

WOMEN'S LIFE CYCLES

Peri-Menopause

What is Peri-Menopause?

The Peri-Menopause (meaning “around menopause”) Life Cycle is a transitional phase in a woman’s life that typically occurs in her forties to fifties, usually lasting anywhere from two to eight years. Your ovaries are still producing eggs, although ovulation may be occurring irregularly. Since this is also called your “Late Reproductive”



stage, it is still possible to conceive. (Occasionally you will hear of a couple with grown children in college who suddenly

discover they are having an unexpected bundle of joy!) During Peri-Menopause, the ovaries continue to produce hormones, but **progesterone** declines even more significantly, causing severe “**estrogen dominance.**” Testosterone levels also begin to decline in a woman’s forties. A less than optimum ratio of testosterone can result in decreased sex drive, lower energy, less muscle tone, and thinning of the vaginal wall. When the vaginal wall is thin, the vagina is less able to lubricate and intercourse can become painful.

What is “estrogen dominance”?

Estrogen dominance does not necessarily mean that the body produces too much estrogen. During Peri-Menopause estrogen tends to fluctuate. Rather, “estrogen dominance” means that your body’s estrogen production is not in balance with your progesterone production. Estrogen dominance occurs when your ovaries

continue to produce estrogen while producing less and less progesterone. All women experience this change, at varying levels — it is a natural process of your aging ovaries.

To understand estrogen dominance, you have to understand the role of progesterone, as well. Estrogen and progesterone operate like sides of a seesaw, shifting up and down during a woman’s monthly cycle. When progesterone gets low, that “side” of the seesaw hits the ground, and this effect causes negative symptoms to arise: poor sleep, fatigue, anxiety, heavy periods, low libido (sex drive) weight gain, uterine fibroids, irritability, and even rage. When the progesterone side of the seesaw gets “stuck” on the ground, the estrogen side is “elevated,” relative to progesterone. It’s not (necessarily) that your estrogen is high — it’s that your progesterone level drops so low that estrogen effectively “dominates.”

Other factors that contribute to hormone imbalance:

A shift in hormones produced by the adrenal glands also begins in Peri-Menopause. DHEA levels that peaked in your twenties begin to slowly and steadily decline, dropping approximately 10 percent every decade. Some medical studies correlate the decline in DHEA production with many of the degenerative changes seen in women and men, such as heart disease, cancer, and osteoporosis.

Birth control pills can also create a “relative testosterone deficiency.” Taking birth control pills causes your levels of the hormone-carrying protein “sex-hormone binding globulin” (SHGB) to rise. These higher levels of SHGB, in turn, bind up the levels of free testosterone circulating in your blood, resulting in a condition of “relative testosterone deficiency.” Although your levels of testosterone may (or may not) appear within normal limits on a blood test, the amount that is available for use by your tissues is far lower than what is needed. The result for you: symptoms of

low testosterone, which include: low libido, low energy, poor memory, fatigue, depression and apathy.

How can I restore hormone balance during Peri-Menopause?

Dr. Randolph has created specific guidelines to help you determine your individual supplementation needs, depending on your age, menstrual history, symptoms, and hormone test results. Recommended supplements are based on specific criteria, including: age range, life cycle, and associated hormone level shifts, resulting type of imbalance/medical condition, and common symptoms. All hormonal supplements are bioidentical formulations that duplicate the natural physiology of hormones in the body. Ingredients as listed are derived from natural and/or plant-based substances.

What can I expect?

The answer is simple: relief from unwanted symptoms! You should expect improved libido (sex drive); improved moods, memory and sleep; renewed strength and energy; the ability to lose weight more easily; and a belly that goes from fat to flatter. When or if symptoms persist, adrenal support (to manage stress), additional bioidentical hormone supplementation, and/or a compounded formulation may also be required.



**DR. RANDOLPH'S
AGELESS & WELLNESS**
MEDICAL CENTER