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A licensed naturopathic physician with a private practice in Los Angeles, **Holly Lucille, ND, RN**, is the immediate past president of the California Naturopathic Doctors Association and the author of *Creating and Maintaining Balance: A Woman's Guide to Safe, Natural Hormone Health*. She has appeared on Lifetime Television for Women, the Discovery Health Channel, and numerous radio shows.

## he said/she said

### NATURAL APPROACHES TO MENOPAUSE

Within the spectrum of natural health, disciplines (like opinions) can differ. This month *Taste for Life* asked two experts—one an integrative medical doctor, the other a naturopathic physician—to address an important change from two slightly different perspectives.

**TFL:** Please explain how each of your disciplines approaches patient care.

**JT:** A medical doctor is more likely to focus on treating the specific symptoms and problems, plus providing basic preventive care. Treatment tends to be focused on medications and surgical options. If the MD uses complementary and alternative medicine (CAM), this approach will focus heavily on using nutritional and herbal support to optimize health and for antiaging. CAM may also focus on psychospiritual issues. By contrast, an MD who's not trained in CAM focuses more on severe and life-threatening issues.

**HL:** Naturopathic medicine follows the science of vitalism, understanding that our bodies are always striving to be in balance. In practice, if someone is not well and out of balance, ask questions like: What are the obstacles to cure? Where are there deficiencies or excesses? Then following principles such as first do no harm and identify and treat the cause, a naturopathic physician would use the least invasive methods to diagnose and treat, striving to create balance by working with the body's inherent self-healing mechanism. Naturopathic medicine is both individualized and comprehensive in its approach.

**TFL:** What recommendations would you make for a 40-something woman undergoing hot flashes, night sweats and sleeplessness, brain fog, and fatigue?

**JT:** The Remifemin form of black cohosh and bioidentical hormone replacement are effective for perimenopausal symptoms. Natural remedies for sleep include L-theanine, Jamaican dogwood, hops, wild lettuce, passion flower and valerian. If insomnia is severe, add melatonin.

Additional nutritional support is also important. I like to use vitamin powders for easy nutritional support without taking handfuls of pills all day.

If a woman's symptoms of fatigue, brain fog, insomnia, and achiness are severe, she may have developed fibromyalgia in addition to being perimenopausal. For more aggressive therapy, combine natural and prescription therapies. My research shows improvement for 91 percent of people with fibromyalgia. It's important to treat what I call SHIN (sleep, hormonal support, infections, and nutrition). Visit [www.fibroandfatigue.com](http://www.fibroandfatigue.com) to find a specialist. Another recently published study of mine shows an average 45 percent increase in energy along with improved sleep and mental clarity by simply using ribose, an easy supplement to take as it looks and tastes like sugar.

**HL:** My recommendations would depend to some extent on the patient's clinical presentation and her story. However, I would most likely address acute concerns about symptom and quality of life issues by offering safe natural relief. Certainly included in that would be Remifemin, based on its safety and efficacy studies for calming the vasomotor symptoms of hot flashes and night sweats. I would then make sure that the foundations of health, nourishment, hydration, digestion, stress modulation, and sleep were in place. Concomitantly it's important to understand why she was so symptomatic during what are presumed to be normal hormonal changes.

Adrenal and comprehensive endocrine support would be an absolute must. In my experience, our chemically dependent environment and an everyday low-level exposure to endocrine disruptors warrant a comprehensive detoxification and cleansing regimen. It has also been found that elevated levels of cortisol over a long period of time

will actually show some brain damage in the hippocampus area, leading to disrupted circadian rhythm, fatigue, and change in moods. This is linked, of course, to our chronically stressed modern lifestyles.

**TFL:** What would you advise for a menopausal woman experiencing vaginal dryness and bone loss?

**JT:** For dryness, consider bioidentical hormone replacement using topical creams, plus nutritional support (strontium, which is more effective than the drug Fosamax

for osteoporosis, plus magnesium, calcium, boron, vitamin D, and other nutrients) and weight-bearing exercise for bone health.

**HL:** For vaginal dryness, understanding and correcting any hormonal imbalance would be crucial. I would first make sure the woman is well-hydrated and appropriately nourished with a high-quality multivitamin and mineral supplement. Healing botanicals like black cohosh and wild yam, along with pure USP cocoa butter and 80 IU d-alpha tocopherol in a suppository, offer lubricating and plant

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estrogenic-like effects. Drinking fenugreek tea daily is healing for the vaginal tissue.

Bone loss is not necessarily just about calcium or estrogen. In my practice I see plenty of severely osteoporotic women who have been on hormone replacement therapy (HRT) for years following a hysterectomy. HRT does not guarantee skeletal health, nor does Fosamax or other drugs of its kind.

Bone is a living tissue with rich networks of blood vessels and nerves; it is constantly being built up and broken

down by specialized cells. Pharmaceutical medications prevent the cells that break down bone from working and deposit crystals. Fosamax crystals cannot be broken down by the body and remain in the bone for 15 to 20 years, creating an artificial, plastic-like composition in what should be normal healthy bone. Even the manufacturer cautions against the indiscriminate use of this drug. *The Physician's Desk Reference* notes, "Fosamax decreases the rate of bone resorption

[tearing down] directly, which leads to an indirect decrease in bone formation."

Bone loss is a complex condition, and its treatment strategy should reflect this. Bone has a matrix or a framework made of trace minerals on which calcium is laid down. Often osteoporosis is a matrix deficiency, leaving little matrix to which calcium can attach.

This may result from our compromised food chain, poor soil, conventional farming methods, and a diet high in processed and pasteurized foods. Processed foods lack the trace minerals needed for bone health and are poorly digested. Pasteurized milk, cheese, and butter may leach calcium from the body during metabolism. Another reason for the loss of calcium from bones is the ingestion of acid-forming foods (soft drinks, hard fats, and white sugar). These tend to acidify the blood, and since calcium is a very alkalizing mineral, it will be pulled from the bones and the teeth to bring the body back into balance and maintain blood pH between about 7.35 and 7.45. Switch to a diet high in whole foods, grains, fruits, and vegetables, along with weight-bearing exercise, and supplement with vitamins D and K, calcium, magnesium, as well as strontium, boron, and vanadium.

**TFL:** Are there other ways diet and lifestyle can support women during menopause?

**JT:** Try to get eight hours of sleep a night and increase the amount of whole (versus processed) foods. Exercise and edamame are helpful for both bone strength and mood, though I don't recommend high intakes of other soy products. It's also important to support women emotionally (ignoring Hollywood images of how they "should" be and look helps).

**HL:** Diet and lifestyle play starring roles in how a woman perceives this change of life and how she navigates through it. These are normal hormonal transitions, even if change is inherently difficult. The healthier you are overall, the easier menopause is going to be! **TFL**

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SELECTED SOURCES "Acute Calcium Assimilation from Fresh or Pasteurized Yoghurt . . ." by M. D. Parra et al., *J Am Coll Nutr*, 6/07 ■ "Effective Treatment of Chronic Fatigue Syndrome (CFIDS) & Fibromyalgia (FMS)" by J. Teitelbaum et al., *Journal of Chronic Fatigue Syndrome*, 2001 ■ "The Use of D-ribose in Chronic Fatigue Syndrome and Fibromyalgia" by J. E. Teitelbaum et al., *J Altern Complement Med*, 11/06