

What's the cause of your pause?

(excerpt from Life Extension Foundation)

Menopause or Andropause

The World Health Organization defines menopause as the “permanent cessation of menstruation resulting from the loss of ovarian follicular activity.”

Where menopause is sudden and complete inactivity, andropause is gradual and partial decline in androgen activity.

Let's focus on menopause! Symptoms parallel the declining production of estrogen, progesterone, testosterone, and DHEA. These changes in the levels of hormones and the associated symptoms begin to affect many women around age 45. Restoration of hormonal balance can relieve menopausal symptoms, enabling women to feel normal again. A youthful balance of hormones protects against osteoporosis, mental depression, thinning of the skin, immune dysfunction and other age-related diseases and discomforts.

How Widespread is the Problem?

A large population of female baby boomers has now approached menopause. There is growing concern about how to treat “the change of life” issues associated with menopause which is growing exponentially.

Life expectancy trends suggest that women may spend the last one third to one half of their lives with a less than optimal hormonal balance. Quality and quantity of life for these women will be determined by how well they (and their doctors) understand and manage hormone replacement.

The Estrogen Dilemma

Between the ages of the early forties to mid-fifties, the amount of a woman's primary estrogen dwindles. This deficiency can cause menopausal symptoms, including hot flashes, depression, vaginal dryness, anxiety, and forgetfulness.

The newer methodology of treatment by innovative doctors prescribes compounded, human hormone preparations that are applied topically as creams, gels, or patches, or

delivered sublingually or orally. The goal is to achieve a minimal dose of each hormone to meet an individual's needs, based on hormone levels and symptoms.

Why Women Choose Replacement

- Enhanced skin smoothness, firmness, and elasticity
- Enhanced moistness of skin and mucous membranes
- Enhanced muscle tone
- Reduced genital atrophy and enhanced sex drive
- Reduced menopausal miseries such as hot flashes and anxiety
- Reduced risk of osteoporosis
- Reduced risk of colon cancer
- Improved memory and neurological function
- Greater feelings of well-being

The benefits of estrogen make it desirable for most menopausal women to maintain youthful levels of this hormone.

Throughout adult life, women will experience a gradual loss of another critical hormone, progesterone. Symptoms of deficiency include premenstrual discomfort, night sweats, hot flashes, and a loss of well-being, including depressed feelings. During and after menopause, natural progesterone synthesis often ceases, causing menopausal miseries and degenerative diseases. (for a complete review of progesterone, see our previous post on said hormone)

Hormone Deficiencies of DHEA

DHEA (dehydroepiandrosterone) is a natural steroidal hormone secreted by the adrenal gland, gonads, and brain. DHEA is produced by both men and women. DHEA is to some extent a hormonal precursor of estrogen and testosterone; therefore, taking DHEA might raise the levels of these hormones and can raise the level of their benefits.

It is a rejuvenating hormone to a moderate degree, improving mood, neurological functions, immune system functioning, bone growth, energy, and feelings of well-being. Morales et al. (1995) reviewed studies of DHEA given until the patients' blood levels matched those found in their teenage years and reported "remarkable improvement of physical and psychological well-being in both genders. This finding in addition to the absence of side effects provides great promise for the replacement strategy."

Many more, are the hormones, we can and should balance to optimal levels! This approach to hormone modulation is called "bio-identical" hormone replacement therapy.

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