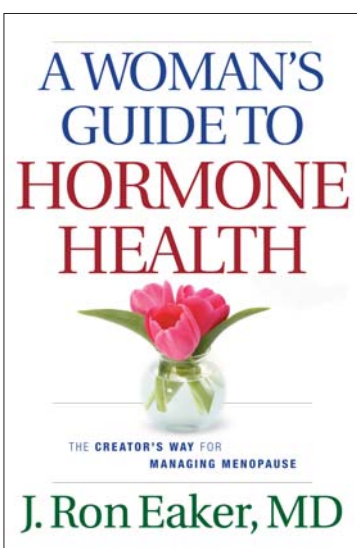


QUESTIONS & ANSWERS WITH J. RON EAKER, MD



A Woman's Guide to Hormone Health
The Creator's Way for Managing Menopause
 by J. Ron Eaker, MD
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1. What unique message are you bringing to women (and the men who love them) about the season of life known as menopause?

As a doctor, Christian, and a man, I have a perspective that some may see as a handicap in dealing with a very feminine topic; yet, I see it as an advantage. I view things through the eyes of a Christian worldview, believing in the healing power of prayer, for example. As a physician I have the experience of twenty years of successes and failures, and my patients are the best teachers. I don't have one person's perspective, I have the perspective of a legion of patients. As most women in menopause will tell you, nothing happens in isolation and the struggles of menopause are often experienced in the context of a family. As a man married to a perimenopausal woman, I can understand and relay the point of view of countless husbands as to their role in mastering this transition.

2. You write in *A Woman's Guide to Hormone Health*, "There are some universal similarities, but because of every woman's unique physiology and life experiences, this time in a woman's life is unpredictable." Are there any guidelines that can be used to help a woman know if what she is experiencing in menopause is normal?

There are some commonalities. For example, about 70% of women in the menopause will experience hot flashes. These can range from mild annoyances to total meltdowns. Thus, what the individual sees as "normal" is largely based on her perception. It is all about the symptoms when it comes to menopause. Symptom control is what drives any intervention, be it hormones or herbs. So, in menopause, normal is what is normal for you.

3. For years menopause was taboo and rarely discussed at home. Luckily, that is changing, yet there still remains a reluctance for men in particular to talk about menopause and what their wife/girlfriend/mother/sister is experiencing. Why is that and what can be done to change it?

Much of the blame lies with the male-dominated medical fraternity that, over the past hundred years, didn't take menopause seriously. Little research was done on menopause until the 1950's with the advent of hormone formulations to "treat" the menopause "disease." Menopause is associated with aging, and both men and women shrink from that with gusto. Now, with our new understanding of the physiology of menopause and with a number of approaches to symptom relief, men can better understand what their partner is experiencing. With education comes freedom from the fear of the unknown.

4. What does the Bible have to say about menopause and the seasons of life?

Menopause does not appear in any concordance, yet the principles I teach to make menopause a celebration are all biblically based precepts. The 4 A's form the foundation of the program. **Attitude**, based on Romans 12:2, illustrates how your view of menopause can dramatically effect your symptoms. **Aptitude**, from Proverbs 1:7, builds on the idea that knowledge is power, but the application of knowledge is wisdom. **Action**, from James 2:26, carries this further with specific plans for applying what you know. **Apothecary**, from Genesis 1:29, explores the plethora of options God has supplied for symptom control such as herbs, vitamins, hormones and nutrition.

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5. What's the one question you hear from women most regarding menopause?

It's "Am I going crazy?" Not a day goes by that somebody doesn't pose this rhetorical question. It is often a springboard for women to introduce a discussion of menopause. Let me reassure you that you are not a candidate for the straightjacket. That is not to say that at times you do not feel like you are losing it. Many women who suffer from perimenopausal symptoms struggle with a sense of loss of control. "This is not like me. . . . I don't normally do these kinds of things." This perceived loss of control creates the illusion of being less than sane. You are not going crazy; you are going through change. And with change come different emotions, reactions, and perceptions, all of which are normal adaptive behaviors.

6. There is so much confusion about hormones. Who should take them, if anyone?

There is only one reason in 2008 to take hormones, and that is symptoms. If bothersome symptoms don't exist, hormones are not needed—period. It is important for women to understand that there are options. One of the biggest benefits of this book is it outlines scientifically sound, proven complementary approaches to symptom relief. It cuts through all the fog of the complicated research and lays out a "take home" message on hormone use and provides information about other choices. Blanket statements don't work. Each woman's needs, medical history, and symptoms contribute to the decision.

7. There seems to be a great deal of interest in alternative or complementary approaches to menopausal symptoms. Are these valid tools?

Alternatives to traditional hormone replacement are both plentiful and medically sound. One of the strengths of the book is that it lists the most common herbal and vitamin remedies and explains their use and misuse. Unfortunately there is an abundance of sham treatments and bogus remedies, and it is essential to have a guide to help you navigate this maze. I list only alternative approaches that I have used in my practice and that are supported by quality medical studies. Women must be critical consumers to save both money and frustration in things that don't work.

8. You have a chapter in *A Woman's Guide to Hormone Health* that looks at the biblical character of Naomi. How does this apply to today's woman?

One of the miracles of Scripture is its timelessness. Naomi is a wonderful role model for the menopausal woman of today in that she fulfills three critical roles that are important in our current society. Naomi is a friend, a nurturer, and a mentor, and I illustrate how these roles are shared by many women celebrating this season in their life.

9. One of the most common complaints of menopause is a decreased libido. If my sex drive has driven off, where did it go?

Libido is a complex drive. Many factors contribute to sexual appetite. A recent survey showed over 50 percent of menopausal women actually feel their sexual functioning is better now than it was when they were younger. So blaming menopause for declining sex drive is often misguided and obstructs other causes. There is a hormonal component to libido, and conditions such as atrophic vaginitis (thinning of the vaginal tissues) can inhibit functionality and enjoyment, yet many can and do enjoy mutually satisfying sexuality in the golden years.

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10. Do hormones cause cancer?

Using estrogen alone over an extended period of time unquestionably increases your risk of uterine cancer when compared to the general population. Using a progestin with the estrogen in a proper dose essentially eliminates this increased risk. The vast majority of studies show a slight increase in breast cancer in estrogen/progestin users. There is epidemiological data that suggests that estrogen may act as a promoter of breast cancer in susceptible women. In other words, it acts like a fertilizer. It doesn't initiate a cancer, but if one develops, it can accelerate its growth. There have been no links of estrogen with other female cancers such as ovarian or cervical.

11. If I take hormones, do I stay on them forever?

It depends entirely on the rationale for taking them in the first place. A good general answer is a resounding *no*. Most doctors recommend the lowest dose for the shortest period of time. Step number one is being absolutely sure why you are using hormones. Symptoms such as hot flashes and skin changes are often transient. On average these physiological changes may persist for two to three years. Many women take HRT during this time to abate these problems and then stop the hormones. Their symptoms never return. If this were the only reason for the HRT use, then it would no longer be necessary. Assess your individual needs and discuss this with your doctor.

12. What is the best exercise for menopause?

There is no "best." The important point is just doing something. The best type of exercise for you is dependent on what you want to accomplish. In general, aerobic forms of exercise are the best for overall fitness and weight loss. Walking at a brisk pace for thirty to forty-five minutes at least three times a week is generally accepted as the simplest and most effective approach.

13. Is the use of herbal medicines and alternative treatments New Age or anti-Christian?

The use of oils, herbs, and balms is richly embedded in both Old and New Testament writings. The confusion arises in the association of herbal use with some Eastern philosophies. Herbs and foodstuffs were used as medicines in many Eastern societies for thousands of years. They became intertwined in the cultural milieu of the times, and this association has persisted. Granted, many alternative practitioners incorporate mysticism, New Age philosophy, and non-Christian beliefs in their therapies—but don't confuse the messenger with the message. Separate the science from the philosophy. A Christian woman should embrace herbs, foods, and vitamins as God-given tools for health and well-being.

14. Why doesn't my doctor talk about herbs or alternative treatment programs?

For many it is simply unfamiliar territory, and they are actually doing you a favor by not offering something they know little about. Hopefully, they will be encouraging and supportive of your efforts and open to working with you. This stuff is not taught in medical school. Unless doctors have an interest themselves and have done a great deal of independent study, they probably will either say they know nothing about nutraceuticals or downplay their effectiveness. Naturopaths, homeopaths, herbalists, and alternative practitioners by nature focus more on these subjects as a part of their training. In turn, these professionals can lack the balance and knowledge of more mainstream methods of healing.

15. How long does menopause last?

Menopause means only one thing, and that is the cessation of the menses. So in that respect, it is impossible to put a time frame on its duration. When women ask this, they are usually asking how long symptoms will continue. This varies from none at all to several years. On average, a woman can expect to experience hot flashes for two to three years after her period stops. The other symptoms are so varied that there is no "average" length.