# MENOPAUSAL HOT FLASHES/SYMPTOMS

**1. Pre-Disposing Factors and Clinical Indicators:** Common serum indicators include increased ALP, increased calcium, decreased 25-OH vitamin D, deceased estrogens, increased FSH and LH, increased LDL cholesterol with decreased HDL cholesterol, decreased phosphorus, increased triglycerides and in some cases decreased testosterone.

a. Hormonal imbalance (adrenal, ovarian, thyroid, anterior pituitary).
b. Iodine deficiency (iodine will decrease anterior pituitary production of FSH and LH).
c. Excess refined carbohydrate, alcohol or caffeine in the diet.
d. Obesity and/or lack of exercise.
e. Excess hydrogenated fats and oils in the diet.
f. Food allergy/sensitivity.

**2. Dietary Suggestions:**

a. Drink at least 8 full glasses of pure water daily (no well water or city water).
b. Eliminate all refined carbohydrates, processed foods, alcohol and caffeine.
c. Eliminate all hydrogenated fats and oils. Increase raw and fresh oils.
d. Increase raw foods and quality proteins.
e. If food sensitivity is suspect, eliminate gluten, dairy, citrus, eggs and shell fish.

**3. Primary Supplemental Support in order of need:**

a. **Bio-Pause AM** –2 in the a.m. and **Bio-Pause PM** – 2 in the p.m.
b. **B-12/Folate Plus** - 2 tid.
c. **Gammanol Forte With FRAC** – 2 tid.
d. **Iodizyme-HP** – 1 tablet daily.
e. If the patient is on exogenous estrogen or is converting testosterone to estrogen in the aromatase pathway add **Liposomal DIM/Chrysin, Ca D-Glucarate** – 2 tid and **Meda-Stim** – 3 capsules in the a.m. (exogenous estrogen reduces conversion of T-4 to T-3). Exogenous estrogen is also known to diminish systemic supplies of zinc, magnesium and vitamin B-6. With exogenous estrogen use, consideration should be given to using a source of these nutrients such as **Equi-Fem** – 2 bid.
f. If testing indicates decreased testosterone add **b-Vital** – 1 bid.
g. If adrenal dysfunction is present consult those sections of this manual covering hypo and hyper adrenal function.

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**4. Other Considerations:**

a. **Black Currant Seed Oil** or **Evening Primrose Oil**- 2-3 tid.
b. If thyroid hypofunction, thyroid hypofunction secondary to anterior pituitary hypofunction and/or adrenal dysfunction are present, support as indicated in the sections of this manual covering those problems.
c. **Topical Progesterone (NatraGest)** - As directed by the manufacturer.

When the aforementioned therapy fails, use the following support described by E. Cheraskin, M.D., D.M.D. Vitamin C (**Mixed Ascorbate Powder**) to bowel tolerance. This therapy has often been successful when other therapies have failed.