

Women's Health 40+



This presentation provides a brief overview on how to support women's hormonal health holistically

Introduction



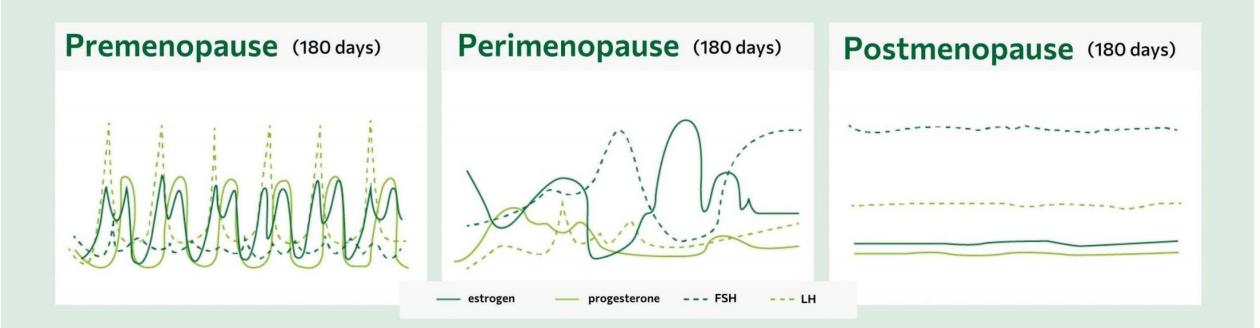
Menopause and hormonal transition
As a woman approaches the twilight of
her reproductive years, her body
undergoes a profound shift, tapering the
production of estrogen and progesterone.
This hormonal transformation often
manifests in a array of physical and
psychological experiences, presenting a
unique chapter in the life cycle.



Understanding the hormonal changes throughout a woman's tranisitional stages is crucial for maintaining overall health and well-being.



HORMONE FLUCTUATIONS DURING MENOPAUSE



Changes in Hormone Level patterns over Six Months - Graph based on data from Dr. Nanette Santoro -> Harvard Women's Health Watch, 1999



Peri-Menopause

Nutrition

Phytoestrogens: Found in soy, flaxseeds, and chickpeas, help balance estrogen levels.

Calcium and Vitamin D:

Essential to counter declining bone density; include dairy or fortified plant-based alternatives.

Protein: Preserves muscle mass, supports metabolism and glucose tolerance.

Anti-Inflammatory Foods:

Include fatty fish, berries, and leafy greens.

Sleep

Reduced estrogen leads to insomnia and sweats. Maintain a cool, dark room and consistent sleep routine. Practice mindfulness to manage stress.

Movement

Strength train to keep bones and muscles strong. Practice yoga or Pilates for flexibility and stress relief.

Key Nutrients

Magnesium Glycinate: Improves sleep and supports mood.

Calcium and Vitamin D:

Protect against osteoporosis.

Omega-3 Fatty Acids: Reduce inflammation and support heart health.

Adaptogens/Herbs (e.g., Ashwagandha): Help regulate stress and cortisol levels.

B-Complex Vitamins or Broad-Spectrum Multivitamin: Support energy and reduce mood swings.

Menopause

Nutrition

Protein supports muscle mass and metabolism. Consume lean meats, fish, eggs, legumes, tofu, and powders as needed.

Calcium/Vitamin D: Dairy, fortified plants, greens, and salmon strengthen bones.

Healthy Fats: Avocados, nuts, seeds, olive oil, fish boost hormones and heart.

Fiber-rich foods boost digestion and heart wellness.

Phytoestrogens: Soy, flaxseeds, and chickpeas contain phytoestrogens that may relieve menopause symptoms.

Limit sugar, alcohol, and processed foods to curb hot flashes, and inflammation.

Movement/Sleep

Sleep: Hormonal changes during and after menopause can cause insomnia and night sweats.

Movement:

Regular exercise is vital for maintaining bone density, muscle mass, and cardiovascular health during and after menopause.

Weight-Bearing Exercises: Strength training and resistance exercises help prevent osteoporosis and preserve lean muscle.

Aerobic Activities: Walking, swimming, cycling, or dancing improve heart health and stamina.

Flexibility and Stress Relief: Yoga, Pilates, or tai chi support joint health, balance, and stress management.

Key Nutrients

Protein Powder (if needed): An easy way to meet daily protein needs, especially for maintaining muscle mass.

Calcium and Vitamin D: Essential for bone strength and preventing osteoporosis.

Magnesium Glycinate: Supports sleep, mood, and muscle relaxation.

Omega-3 Fatty Acids: Improve joint health, reduce inflammation, and support heart and brain health.

Black Cohosh or other supportive herbs: May alleviate hot flashes and night sweats.

Collagen Peptides: Enhances skin elasticity, supports joint health, and benefits bone densitu.

HRT and BHRT: Supporting Women in Perimenopause and Menopause

- HRT and BHRT can rejuvenate women's health during hormonal changes, alleviating symptoms and mitigating long-term risks.
- HRT and BHRT use hormones to address declining levels during perimenopause and menopause. BHRT employs plant-derived, bodyidentical hormones, offering individualized dosing and natural compatibility.
- Menopausal SymptomsBone
 Health.Cardiovascular
 health.Cognitive Function
 and Mood. Urogenital
 Health
- Who Can Benefit? Women experiencing severe menopausal symptoms, bone loss, heart disease risk, or cognitive changes may benefit from hormone therapy.
- Contraindications include active or recent breast cancer, unexplained vaginal bleeding, and certain cardiovascular or clotting disorders. Women with these conditions should explore alternative therapies.

Additional Nutrients

Fiber

Fiber benefits digestion, hormone detoxification, weight management, blood sugar regulation, and cholesterol reduction, which is crucial during perimenopause. Consider a fiber supplement if dietary intake is insufficient. Look at sources such as Psyllium Husks, Inulin, PHGG (Sunfiber), Acacia Fiber, Pectin, GOS, FOS, Beta-Glucans, Larch Arabinogalactan, Konjac Glucomannan, Resistant Starch (RS)

Creatine

Maintains muscle strength and brain function, boosts energy by increasing ATP. Recommended dose: 3-5 grams daily, mixed into water or a smoothie.

N-Acetylcysteine (NAC)

N-acetylcysteine acts as a glutathione precursor, enhancing detoxification and supporting liver health. It may also improve mood by modulating glutamate levels. The recommended dose is 600-1200 mg daily.

Glutathione

Glutathione's benefits include reducing oxidative stress, supporting immunity, mitigating inflammation, and promoting skin health. Opt for liposomal glutathione or precursors like NAC and Vitamin C.



Herbs and Supplements

Herbs and Adaptogens

Adaptogens help manage stress, support adrenals, and ease hormonal transitions.

- Ashwagandha
- Rhodiola
- Maca
- Shatavari
- Dong Quai
- Tribulus Terrestris
- Red Clover
- Eleuthero (Siberian Ginseng)
- Holy Basil
- Cordyceps
- Schisandra

Other Key Supplements:

- DIM or sulforaphane (broccoli sprouts) Calcium
 D Glucarate: promotes healthy estrogen levels, reducing bloating, tenderness, and mood issues.
- **Probiotics**: A thriving gut supports estrogen removal and curbs inflammation.
- L-Theanine calms, enhances sleep, and regulates mood. Dosage: 100-200 mg daily.
- Phosphatidylcholine and Inositol enhance liver, hormones, brain, and insulin regulation.

Gut Health Connection

Gut-Brain Axis

The diverse microbial community residing within the gut actively dialogues with the central nervous system, modulating the synthesis and homeostasis of vital hormones that govern physiological and psychological processes.

Insulin Sensitivity

The gut microbiome can affect insulin sensitivity, which is critical for regulating blood sugar levels and maintaining a healthy metabolism.

Stress Response

The gut microbiome can modulate the body's stress response by influencing the production of hormones like cortisol, which are involved in the stress response.

Gut Microbiome Diversity

The microbial diversity within the gut plays a crucial role in regulating hormone homeostasis, as various bacterial species contribute to the production, utilization, and metabolic processing of distinct hormone types, ensuring the maintenance of optimal hormonal balance.

Estrogen Regulation

The gut microbiome plays a crucial role in the metabolism and excretion of estrogen, helping to maintain a healthy balance of this hormone. Within the microbiome, a subset of bacteria known as the **estrobolome** is particularly important for estrogen regulation. These bacteria produce **beta-glucuronidase**, an enzyme that deconjugates estrogens in the gut, allowing them to be reabsorbed into the bloodstream or excreted



Hormone Testing Summary







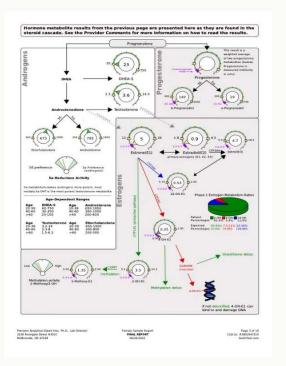
DOB: 1976-01-01 Age: 46 Sex: Female



Collection Times:	
2022-06-13 06:00AM (S)	
2022-06-13 06:30AM (S)	
2022-06-13:07:00AM (S)	
2022-06-13 05:00PM (5)	
2022-06-13 10:00FM (S)	
2022-06-13 06:00AM (U)	
2022-06-13 08:00AM (U)	
2022-06-13 05:00PM (U)	

	2022-06-13 10:00PM (U)		
	Result	Units	Normal Range
Nutritional Organic Acids			
if high) - (Urine)			
Above range	4.89	ug/mg	0 - 2.5
if high) - (Urine)			
Above range	1.23	ug/mg	0.12 - 1.2
Above range	5.35	ug/mg	0.8 - 4.5
) - (Urine)			
Within range	7.9	ug/mg	0 - 12.5
if low or high) - (Urine)		The second	
Below Limit of Detection	0.0	ug/mg	28 - 58
or dysbiosis if high) - (Urine)			
High end of range	90.4	ug/mg	0 - 100
Neuro-related Markers			
Low end of range	4.4	ug/mg	3 - 11
e - (Urine)			
Above range	7.3	ug/mg	2.2 - 5.5
Above range	13.2	ug/mg	0 - 9.6
Additional Markers			
onin-Sulfate) - (Urine)			
Below range	1.3	ng/mg	10 - 85
sured as 8-Hydroxy-2-deoxyguan	osine (8-0	HdG) - (I	Jrine)
Within range	3.8	ng/mg	0 - 5.2
	if high) - (Urine) Above range if high) - (Urine) Above range Above range Above range Above range (Urine) With range With range With range With range With range High and F Detection or dysbosis if high) - (Urine) High end of range Neuro-related Markers Low end of range - (Urine) Above range Above range Above range Below range	Nutritional Organic Acids	Nutritional Organic Acids

Hormone Testing



value no otto var anne caren enterno var e						
THYROID TESTING						
T3, FREE		2.8	2.3 - 4.2	pg/ml		
T4, FREE		1.11	0.89 - 1.76	ng/dl		
TSH		1.441	0.550 - 4.780	uIU/ml		
17030		12250000		Assessment		
ENDOCRINE EVALUA	ATION					
FSH	ATION	5.5		mIU/ml		
PSH		5.5		mIU/mi		
	Pemale Def	erence Ranges				
	Temate Ker	ACCOUNT OF THE PARTY OF THE PAR				
	Follicular Phase	2.5 - 10.2 mIU/mL				
	Mid Cycle Peak	3.4 - 33.4 mIU/mL				
	Luteal Phase	1.5 - 9.1 mIU/mL				
	Pregnant	< 0.3 mIU/mL				
	Post Menopausal	23.0 - 116.3 mIU/mL				
LH		13.7		mIU/ml		
J. 1000 P.		2017		inito init		
	Female R	eference Ranges				
	Follicular Phase	1.9 - 12.5 mIU/mL				
	Mid Cycle Peak	8.7 - 76.3 mIU/mL				
		0.5 - 16.9 mIU/mL				
	Luteal Phase Pregnant	<0.1 - 1.5 mIU/mL				
	Post Menopausal	5.0 - 55.2 mIU/mL				
	Post Menopausai	5.0 - 55.2 mIO/mL				
PROGESTERONE		8.61		ng/mL		
	ESTRONE (E1), I	CMEME		57.9	17.0 - 200.0	and al
					17.0 - 200.0	pg/ml
	ESTRADIOL (E2)		123.8		pg/mL
	Female Reference Ranges Menstruating females (by day in cycle relative to LH peak)					
		Menstruating fem	ales (by day in o	cycle relat	ive to LH peak)	
		Follicular Phase			144.0	
					144.2 pg/mL	
		Mid Cycle Peak	(-3 to +2 day			
		Luteal Phase			214.2 pg/mL	
		Post Menopausal	(untreated)	11.8 -	32.2 pg/mL	
	ESTRIOL (E3), L	CALCALC		< 0.02	< 0.20	000000
						ng/ml
	DHEA-SULFATE			128.9	25.9 - 460.2	ug/dl
	DIHYDROTESTO	OSTERONE LC/MS		8.7	<30.0	ng/dL
	TESTOSTERONI	E, TOTAL		21	6 - 82	ng/dl
	Female Reference Ranges					
		Premenopausal	9 - 48 ng/dL			
		Postmenopausal	<7 - 46 ng/dL			
		roscmenopausar	-, - 40 mg/dh			
	SEX HORMONE	BIND GLOBULIN		61		nmol/L

CORTISOL

TESTOSTERONE, I	FREE	0.2	0.2 - 2.6	ng/dl
IGF-1		111 L	113 - 172	ng/mL
	Access Medical Laboratories use supplier for IGF-1 Immunoassay Restandardization of IGF-1 assa (IS),NIBSC Code 02/254.	Testing System	m. Siemens Intro	duced a
IGFBP-3		3.6	3.3 - 6.6	ug/ml

Normal individuals

20.9

Morning am 7-9: 5.2 - 22.5 ug/dL Afternoon pm 3-5: 3.4 - 16.8 ug/dL

Personalized Approach

 Recognizing Individual Differences

Hormonal concerns differ greatly due to age, genetics, lifestyle, and medical conditions, necessitating personalized solutions.

Comprehensive Assessments
 Comprehensive assessments uncover hormonal imbalances, guiding personalized treatment for optimal health.

Tailored Treatment Plans
 Personalized treatment plans address individual hormonal concerns through lifestyle, diet, supplements, or targeted therapies.

 Collaborative Decision-Making

Tailoring treatment plans to individual patient needs and preferences fosters better adherence and long-term success.

 Ongoing Monitoring and Adjustments

Closely tracking the patient's treatment progress and promptly updating the care plan are essential for maintaining hormonal equilibrium and addressing arising issues.





Thank you





