834584**

ESTROGEN

- Decreased synthesis of estrogen in perimenopause
- Levels <200pmol/L in menopause
- Low estrogen increases risk for:
  - Bone density loss
  - Cardiovascular disease
  - Cognitive decline
  - Vaginal atrophy

PROGESTERONE

- Produced in corpus luteum (no ovulation = no more corpus luteum)
- Small amounts produced in adrenal gland (zona glomerulosa)
- Counterbalances oestrogen
- Has endocrine + immunomodulatory roles
- Has neuroprotective properties
- Low progesterone leads to:
  - Breast cancer risk
  - Prolapse risk
  - Dysfunctional uterine bleeding

TESTOSTERONE

- Produced in ovaries and adrenal glands
- Levels peak in 20s, and is ten times as abundant as oestrogen
- Levels decline through 30-65 as oestrogen declines, then increase again in 70s and 80s
- Decreased synthesis of testosterone in perimenopause
- Low testosterone can lead to:
  - Decreased sexual desire and sexual function
  - Cognitive decline and mood changes
  - Fatigue
  - Hair loss/thinning

WHICH TEST TO USE?

WHICH TEST TO USE?

BLOOD

- Total serum values.
- Calculated free hormone levels (SHBG, albumin).
- E1 and E3 not routinely performed. General hormonal overview inc thyroid, pancreas, pituitary.

SALIVA

- Free hormone levels
- Steroid hormones (E1, E2, E3, Progesterone, testosterone, cortisol)
- Melatonin.
- Monitor diurnal patterns

URINE

- Metabolite analysis.
- Pathway analysis.
- Assess detoxification, cancer risk.
- 24hr urine equivalent to dried spot urine. (1)

(1) Newman, M., Pratt, S.M., Curran, D.A. et al. Evaluating urinary estrogen and progesterone metabolites using dried filter paper samples and gas chromatography with tandem mass spectrometry (GC–MS/MS). BMC Chemistry 13, 20 (2019).

FINANCIAL METAPHOR

BLOOD

- Total Net Worth
- Measures the total amount of hormone available in the bloodstream (both bound and free), but doesn't always reflect what's actively usable right now.

SALIVA

- Cash in your wallet
- Measures the free, unbound hormone eg. the hormone that’s immediately available to act on tissues.

URINE

- Cashflow & Investment Performance Report
- Measures how your body is using, processing, and eliminating hormones — showing patterns of production, metabolism, and clearance. It reveals whether "wealth" is being spent wisely, mismanaged, or stockpiled.

FINANCIAL METAPHOR

BLOOD

- Great for baseline levels
- Spotting big deficiencies or major excesses

SALIVA

- When you need to understand real-time symptoms (like mood swings, sleep issues, hot flushes) because they measure bioavailable hormones

URINE

- When you need to understand hormone dynamics:
  - how much you produce
  - how fast you detoxify
  - whether you favor healthy or unhealthy estrogen pathways
  - Etc

SHBG

- Protein produced in the liver
- Not as sensitive to hormonal fluctuations throughout the cycle
- Ideal 55-85 mmol/L in women
- Initial decrease at menopause, then increases with age
- Calculated Free Testosterone
- Free Androgen Index

THYROID

Ideal Reference Range:

TSH: 0.5-2.0 mU/L
fT4: 15-20 mmol/L
fT3: 4.5-6.0 mmol/L

- **Low fT3/low-normal fT3 - carbohydrate restriction, calorie restriction, previous anorexia nervosa.**
- **Look for low-normal sodium, or overt hyponatremia (1)**
- **Subclinical hypothyroid higher risk for hypercholesterolemia (2), hypertension (3), insulin resistance (4), depression (3)**
- **34% PCOS have elevated anti-TPO (5)**
- **Increased risk NAFLD, not corrected by thyroid hormone therapy (6)**
- **Estrogen increases thyroxine binding globulin**

INSULIN

- Ideal Insulin (fasting) <10 mU/L
- HOMA-IR <2 (Ideal <1)
- HOmeostatic Model Assessment for Insulin Resistance
- Insulin resistance linked with:
  - Increased body fat
  - Hypothyroidism (esp low fT3)
  - Cardiovascular disease
  - Elevated triglycerides (ideal <1.0 mmol/L)

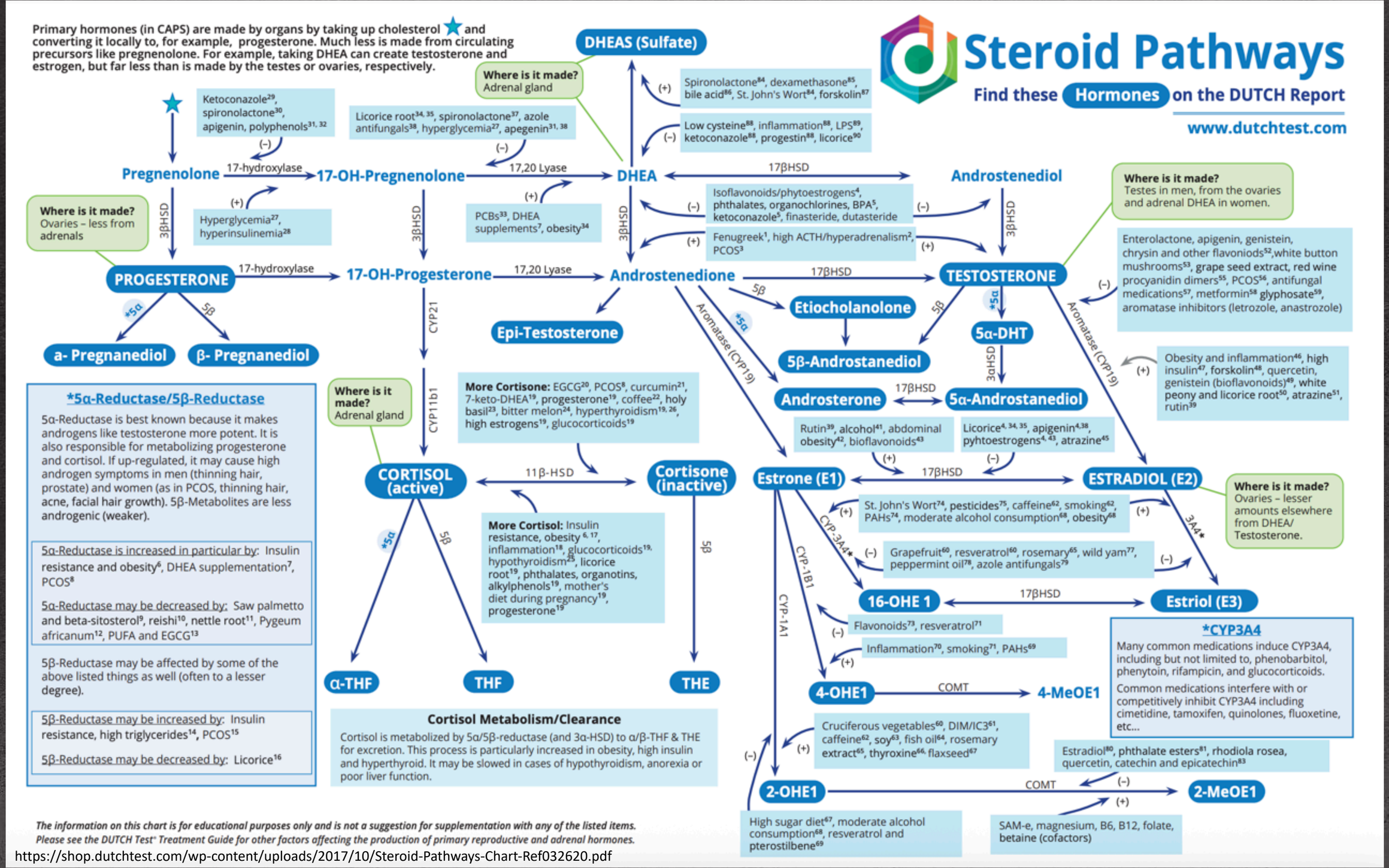
- (1) De Paoli M, Zakharia A, Werstuck GH. The Role of Estrogen in Insulin Resistance: A Review of Clinical and Preclinical Data. Am J Pathol. 2021 Sep;191(9):1490-1498

CHOLESTEROL

- **Structural component of cell membranes**
- **Precursor to vitamin D**
- **Precursor to hormones - esp steroid hormones**
- **Recycled by liver > bile acids > 90%+ reabsorbed in intestines**
- **Ideal 4.5-5.5 mmol/L**

Na + K

- **Sodium and Potassium**
- **Give insights into Kidney Yang (Na/sodium) and Kidney Yin (K/potassium)**
- **Sodium ideal 140-144 mmol/L**
- **Potassium ideal 4.3-4.8 mmol/L**



https://shop.dutchtest.com/wp-content/uploads/2017/10/Steroid-Pathways-Chart-Ref032620.pdf

VAGINAL AND PELVIC FLOOR HEALTH

An Overlooked Priority

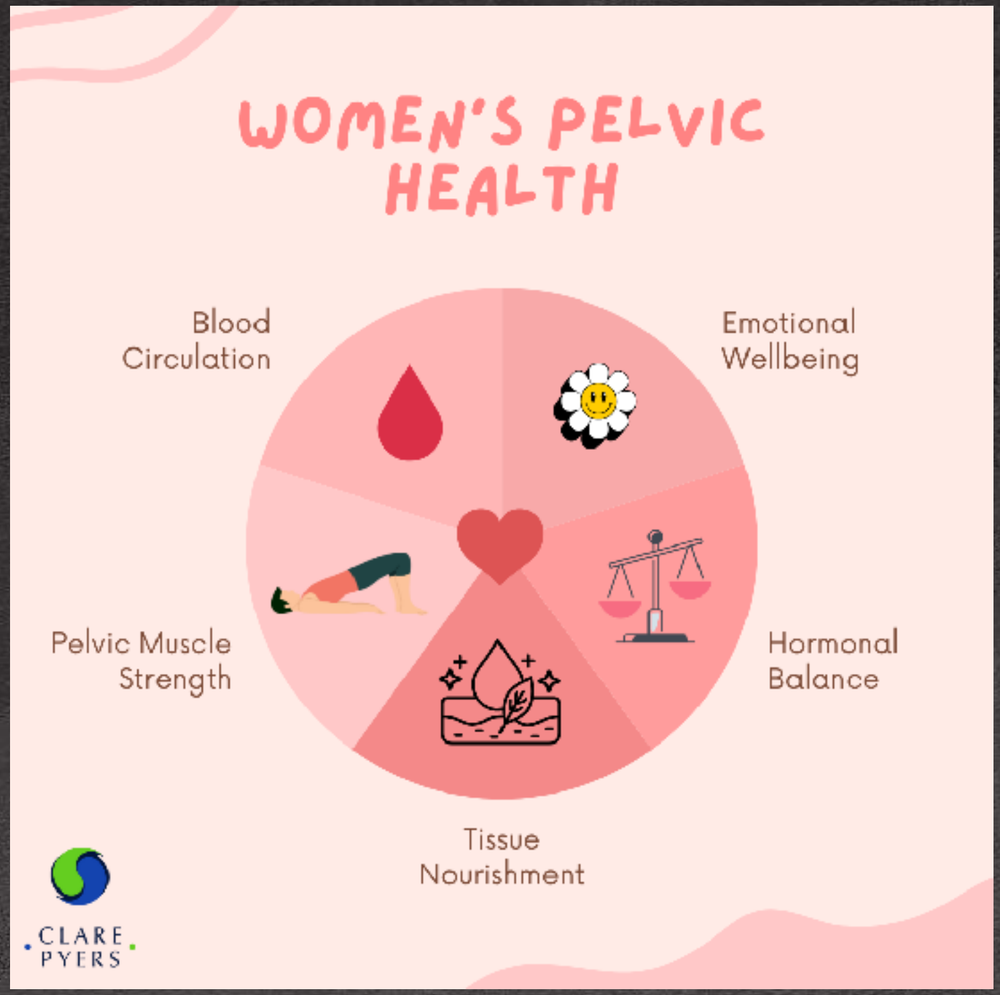
VAGINAL AND PELVIC FLOOR HEALTH

New research shows the vagina is an active endocrine organ, producing and receiving androgens (like testosterone).

Why It Matters:

- **Vaginal health influences overall hormone balance (mood, bone, libido).**
- **Without stimulation and blood flow, the vagina shortens, narrows, loses elasticity → leads to atrophy, pain, infections.**

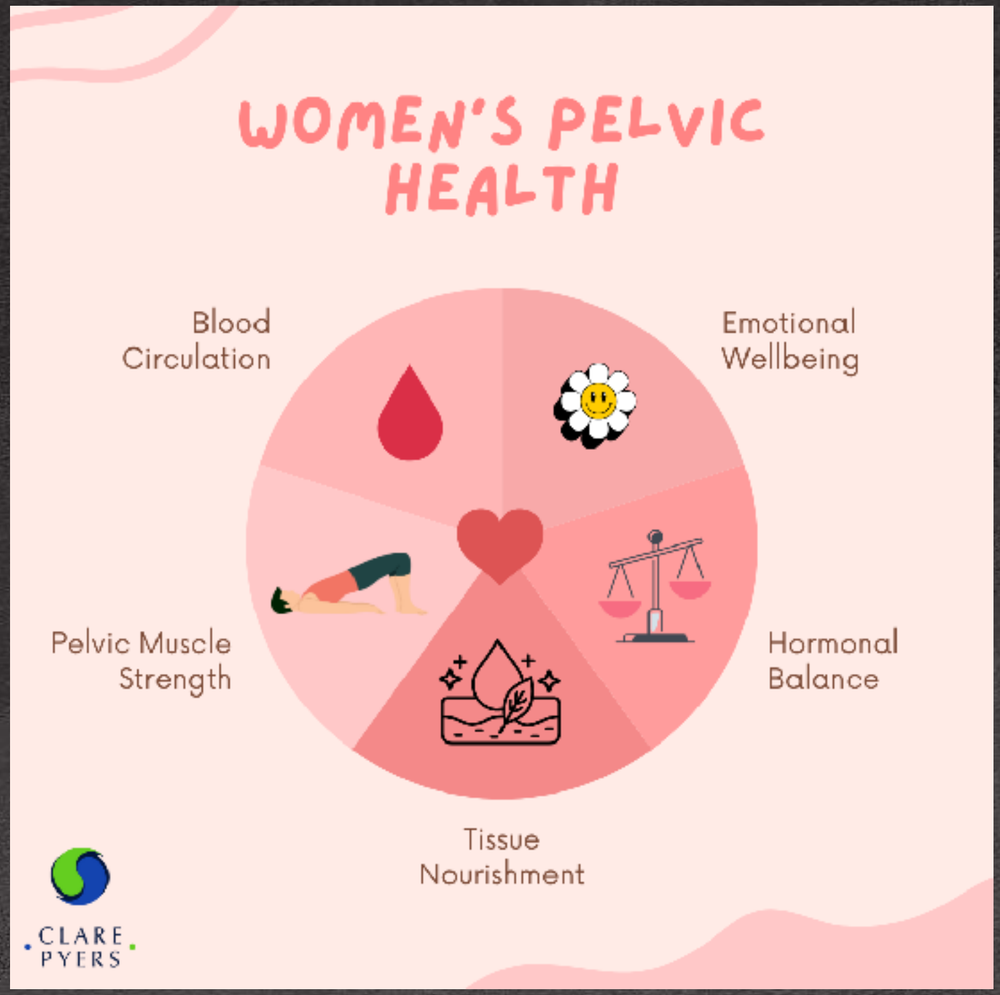
https://pubmed.ncbi.nlm.nih.gov/37288964/



VAGINAL AND PELVIC FLOOR HEALTH

Penetrative Masturbation Research (2023 Study):

- **Penetrative vibrator use activates deep pelvic diaphragm muscles.**
- **Enhances blood flow.**
- **Maintains vaginal elasticity.**
- **Improves pelvic floor strength, helping with urinary continence too.**



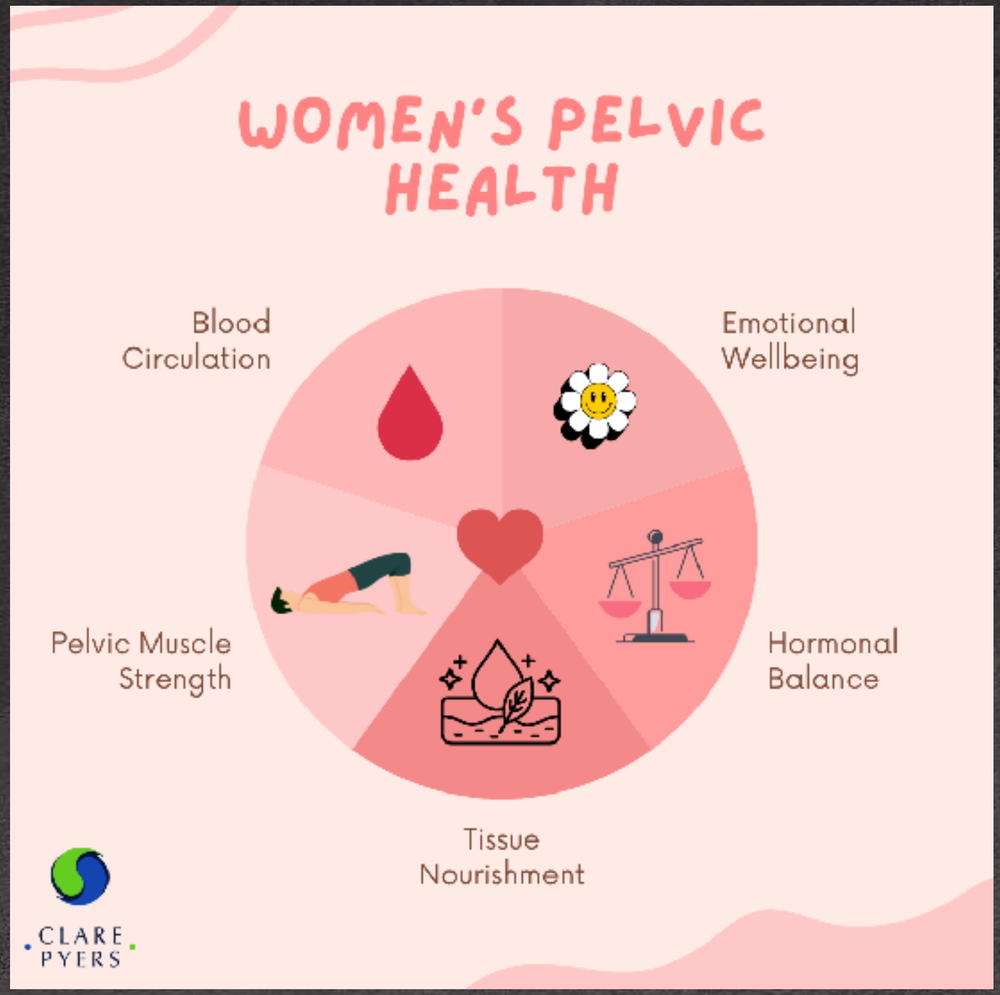
VAGINAL AND PELVIC FLOOR HEALTH

TCM Perspective:

- **Blood must circulate freely to nourish tissues (Liver Blood, Chong Mai, Ren Mai).**
- **If Blood is stagnant or Yin is insufficient, tissues wither and harden.**

Clinical Takeaway:

- **Encourage patients to include vaginal activity — including solo penetrative stimulation — as a health maintenance strategy.**
- **Where Blood flows freely, the tissues are nourished and flourishing. Where Blood stagnates, the tissues become dry, rigid, and painful.**



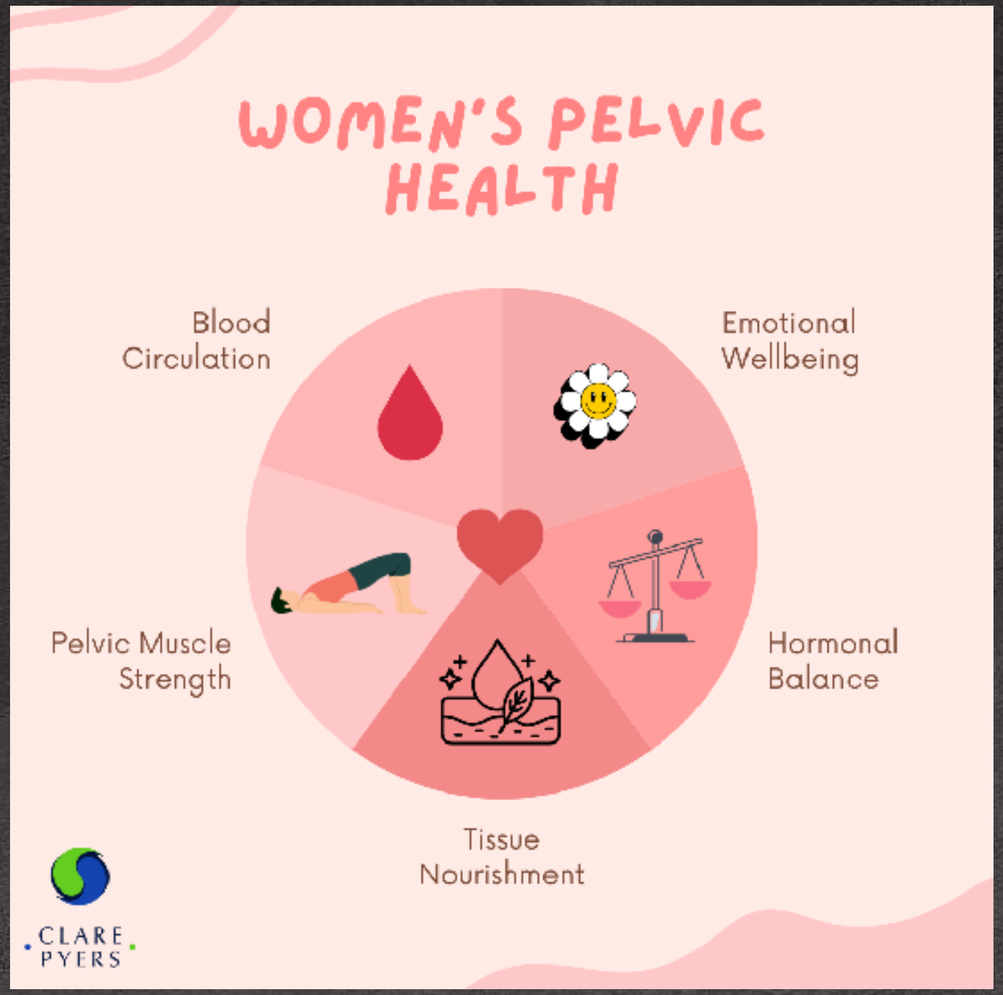
VAGINAL AND PELVIC FLOOR HEALTH

GENITOURINARY SYNDROME OF MENOPAUSE (GSM)

An under diagnosed condition that affects many women post-menopause. Prompted by lack of oestrogen, and atrophy and reduced function of Skene's glands, Bartholin glands, and the vaginal wall. It severely impacts quality of life.

Characterised by:

- **Vaginal dryness**
- **Irritation**
- **Recurrent UTIs**
- **Incontinence**



VAGINAL AND PELVIC FLOOR HEALTH

Nourish Kidney Yin and Blood

- Liu Wei Di Huang Wan (+ Dang Gui, Gou Qi Zi)
- Zuo Gui Wan (for deeper Yin deficiency with vaginal dryness)

Resolve Dampness and Support Microbiome (especially if recurrent UTIs, itching)

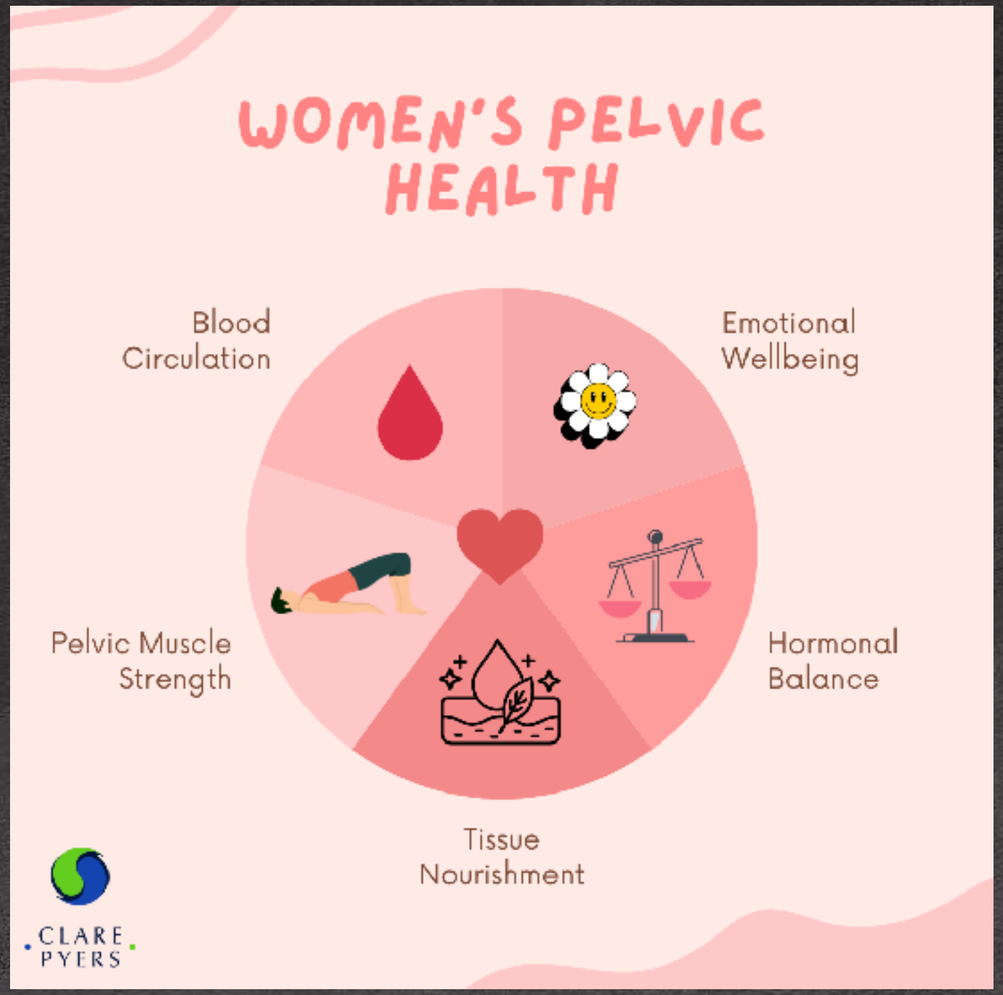
- Bai Zhu
- Shan Yao
- Fu Ling
- Huang Bai
- Zhi mu

Promote Blood circulation locally

- Dan Shen
- Tao Ren
- Hong Hua

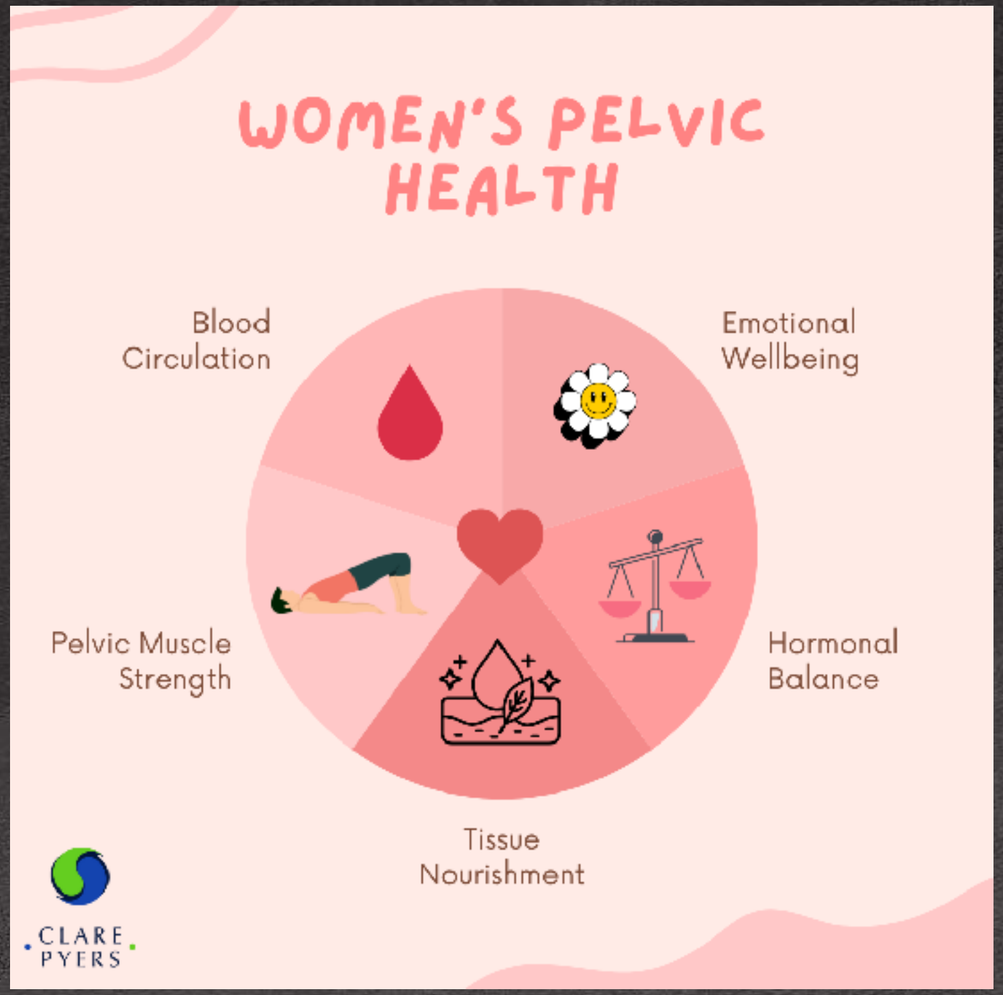
Calm Shen and restore intimacy connection (for emotional re-connection and body confidence)

- Suan Zao Ren
- Yuan Zhi
- He Huan Pi
- Bai he



VAGINAL AND PELVIC FLOOR HEALTH

Probiotic Strain	Why it's Useful
Lactobacillus crispatus	- Dominant strain in healthy vaginal microbiome. - Produces hydrogen peroxide (H_2O_2) to suppress pathogenic bacteria. - Reduces recurrence of bacterial vaginosis (BV) and urinary tract infections (UTIs).
Lactobacillus jensenii	- Helps maintain vaginal pH (~4.5 or lower). - Protective against opportunistic infections.
Lactobacillus gasseri	- Supports vaginal epithelium health. - Anti-inflammatory effects locally.
Lactobacillus rhamnosus GR-1	- Specifically studied for restoring healthy vaginal flora. - Helps lower recurrence rates of GSM-related infections.
Lactobacillus reuteri RC-14	- Works synergistically with L. rhamnosus GR-1. - Reduces yeast infections and bacterial vaginosis. - Supports vaginal mucosal immunity.



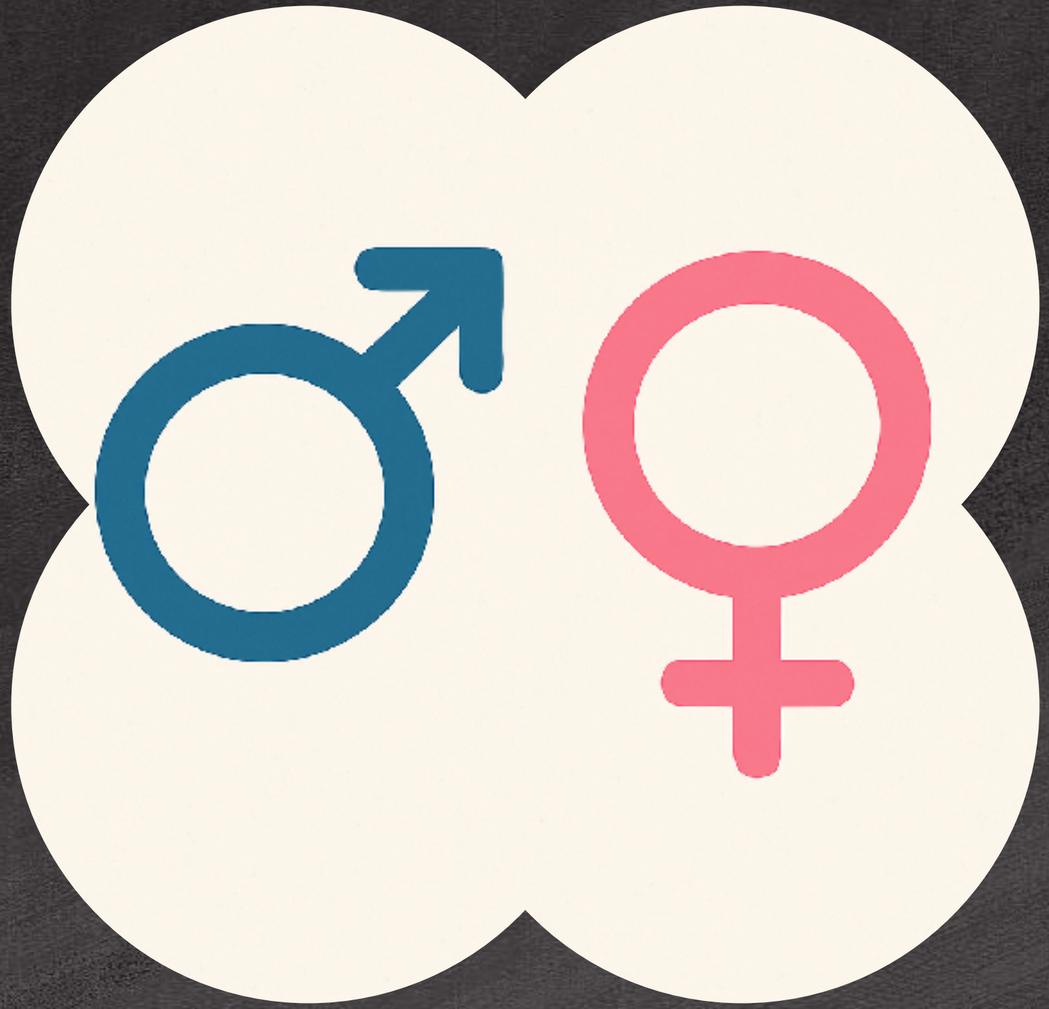
SEXUAL HEALTH

Sexual Health = Biopsychosocial Health

Sexual health integrates biology, psychology, social, and relational factors.

It reflects broader health: vascular, metabolic, emotional, and relational wellbeing.

Hormones, neurotransmitters, pelvic anatomy, and life stages (puberty, childbirth, menopause) all interplay.



SEXUAL HEALTH

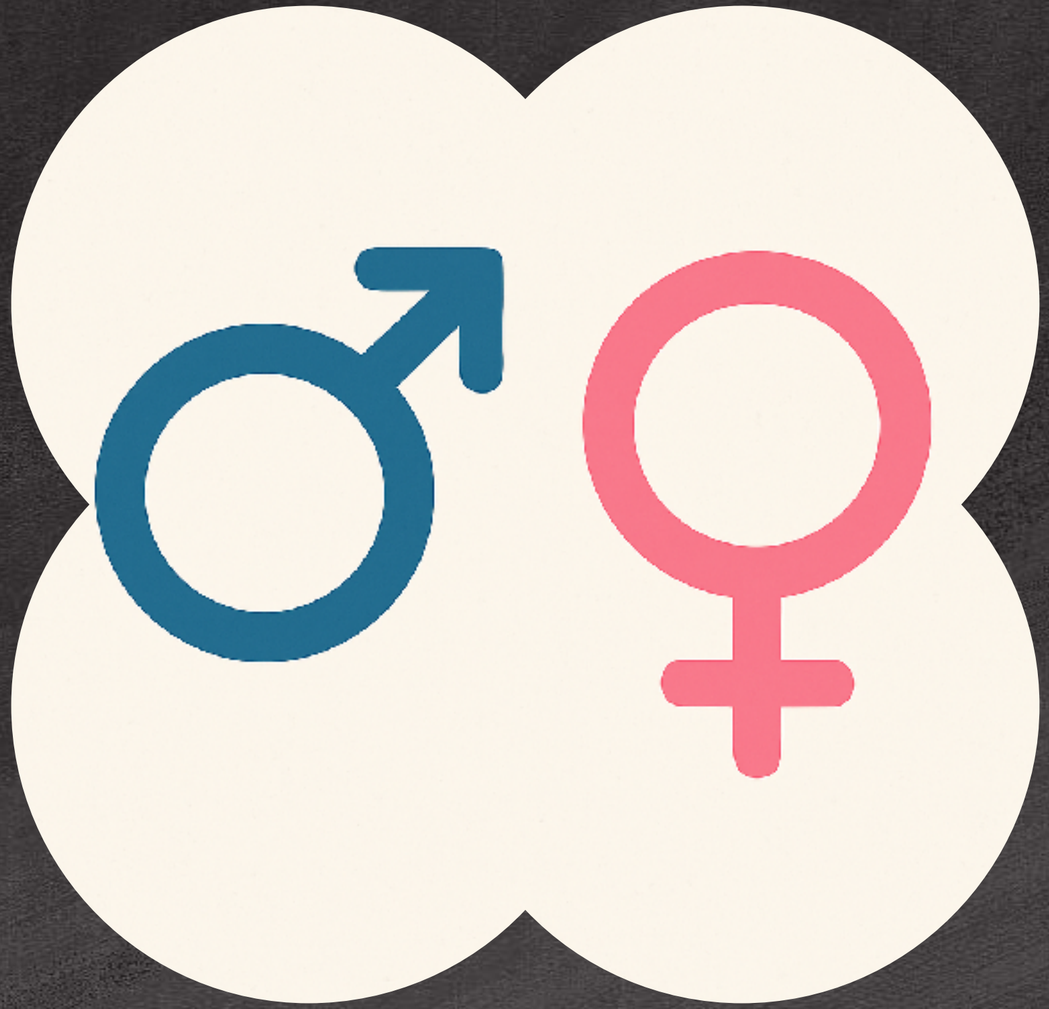
Life Stages and Sexual Function

Puberty: surge in hormones, sexual awakening.

Post-childbirth: temporary sexual dysfunction is common, largely resolves unless there's trauma.

Breastfeeding: mimics menopausal hormone patterns (low estradiol), can cause vaginal dryness and low libido.

Perimenopause and menopause: steep decline in estrogen and androgens, affecting lubrication, arousal, and desire.



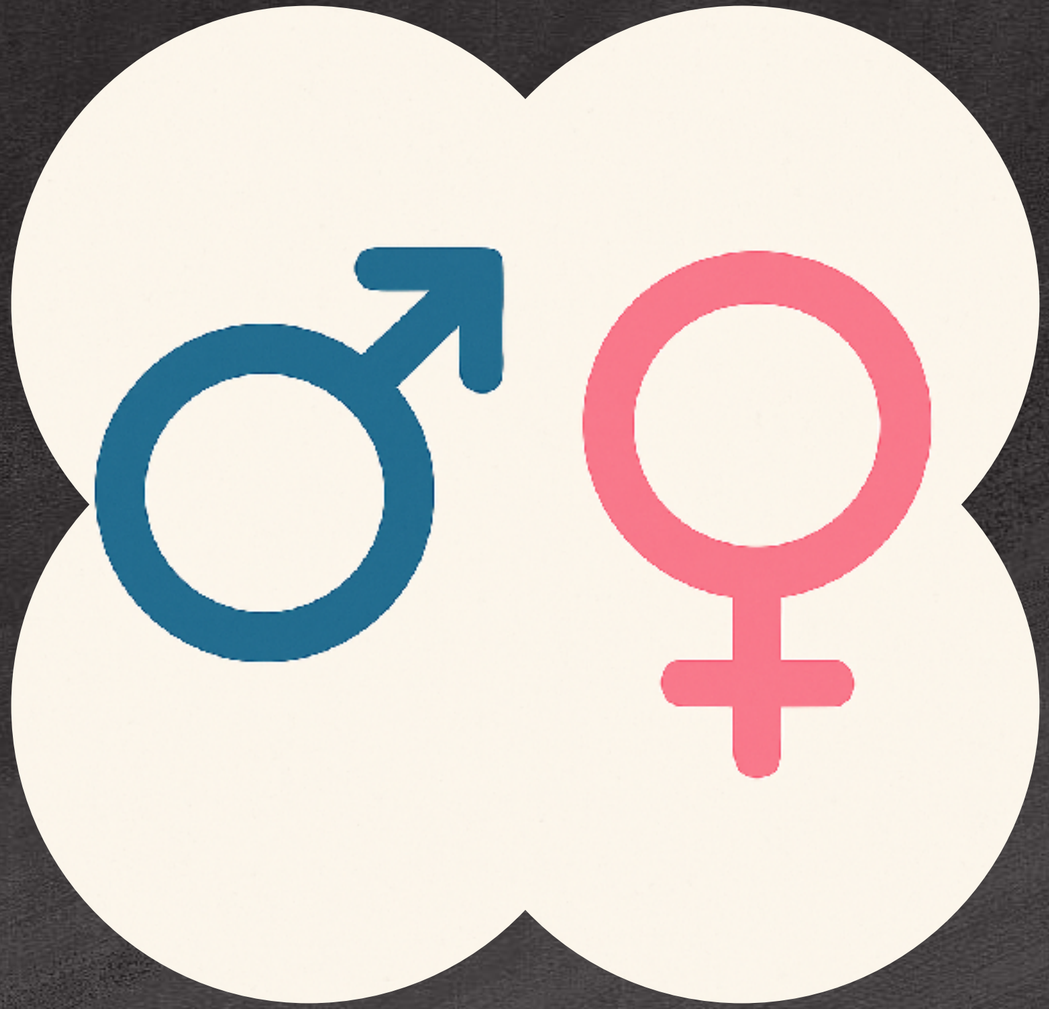
SEXUAL HEALTH

The Impact of Hormonal Medications

Estrogen increases SHBG, decrease free testosterone, and may lower libido.

Synthetic estrogens don't fully replace natural vaginal tissue maintenance.

Women may experience vulvovaginal dryness, pain, and reduced sexual sensitivity.



SEXUAL HEALTH

Desire and Arousal: Different But Related

Desire = mental wanting ("sex hunger"). Combination of Kidney yang + ministerial fire.

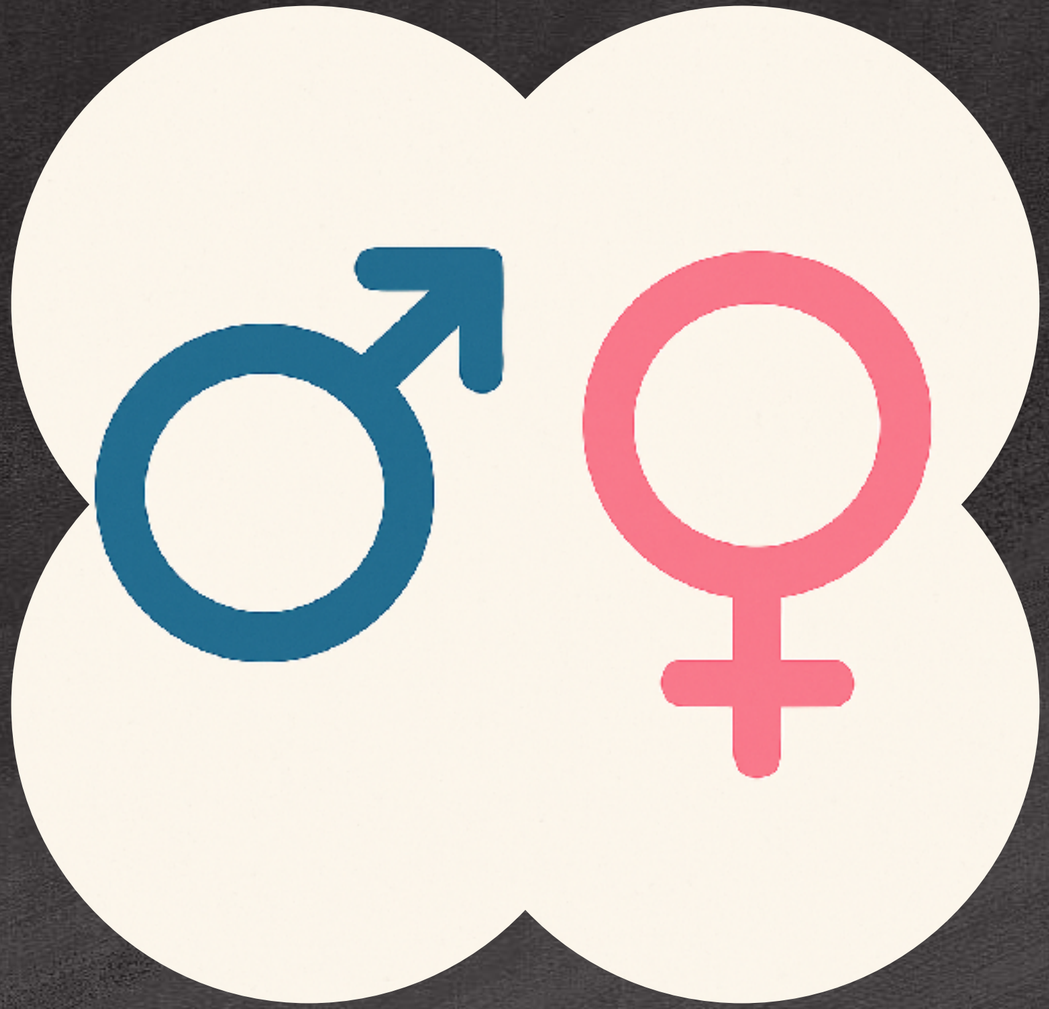
- Spontaneous desire: emerges in anticipation of pleasure
- Responsive desire: emerges in response to pleasure

Arousal = physical responsiveness (genital blood flow, lubrication).

- Yang builds up and released during orgasm
- Ministerial fire is disturbed if release is obstructed. Leads to heat and stasis
- It is possible to have physical arousal without desire.

The Circular Incentive Model (Rosemary Basson) explains that for many women, intimacy drives arousal first, not spontaneous desire.

Emily Nagoski Ted Talk on maintaining strong sexual connection in relationships: https://www.youtube.com/watch?v=lon25Nc1Vx8



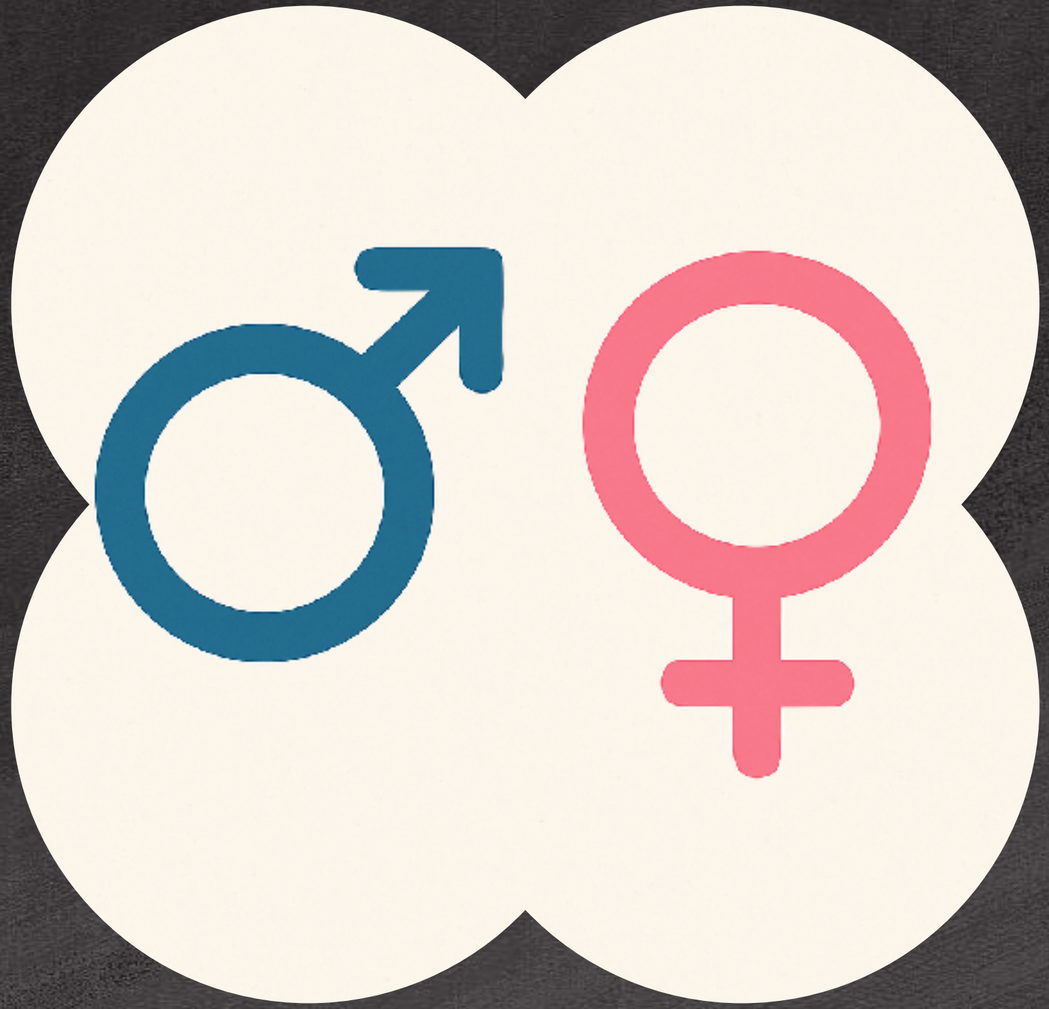
SEXUAL HEALTH

Metabolic Health and Sexual Health

In women, just like men, vascular health impacts sexual function.

Emerging research links metabolic syndrome, diabetes, and vascular disease with reduced genital sensation and dysfunction.

Sexual dysfunction could be an early marker of cardiovascular risk in women (like erectile dysfunction in men).



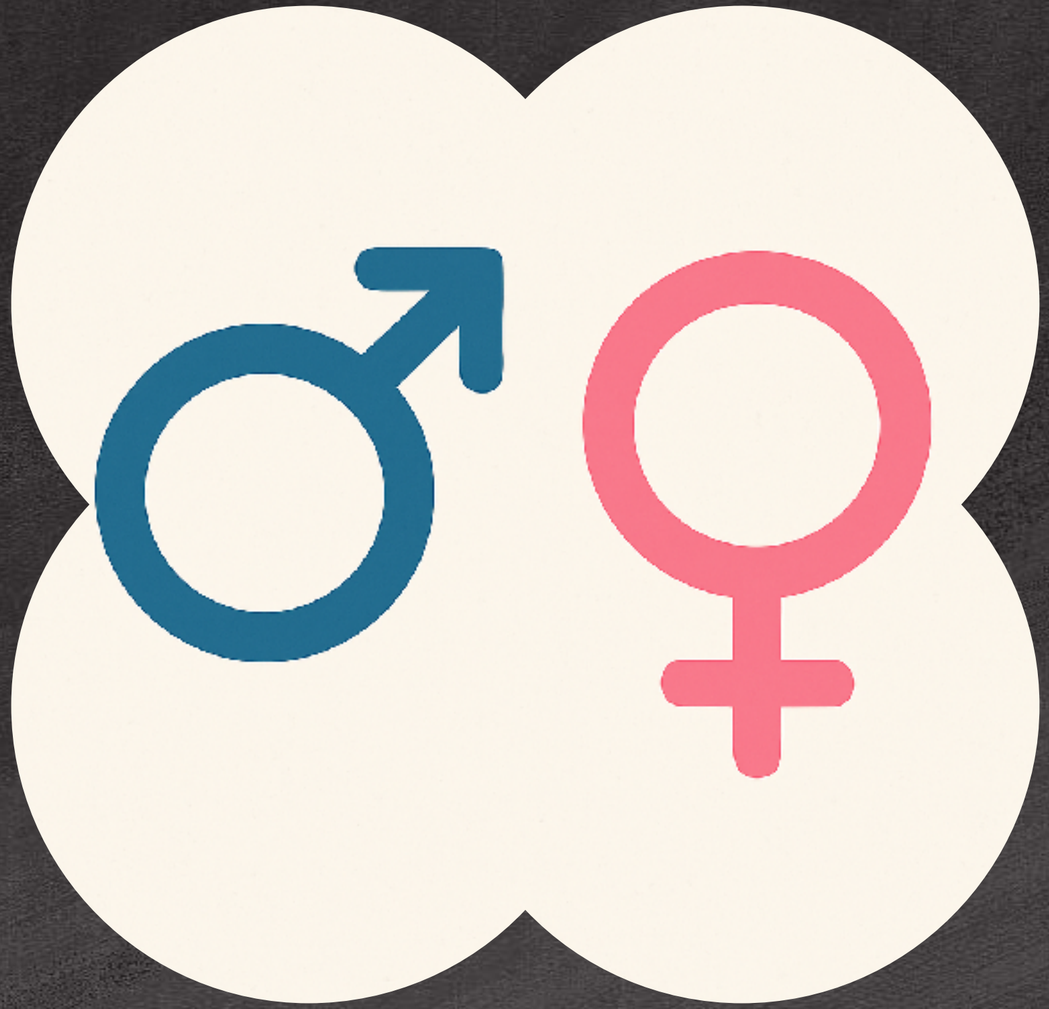
SEXUAL HEALTH

Psychological Health and Sexual Function

- **Depression, anxiety, and certain medications (especially SSRIs and SNRIs) reduce sexual desire.**
- **Psychological distress about sexual function can deeply impair quality of life and self-esteem.**

Postpartum and Perimenopause: Two Key Vulnerable Times

- **After childbirth and during perimenopause, women are particularly vulnerable to feeling "unrecognizable" in their bodies.**
- **Hormonal, psychological, and relational changes compound to create sexual health challenges.**



INSOMNIA IN PERIMENOPAUSE AND MENOPAUSE

INSOMNIA IN PERIMENOPAUSE AND MENOPAUSE

Prevalence:

Up to 56% of perimenopausal and 40–60% of postmenopausal women report sleep disturbances.

Contributors:

- Hormonal fluctuations (estrogen & progesterone decline)
- Hot flushes and night sweats disrupting sleep cycles
- Increased anxiety, mental load, emotional reactivity
- Circadian rhythm shifts (melatonin suppression)

FATIGUE

Insomnia depletes postnatal Qi, leading to persistent daytime fatigue, poor energy recovery, and a cycle of physical exhaustion that compounds emotional strain.

BRAIN FOG

Poor sleep impairs memory consolidation and cognitive function, causing brain fog, slowed thinking, and difficulty with decision-making — symptoms often mistaken for aging alone.

METABOLIC CONSEQUENCES

Chronic sleep disruption increases cortisol, promotes insulin resistance, alters appetite hormones, and accelerates abdominal fat gain, heightening the risk for diabetes and cardiovascular disease.

CLARE PYERS

INSOMNIA IN PERIMENOPAUSE AND MENOPAUSE

Heart Yin Deficiency
Waking frequently, night sweats, dry mouth, palpitations

Kidney Yin Deficiency
Restless sleep, tinnitus, lumbar weakness

Heart and Spleen Qi/Blood Deficiency
Difficulty falling asleep, vivid dreams, poor memory

Liver Qi Stagnation turning into Heat
Difficulty falling asleep, irritability, vivid dreams

Phlegm-Heat disturbing the Heart
Tossing and turning, heavy head, chest oppression

HEART YIN DEFICIENCY

Nourish Heart Yin, calm Shen (Tian Wang Bu Xin Dan). KD 3, SP 6, HT 6. HT3. Yin Tang. An Mian.

KIDNEY YIN DEFICIENCY

Nourish Kidney Yin (Liu Wei Di Huang Wan). KD 3, SP 6, HT 6. KD6. Yin Tang. An Mian.

HEART & SPLEEN QI AND BLOOD DEFICIENCY

Tonify Qi, nourish Blood (Gui Pi Tang). HT3, HT7, SP6, LV8. Yin Tang. An Mian.

LIVER QI STAGNATION WITH HEAT

Soothe Liver, clear Heat (Suan zao ren tang, Jia Wei Xiao Yao San). LV2, LV3, GB34. Yin Tang. An Mian.

PHLEGM HEAT DISTURBING THE HEART

Transform Phlegm, clear Heat (Wen Dan Tang, An Shen ding zhi wan). PC5, ST40. Yin Tang. An Mian.

SLEEP HYGEINE

Cooling evening routines, minimize evening screen time

Gentle movement (qigong, tai chi, stretching) to settle Liver Qi and calm the Shen.

Small nourishing dinner, avoid heavy, spicy rich meals late in the evening.

Sleep hygiene emphasis (cool room, dark space, sleep timing rituals)

NEUROCOGNITIVE CHANGES

NEUROCOGNITIVE CHANGES

The female brain is highly oestrogen dependent. Estrogen affects:

- **synaptic density**
- **glucose metabolism**
- **mitochondrial function**
- **cerebral blood flow**
- **neuroplasticity.**

In perimenopause and menopause, declining estrogen levels can significantly disrupt brain energy and communication networks.

Perimenopause

Fluctuating estrogen impacts serotonin, dopamine, and GABA neurotransmitter systems. Increases risk of:

- **Intense mood fluctuations**
- **Brain fog**
- **Attention & Concentration difficulties**
- **Sleep disturbances (which further impair cognitive function)**

Menopause

Brain fog persists but stabilises.
Focus on rebuilding brain energy and resilience.

Post-Menopause

Shift treatment towards prevention of cognitive decline. Vascular, metabolic and inflammation management.

NEUROCOGNITIVE CHANGES

Perimenopause: Fluctuating Hormone Chaos

- Brain fog fluctuates wildly

- Attention and focus issues

- Mood swings (anxiety, irritability)

- Word-finding issues worse at certain times of month

Menopause and beyond: Stabilising

- **Estrogen reaches low point, hormones stabilise, mood stabilises**
- **Focus shifts towards rebuilding brain resilience and protecting cognitive function into the future.**

Yin & Blood Tonics

Tian wang bu xin dan. Suan zao ren tang. Liu wei di huang wan. Gui pi tang.

Qi & Yang Tonics

Bu Zhong yi qi tang. Ren shen yang rong tang. You gui wan.

Phlegm & Damp Clearing

Wen dan tang. Ban xia bai zhu tang ma tang

Cerebral Blood Flow

Xue fu zhu yu tang. Dan shen. Yu jin.

Neuroprotective Singles

Gou teng. Yuan zhi. Shi chang pu. Yin yang huo. He shou wu. Ling zhi.

NEUROCOGNITIVE CHANGES

Perimenopause: Fluctuating Hormone Chaos

- Brain fog fluctuates wildly

- Attention and focus issues

- Mood swings (anxiety, irritability)

- Word-finding issues worse at certain times of month

Menopause and beyond: Stabilising

- **Estrogen reaches low point, hormones stabilise, mood stabilises**
- **Focus shifts towards rebuilding brain resilience and protecting cognitive function into the future.**

Tonify Yin & Blood

Kd3, Lv8, Sp6, BL15, BL23, GB39

Tonify Qi & Yang

St36, Ren6, Du20, BL20, BL23, Du4

Phlegm & Damp Clearing

St40, PC5, Sp9, Du20, Ren12, GB20

Cerebral Blood Flow

Local points on the head. Scalp acupuncture (memory, sensory, hearing). Ear points (brain). Si Shen cong.

THE INVISIBLE MENTAL LOAD

THE INVISIBLE MENTAL LOAD

The constant, silent, exhausting burden of managing:

- Family needs
- Household tasks
- Work demands
- Emotional labor (remembering birthdays, managing kids' emotions, etc)
- Health care (for others and self)
- Relationship maintenance

All of this while trying to perform outwardly as "normal."

THE INVISIBLE MENTAL LOAD

At menopause, declining estrogen and progesterone lead to:

- reduced emotional resilience
- memory glitches
- Irritability
- sleep loss

Women feel they are failing at carrying the same mental load they used to.

It crashes into their identity and can trigger huge self-esteem and relationship issues.

It is a major confounding factor in cognitive decline.

•CLARE PYERS•

THE INVISIBLE MENTAL LOAD

There are no quick fixes. This is a deeply ingrained social problem that operates unconsciously in most partnered relationships.

Some resources that can help:

How Not to Hate Your Husband After Kids (Jancee Dunn)
https://amzn.to/3GHvIQs

Sam Kelly feminist coach for mothers
https://www.instagram.com/samkelly_world/

CO-MORBIDITIES TO CONSIDER

THYROID

Thyroid dysfunction, especially hypothyroidism, can worsen fatigue, cognitive fog, and weight gain, often mimicking or amplifying menopausal symptoms.

INSULIN

Insulin resistance commonly emerges or worsens due to hormonal shifts, increasing the risk of type 2 diabetes and compounding weight and cardiovascular issues.

CVD RISK

Cardiovascular disease (CVD) risk accelerates after menopause as estrogen's protective effects on blood vessels decline, leading to increased rates of hypertension, dyslipidemia, and vascular stiffness

BONE

Bone health rapidly deteriorates; up to 20% of bone mass can be lost within five to seven years after menopause onset, dramatically raising the risk of osteopenia, osteoporosis, and life-altering fractures.

THYROID DISORDERS

THYROID DISORDERS

Hormonal shifts impact thyroid health:

- Decline in estrogen affects thyroid hormone transport and receptor sensitivity.
- Increased autoimmune vulnerability post-menopause (loss of immune tolerance).

Key Clues:

- Worsening fatigue despite adequate sleep
- Rapid cholesterol rises
- Constipation, cold intolerance, slowed cognition

THYROID DISORDERS

Menopause and thyroid symptoms overlap and can mask thyroid dysfunction:

- Fatigue
- Weight gain
- Depression
- Dry skin
- Memory issues

Common thyroid issues at midlife:

- Hashimoto’s thyroiditis (autoimmune hypothyroidism)
- Subclinical hypothyroidism (elevated TSH, normal T4)
- Postmenopausal onset of overt hypothyroidism

THYROID DISORDERS

Kidney Yang Deficiency
- Cold, edema, slow metabolism
- Warm and tonify Kidney Yang (You Gui Wan)

Kidney Yin Deficiency
- Night sweats, dry mouth, palpitations
- Nourish Kidney Yin (Liu Wei Di Huang Wan)

Spleen Qi Deficiency
- Bloating, fatigue, loose stools
- Strengthen Spleen Qi (Shen Ling Bai Zhu San)

Blood Stasis and Qi Stagnation
- Mood swings, neck tension, sighing, anger and rage
- Smooth Liver Qi and invigorate Blood (Tao Hong Si Wu Tang, Xue fu zhu yu tang)

Phlegm-Damp Accumulation
- Nodules, heaviness, foggy thinking
- Transform Phlegm, dry Damp (Er Chen Tang + Hai Zao, Kun Bu)

THYROID DISORDERS

Nutrition

- Ensure adequate protein intake
- Dietary iodine intake (food from the ocean)
  - Sea salt
  - Fish
  - Seaweed
- Ensure adequate carbohydrate intake
- Nourish and protect Yin and Blood

Lifestyle

- Stress management
- Never exercise in a fasted state
- Always fuel adequately before and after exercise
- Prioritise rest and recovery

METABOLIC CHANGES

CLARE PYERS

METABOLIC CHANGES

As estrogen declines, metabolic rate decreases — women burn fewer calories at rest.

Body composition shifts: loss of lean muscle mass, increase in visceral (abdominal) fat.

Insulin sensitivity declines, increasing the risk of metabolic syndrome, type 2 diabetes, and fatty liver.

Lipid profiles worsen: rises in LDL ("bad" cholesterol), triglycerides, and decreased HDL.

Bone loss accelerates, further affecting energy regulation and body composition.

Sleep disruption, mood changes, and increased stress can worsen weight gain and blood sugar instability.

Perimenopause

- Sleep disruption impacts insulin sensitivity
- Poor stress resilience leads to increased cortisol, promoting visceral fat gain
- Hormonal fluctuations leads to unstable blood glucose levels

Menopause

- Drop in estrogen leads to drop in metabolic rate
- Hormonal changes lead to change in body fat distribution patterns
- Insulin resistance rises sharply, cholesterol levels rise

Post-Menopause

- Muscle mass loss increases without intervention
- Higher CVD risk due to sustained changes in lipid and glucose metabolism

METABOLIC CHANGES

Kidney Yin Deficiency → Loss of cooling, moistening functions; internal heat and dryness disturb metabolism.

Kidney Yang Deficiency → Impaired digestive fire and warmth; cold hands and feet, slower metabolism, weight gain.

Spleen Qi Deficiency → Dampness accumulation; bloating, fatigue, weight gain, phlegm nodules.

Liver Qi Stagnation → Emotional stress blocks free flow of Qi; disrupts digestion and metabolic balance.

Phlegm-Damp Accumulation → Fatigue, brain fog, fluid retention, central obesity.

Perimenopause

- **Liver Qi Stagnation: emotional tension blocks Spleen function leading to weight gain, bloating.**
- **Spleen Qi Deficiency begins: tiredness, sluggish metabolism.**
- **Early Kidney Yin Deficiency: mild dryness, disturbed fluid metabolism, beginning Heat signs.**

Menopause

- **Kidney Yin Deficiency dominates: leads to internal Heat, dryness, and fluid depletion.**
- **Kidney Yang Weakness may emerge: coldness, poor digestive fire, decreased calorie burning.**
- **Spleen Qi Deficiency + Dampness worsens: heavier body feeling, puffiness, sluggishness.**

Post-Menopause

- **Kidney Yin and Yang Deficiency combined: exhaustion of deep reserves.**
- **Spleen Yang Deficiency may emerge: profound weakness, tendency to Damp-Phlegm accumulation.**
- **Blood Stasis: worsened circulation, contributing to weight gain, cold limbs, poor tissue repair.**

CLARE PYERS

METABOLIC CHANGES

Kidney Yin Deficiency → Loss of cooling, moistening functions; internal heat and dryness disturb metabolism.

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Liver Qi Stagnation

- **Herbs: Xiao Yao San, Jia Wei Xiao Yao San if heat signs present**
- **Acupuncture: LV 3, LI 4 (Four Gates), PC 6, GB 34**
- **Lifestyle: Stress management, emotional expression, moderate aerobic exercise**

Spleen Qi/Yang Deficiency

- **Herbs: Bu Zhong Yi Qi Tang, Shen Ling Bai Zhu San (if Damp heavy), Liu jun zi tang.**
- **Acupuncture: ST 36, SP 6, CV 12, UB 20**
- **Diet: Warm, cooked foods, limit raw/cold foods, balance meals**

Kidney Deficiency

- **Herbs: Er Xian Tang. Liu wei di huang wan. You gui wan. Jin gui shen qi wan.**
- **Acupuncture: KD 3, DU 4, CV 4, SP 6, UB 23**
- **Lifestyle: Deep rest cycles, balancing activity and recovery carefully. Avoid excessive sweating if yin xu. Warming foods if yang xu. Soups and fruits help to deeply hydrate the body.**

Blood Stasis

- **Herbs: Xue Fu Zhu Yu Tang, Tao Hong Si Wu Tang (if Blood Deficiency + Stasis)**
- **Acupuncture: SP 10, UB 17, LV 3, LI 4, GB 34**
- **Lifestyle: Gentle mobilization exercises like Tai Chi, stretching, avoid long immobility**

CLARE PYERS

METABOLIC CHANGES

GALL BLADDER RISK IN PERIMENOPAUSE

Higher Risk Window:

Gallstones and biliary disorders increase significantly in women during perimenopause and early postmenopause.

Contributing Factors:

- Estrogen decline alters bile composition (↑ cholesterol saturation in bile).
- Progesterone slows gallbladder emptying → bile stasis.
- Metabolic changes (insulin resistance, weight gain) worsen gallbladder function.

Key Symptoms to Watch:

- Bloating
- Right upper quadrant discomfort
- Nausea after fatty meals
- Burping

ESTROGEN AND BILE

Estrogen promotes cholesterol secretion into bile. Estrogen withdrawal leaves bile thicker and more lithogenic (stone-forming).

PROGESTERONE AND GB

- **Lowers pro-inflammatory cytokines (IL-6, TNF-alpha).**
- **Increases anti-inflammatory pathways.**
- **Stabilizes vascular and tissue integrity (reducing edema, slowing tissue irritation).**
- **During a normal luteal phase, progesterone rises, creating a protective anti-inflammatory window leading into the period.**

ANOVULATORY CYCLES

Anovulatory cycles at perimenopause create a double vulnerability: unchecked inflammation + bile stagnation. Supporting Yin, smoothing Liver Qi, and clearing minor Heat become critical clinical strategies.

INSULIN RESISTANCE

Raises triglycerides and bile cholesterol content; slows gallbladder contractility. Gall bladder disease risk is increased.

CLARE PYERS

METABOLIC CHANGES

GALL BLADDER RISK IN PERIMENOPAUSE

- A combination of acupuncture, herbal medicine and nutrition can help to reduce inflammation in the gall bladder and reduce the size of gall stones.
- Nutrition changes include
  - Identifying and removing **all foods that are inflammatory** for that person
  - Minimal intake of fatty foods. Follow a strict low-fat diet for at least the first several weeks
  - Removing all grains and legumes and focusing on fish, lean white meat, fruit and vegetables is suitable for most people
- Gall bladder extra point on the leg is a good indicator of stagnation and disharmony in the gall bladder channel and the gall bladder organ. Reactivity of this point should decrease significantly during treatment.
  - GB41, LV13, GB24, GB28, GB34, ST40, PC6
  - Massage under rib line, and along pelvis - from midline to outer torso
- Note: gall bladder polyps are much more difficult to treat than gall stones or an inflamed gall bladder, and require significantly longer treatment timeframes.

HERBAL FORMULA

LI DAN PAI SHI WAN MODIFIED
(ALCHEMY SPRING CLEAN)

Key herbs: Hai jin, Ji nei jin, Jin qian cao

DIGESTIVE ENZYME

- **OX BILE**
- **LIPASE/PROTEASE/AMYLASE**
- **PANCREATIN**

MAGNESIUM MALATE

Has a pain relieving effect, also soothes and relaxes the gall bladder.

FOLLOW UP FORMULAS

Wen dan tang modified (consider adding san leng and e zhu)
Shen ling bai zhu san

MENOPAUSE AND AUTOIMMUNE DISEASE

Estrogen modulates immune tolerance.

Loss of estrogen leads to:

- **Increased risk of autoimmune flares (RA, lupus, thyroiditis)**
- **Higher inflammatory markers (IL-6, TNF-alpha)**

Watch for:

- **New autoimmune diagnoses**
- **Worsening joint pain, dry eyes, fatigue**

TCM View:

Yin Deficiency, Heat toxins, Blood Deficiency contribute to immune dysregulation.

MENOPAUSE AND AUTOIMMUNE DISEASE

Estrogen modulates immune tolerance:

- Promotes regulatory T cells
- Suppresses inflammatory cytokines (e.g., IL-6, TNF-alpha)

After menopause:

- Loss of estrogen = increased pro-inflammatory environment
- Heightened risk of autoimmunity or autoimmune flares

Key autoimmune diseases to monitor:

- Rheumatoid arthritis (RA)
- Systemic lupus erythematosus (SLE)
- Hashimoto’s thyroiditis
- Sjögren’s syndrome

MENOPAUSE AND AUTOIMMUNE DISEASE

Kidney Yin Deficiency + Empty Heat

- Joint pain, dry mouth/eyes, night sweats
- Zhi bai di huang wan, tian wang bu xin dan

Blood Deficiency + Internal Wind

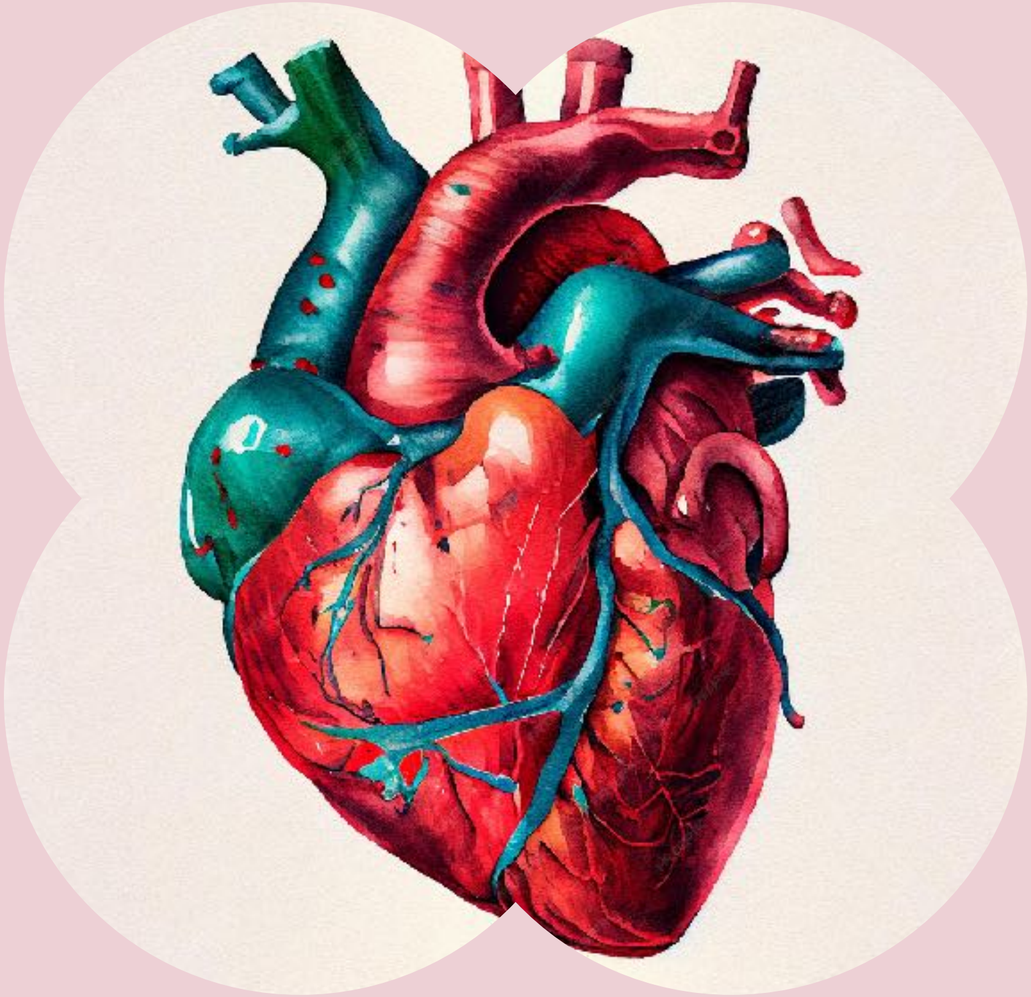
- Dizziness, tremors, skin dryness, fatigue
- Dang gui bu xue tang, si wu tang

Spleen Qi Deficiency + Dampness

- Chronic inflammation, bloating, fatigue
- Shen ling bai zhu san, xiang sha liu jun zi tang

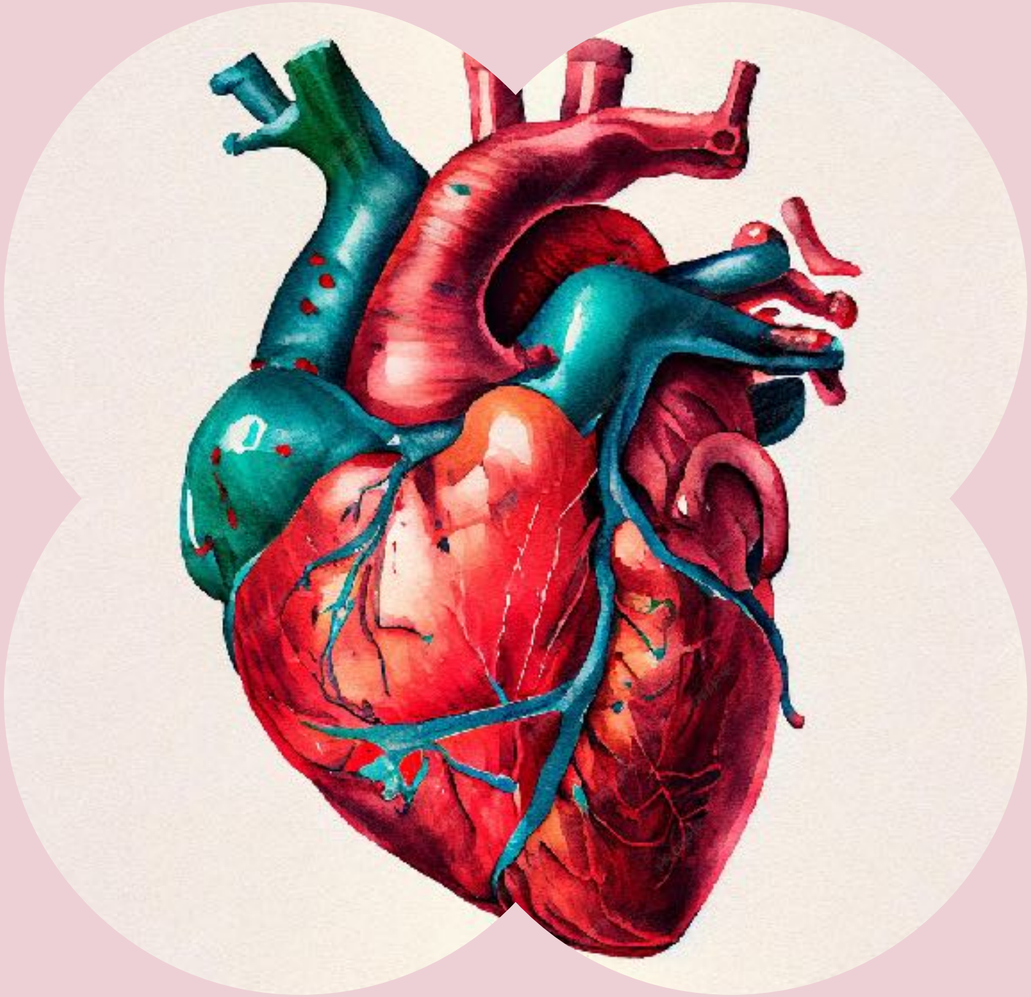
Phlegm Damp Accumulation

- Nodules, swelling, heaviness
- Er chen tang, Nei Xiao luo li wan, wen dan tang



CARDIOVASCULAR DISEASE RISK

The Leading Cause of Death in Post Menopausal Women



CARDIOVASCULAR DISEASE RISK

Women have unique risk factors for CVD risk:

- **Early menarche (<11yo) or late menarche (>17yo)**
- **Adverse pregnancy outcomes (hypertension, pre eclampsia, gestational diabetes)**
- **PCOS**
- **Early menopause**
- **Autoimmune disease (eg lupus, RA)**
- **Estradiol loss increases risk**

CARDIOVASCULAR DISEASE RISK

Women have unique risk factors for CVD risk:

- **Early menarche (<11yo) or late menarche (>17yo)**
- **Adverse pregnancy outcomes (hypertension, pre eclampsia, gestational diabetes)**
- **PCOS**
- **Early menopause**
- **Autoimmune disease (eg lupus, RA)**
- **Estradiol loss increases risk**

In addition to the usual risk factors

- 90% of CVD risk is preventable
- Metabolic drivers of CVD are on the rise
- Nutrition and exercise are foundational

CVD RISK

Heart Qi Deficiency
Palpitations, tiredness, shortness of breath, pale complexion

Heart Yang Deficiency
Chest oppression, cold limbs, spontaneous sweating, pale-purple lips

Heart Blood Deficiency
Palpitations, insomnia, poor memory, dizziness

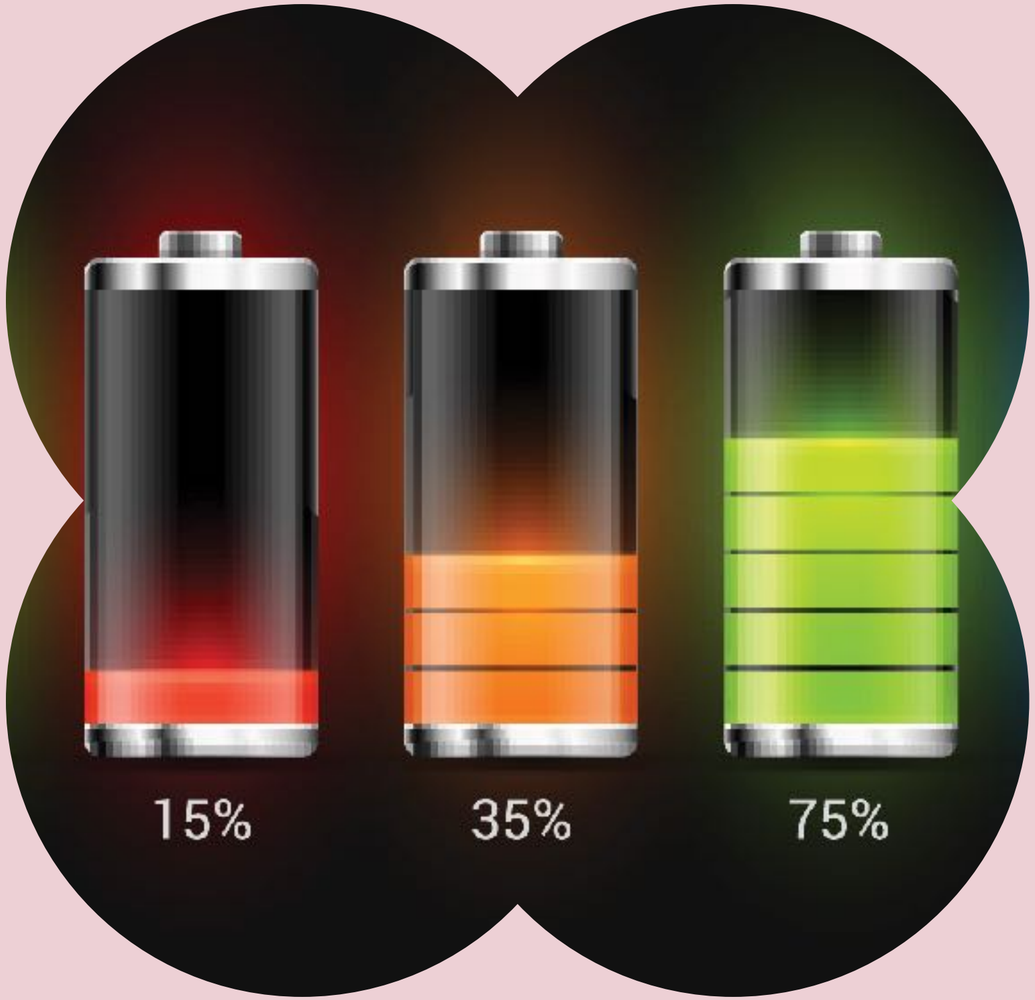
Heart Yin Deficiency
Palpitations, dry mouth, insomnia, anxiety, red tongue tip

Blood Stasis Obstructing the Heart
Sharp chest pain, purple lips, dark tongue, Choppy pulse

Phlegm-damp Obstructing the Heart
Chest stuffiness, heaviness, overweight, sticky tongue coat.

Liver Qi Stagnation affecting the Heart
Emotional stress/tension, Sighing, chest tightness, mood swings.

Pattern	Symptoms	Contribution to CVD risk	Treatment Strategy	Suggested Approaches
Heart Qi Deficiency	Palpitations, tiredness, shortness of breath, pale complexion	Weak heart pumping, poor circulation	Strengthen Heart Qi Support overall vitality	**Herbs:** Sheng Mai San **Acupuncture:** HT 5, PC 6, CV 6, ST 36, UB 15 **Nutrition:** Light Qi-tonifying foods: congee, rice, dates, oats, sweet potato. **Lifestyle:** Gentle breathing exercises, reduce overexertion.
Heart Yang Deficiency	Chest oppression, cold limbs, spontaneous sweating, pale-purple lips	Heart failure tendency, low cardiac output	Warm and invigorate Heart Yang. Restore circulation	**Herbs:** Gui Zhi Gan Cao Tang, Jin Gui Shen Qi Wan, Bao Yuan Tang **Acupuncture:** DU 4, CV 4, UB 15, KD 3, PC 6 **Nutrition:** Warming foods: lamb, ginger, cinnamon, warming spices. **Lifestyle:** Keep warm, avoid cold exposure, mild exercise to boost Yang.
Heart Blood Deficiency	Palpitations, insomnia, poor memory, dizziness	Thin Blood, poor vessel nourishment, arrhythmias risk	Nourish Blood. Calm Shen.	**Herbs:** Gui Pi Tang, Si Wu Tang + Ren Shen **Acupuncture:** HT 7, SP 6, ST 36, UB 17, CV 14 **Nutrition:** Blood nourishing foods: black beans, beef, spinach, beetroot, berries. **Lifestyle:** Prioritize sleep, emotional support, moderate intellectual work.
Heart Yin Deficiency	Palpitations, dry mouth, insomnia, anxiety, red tip tongue	Empty Heat injuring vessels, contributing to vascular inflammation	Nourish Yin. Clear Empty Heat	**Herbs:** Tian Wang Bu Xin Dan, Sheng Mai San (more Mai Men Dong emphasis) **Acupuncture:** HT 6, PC 6, KD 6, SP 6, CV 14 **Nutrition:** Moistening foods: pears, lotus root, tofu, sesame seeds, cooked yin fruits. **Lifestyle:** Reduce screen time, gentle relaxation practices, cooling evening routines
Blood Stasis Obstructing the Heart	Sharp chest pain, purple lips, dark tongue, choppy pulse	Angina, myocardial ischemia analog	Invigorate Blood. Clear Stasis. Open Chest Qi	**Herbs:** Xue Fu Zhu Yu Tang **Acupuncture:** SP 10, UB 17, PC 6, CV 17, LV 3, LI 4 **Nutrition:** Turmeric, dark berries, hawthorn, light activity after meals. **Lifestyle:** Avoid stagnation: regular movement, healthy emotional expression, avoid sedentary lifestyle.
Phlegm-Damp Obstructing the Heart	Chest stuffiness, heaviness, overweight, sticky tongue coat	Atherosclerosis, impaired blood flow	Transform Phlegm, Support Spleen, Clear the chest	**Herbs:** Wen Dan Tang, Er Chen Tang **Acupuncture:** ST 40, SP 9, PC 5, CV 12, LU 7 **Nutrition:** Avoid dairy, fried foods, cold/raw foods. Warm, cooked, simple meals. **Lifestyle:** Increase daily movement, digestive teas (ginger, Chen Pi), avoid overeating.
Liver Qi Stagnation affecting Heart	Emotional tension, sighing, chest tightness, mood swings	Stress-driven vascular tone dysfunction (e.g., hypertension risk)	Soothe Liver Qi. Harmonise Liver-Heart relationship	**Herbs:** Xiao Yao San, Chai Hu Shu Gan San **Acupuncture:** LV 3, PC 6, GB 34, LI 4, HT 7 **Nutrition:** Liver-soothing foods: leafy greens, lightly sour foods (lemon, hawthorn), herbal teas (chrysanthemum, mint). **Lifestyle:** Stress management (yoga, mindfulness), healthy emotional expression, breathwork.



MITOCHONDRIAL HEALTH DECLINE

Estrogen promotes mitochondrial biogenesis.

After menopause:

- **Mitochondrial function declines**
- **Fatigue, brain fog, insulin resistance increase**

Support mitochondrial health with:

- **CoQ10, PQQ, Carnitine, NAD boosters**
- **Kidney Qi and Yang tonics (e.g., Ren Shen, Rou Gui, He Shou Wu)**

BONE HEALTH

Why Bone Health Matters in Midlife

Women lose up to 20% of bone density in the first 5–7 years after menopause.

Estrogen withdrawal accelerates bone resorption and weakens bone structure.

Consequences of bone loss:

- Osteopenia ➔ Osteoporosis ➔ Fragility fractures
- Hip fractures = 20–30% 1-year mortality rate

Silent but deadly: Bone loss is asymptomatic until fractures occur.

BONE HEALTH

Osteoclast activity (bone breakdown) increases without estrogen.

Osteoblast activity (bone building) slows down.

Decline in:

- Collagen production
- Calcium absorption
- Growth factors (IGF-1, VEGF)

Net result: Bone becomes porous, brittle, and fragile.

Key Drivers:

- **Low estrogen → ↑ Inflammation → ↑ Bone resorption**
- **Vitamin D deficiency**
- **Chronic low-grade metabolic acidosis (diet, aging)**

BONE HEALTH

Supporting Bone Health Naturally

Herbs:

Du Zhong – Strengthens bones and sinews.

Xu Duan – Knits bones, tonifies Liver and Kidney.

Gou Qi Zi – Nourishes Yin and Blood.

Gu Sui Bu - tonifies Kidney yang, strengthens sinews and bones.

Acupuncture Points:

BL 23 (Kidneys)

KI 3 (Nourish Kidney Yin)

GB 39 (Influential point for marrow and bones)

SP 6 (Spleen and Kidney Yin support)

Nutrition:

Protein adequacy (1.2–1.5 g/kg/day)

Calcium (1200 mg/day)

Vitamin D3 (4000 IU/day)

Magnesium, K2 for bone matrix health

Lifestyle:

Resistance training, weight-bearing exercise

Minimize caffeine, alcohol, smoking

OVER THE COUNTER SUPPLEMENTS

Black Cohosh

- Contains phytoestrogens
- Can reduce hot flushes
- Works on serotonin receptors and thermoregulation centres in brain
- Avoid if yin xu

Red Clover

- Contains phytoestrogens, esp isoflavones
- Can reduce hot flushes
- Can help with mood swings
- Supports bone density
- Yin nourishing and slightly cooling

Soy Isoflavones

- Considered as a phytoestrogen
- Can reduce hot flushes
- May help support bone density
- Nourishes yin and blood

OVER THE COUNTER SUPPLEMENTS

Ashwaganda

- Adaptogenic herb that helps with fatigue and stress resilience
- Regulates cortisol and supports adrenals and thyroid
- Good for ‘tired and wired’
- Tonifies Kidney Yin and Yang and calms shen

Rhodiola

- Adaptogenic herb that helps with mood, cognition and energy
- Regulates HPA axis and ATP production
- Good for mental exhaustion and brain fog
- Tonifies Spleen and Kidney and gently moves Liver.

Sage

- Has astringent properties and can reduce sweating
- Supports cognition
- Memory support
- Clears heat from Lung and Heart

OVER THE COUNTER SUPPLEMENTS

Hops

- Contains phytoestrogens, esp prenylnarigenin
- Can reduce hot flushes
- GABA receptor modulator
- Calms liver and heart yin

Maca

- Adaptogen that supports hypothalamus and pituitary
- Can enhance androgen receptor activity
- Can support energy
- Libido support
- Mood swings

St John’s Wort

- Has a calming effect on the nervous system via GABA receptors
- Can reduce severity and frequency of hot flushes
- Supports mood swings
- Moves liver qi and calms shen

OVER THE COUNTER SUPPLEMENTS

Hibiscus

- Cooling Ayurvedic herb
- Rich in anthocyanin and polyphenols
- Used for lowering blood pressure
- Can support cholesterol and vascular health
- Sour cooling herb that nourishes blood and yin and clears heat

Evening Primrose

- Rich in Gamma Linoleum Acid (GLA) which has anti-inflammatory properties
- Can reduce hot flushes
- Can support dry skin

Magnolia Bark

- Has a calming effect on the nervous system
- GABA receptor modulation
- Anti-inflammatory and anxiolytic
- Good for stress driven insomnia and weight gain
- Moves qi, transforms damp and calms shen
-

OVER THE COUNTER SUPPLEMENTS

Magnesium

- Magnesium glycinate calms the nervous system and can support sleep
- Can reduce anxiety
- Supports energy levels
- Improves cognition

Vitamin D

- Modulates inflammatory responses and neurotransmitter balance
- Indirectly supports mood and cognitive health
- Supports Kidney Yang

Calcium

- Primary mineral for the bone matrix
- Must be paired with vitamin D and adequate dietary protein intake to support bone health
- Has shen calming properties
- Supports Kidney Qi.

OVER THE COUNTER SUPPLEMENTS

CoQ10

- Key nutrient in ATP production and mitochondrial function
- Antioxidant
- 2 forms: Ubiquinol (cooling and qi moving) Ubiquinone (yang and qi tonic)
- Supports energy, cognition and cardiovascular health

Carnitine

- Transports fatty acids into mitochondria for energy production
- Supports cognition (esp brain fog), supports fat metabolism
- Tonifies Kidney and Spleen Qi

Deer Velvet

- Rich in collagen, minerals and growth factors
- Supports blood production
- Strengthens bones, sinews, joints
- Tonifies Kidney Jing and Yang

OBSTACLES WE STILL FACE

Medical Research Gaps:

Historically, women — especially post-reproductive women — were underrepresented in clinical trials until the 1990s.

Assumptions About Symptoms:

- Women's symptoms often dismissed as "emotional" or "normal aging."
- Chest pain, cognitive changes, and fatigue are under-investigated compared to men.

Hormone Fear:

- WHI study misinterpretations created a generation of fear around hormone therapy.
- Many clinicians still hesitate to prescribe HRT appropriately.

OBSTACLES WE STILL FACE

Invisible Mental Load Ignored:

Mental exhaustion, multitasking strain, and cognitive burnout are often overlooked as "psychological" instead of biological + sociocultural.

Weight and Metabolism Bias:

Weight gain often blamed solely on lifestyle rather than recognizing hormonal, metabolic, and inflammatory shifts at menopause.

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OBSTACLES WE STILL FACE

We are an important part of the healthcare system, and can provide tremendous symptom relief and impactful preventative care to our patients.

We listen to them, they feel validated, seen and heard. This has a huge beneficial effect.

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