HOLISTIC MEDICINE FOR WOMEN

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VENUS OF WILLENDORF

“Your blood is sacred and speaks of your womanliness. Be proud of your time. It is not the ‘curse’ as you white women call it.”

Andrews, Lynn V., Flight of the Seventh Moon, The

Teachings of the Shields

ABOUT ME

Graduated from Bastyr University (a government-accredited 4 year naturopathic medical school) with a Doctorate in Naturopathic Medicine

Board-certified in Naturopathic medicine

Licensed Primary Care Naturopathic Physician in Vermont (NPI# 1992075121)
Certified Medical Technologist by the American Society of Clinical Pathologists
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Background in laboratory medicine

CONTENTS OF TODAY’S LECTURE
Premenstrual Syndrome
Dysmenorrhea (painful menses)
Menorrhagia (excessive menstrual bleeding)
Polycystic Ovarian Syndrome
Vaginal Infections
Bladder Infections
Perimenopause & Menopause
Osteoporosis
Breast Health: Fibrocystic Change, Breast Cancer

CHANGING WOMAN: NAVAJO

PREMENSTRUAL SYNDROME
A recurrent condition characterized by various physical and emotional changes occurring 2 weeks - 48 hours prior to onset of menstruation.

Physical changes: headaches, breast swelling and tenderness, bloating and water retention, nausea, aches and pains, abdominal pain, increased appetite, food cravings, sweating, palpitations

Emotional changes: fatigue, depression, irritability, tension, lack of concentration, insomnia, aggressiveness, moodiness, forgetfulness, teary, confusion, loneliness, and in some severe cases psychosis.

PREMENSTRUAL SYNDROME
Classifications:
PMS-A: anxiety, irritability, nervous tension
- low B vitamins, low magnesium, increased estrogen and decreased progesterone

PMS-C: increased appetite, craving for sweets; increased intake of refined sugar followed by palpitations, fatigue, fainting spells, headache, tremors
- increased binding of insulin leading to increased carbohydrate tolerance, low magnesium

PMS-D: depression, withdrawal, insomnia, forgetfulness, confusion
- low B vitamins, low magnesium, low estrogen, high progesterone, increased adrenal androgens

PMS-H: edema, abdominal bloating, breast pain and tenderness, weight gain
- stress, low B vitamins, low magnesium, high refined sugar consumption, increased sodium and water retention, excess aldosterone

PREMENSTRUAL SYNDROME: THEORIES
- Evolutionary adaption: via mood to reject advances of an over-eager male during a relatively infertile time of the menstrual cycle.
- Neuroendocrine: high estrogen to progesterone ratio
- MAD: monoamine oxidase breaks down norepinephrine which can lead to mood disturbances. Theory behind the use of antidepressants
- Increased prolactin levels
- Low B6 (a vitamin co-factor in dopamine and serotonin synthesis)
- Increased family tension and stress
- Fear or negative attitude toward menarche and menses
- Poor self experience with menses
- Current textbooks: poor performance and/or acceptance of feminine psychosocial role! (good grief)

**PREMENSTRUAL SYNDROME**

**ALL TYPES:**

Dietary suggestions: high in fruits and vegetables, and whole-grains moderate in good fats (olive oil, flaxseed oil, avocados, cold-water fish, nuts and seeds), moderate in lean, organic poultry, and eggs, low in organic grass-fed red meats and dairy products and low in refined sugars and refined carbohydrates.

Provide liver support to help with metabolism of hormones. Foods such as beets, carrots, artichokes, lemons, parsnips, dandelion and burdock.) Herbs such as dandelion root, burdock root, milk thistle seeds.

Support adrenal glands: good B-complex, herbs such as the ginsengs, licorice, rhodiola, schisandra, ashwagandha, maca

A good multivitamin and additional B-complex and Magnesium supplement

Exercise may help to increase progesterone and decrease estrogen dominance through decrease fat tissue.

**PREMENSTRUAL SYNDROME**

Additional considerations:

Castor oil packs over liver.

Depression: 5-HTP or tryptophan, St. John’s Wort, vitamin B6. Not to be used when taking prescription anti-depressants

Breast tenderness: Vitamin E

Herbs useful for PMS: Chaste tree berry, Dong quai, Dandelion root, Sarsaparilla

Natural progesterone cream used in difficult cases from ovulation to menses

**DYSMENORRHEA**

Painful menstruation

Characterized by lower abdominal pain (cramping, pulling, etc…) that may or may not radiate. Starts prior to or with onset of bleeding.

Very commonly with PMS.

Primary dysmenorrhea: occurs without an underlying pathology. In Naturopathic
medicine we commonly see poor liver function and elimination, and estrogen dominance.

Secondary dysmenorrhea: is due to a specific pathological process such as endometriosis, uterine fibroids, PID, adhesions, etc....

**DYSMENORRHEA: APPROACHES**

Dietary suggestions: same for PMS
Fish oil, flaxseed oil, rich in anti-inflammatory omega-3 fatty acids
Plenty of fiber and water to ensure bowels are emptying properly.
Support the liver and bowel elimination: liver foods, dandelion root, burdock root, yellowdock root, turkey rhubarb, Swedish Bitters
Tonify the uterus and move energy in the pelvis:
- Yarrow, Black and Blue Cohosh, Dong quai, Lady’s Mantle, Red root, Ocotillo, False Unicorn Root, Red Raspberry

Support the adrenal glands: B complex, schisandra, maca, licorice, siberian ginseng
Magnesium!!!!!!

**DYSMENORRHEA: APPROACHES**

Castor oil packs over the abdomen. First apply St. John’s Wort oil to the abdomen, then add the castor oil pack.

Magnesium phos 6X: 3-4 pellets dissolved under the tongue as needed

Specific herbs: Wild yam, Jamaican Dogwood, Cramp Bark

Honor yourself, your blood and your moontime. Take time for yourself.

**MENORRHAGIA**

Excessively prolonged or profuse menses

>2 super absorbent pads every 2 hours over a 24 hour period

Normal blood loss during menses is around 60-250ml or ~20 pads

Falls under the category of dysfunctional uterine bleeding

NOT associated with pathology: tumor, endometriosis, fibroids, complications of pregnancy, hypothyroidism, coagulation disorders, IUD use, PID or unopposed estrogen replacement

**MENORRHAGIA: APPROACHES**

Dietary: as suggested in PMS

Vitamins A, C, E and K

Omega 3-fatty acids, such as fish or cod liver oil

Treat Iron deficiency if present

Uterine tonics: Red raspberry, Lady’s mantle
Specific herbs: Yarrow, Shepherd’s Purse, Cinnamon, Erigeron

**MENORRHAGIA: APPROACHES**
Sabina 200C homeopathic: few pellets dissolved under the tongue every 3-4 hours as needed

Address thyroid conditions if present. Support adrenal glands: B complex, schisandra, maca, licorice

Ensure proper elimination via colon, lungs, liver, etc...to help prevent detoxification through menses.

**POLYCYSTIC OVARIAN SYNDROME**
Formerly Stein-Leventhal Syndrome. Also known as chronic oligoanovulation. 5-10% of women of reproductive age

Symptoms: weight gain, facial hair, hirsutism, irregular menses, ovarian cysts, elevated cholesterol, blood pressure, insulin resistance. May develop type 2 diabetes due to insulin resistance.

Must have anovulatory cycles with irregular menses for diagnosis
Elevated androgens (testosterone)
Cause is unknown. Maybe a genetic component. One theory is that an abnormal hypothalamus tells the ovaries to overproduce testosterone.
What came first? The insulin resistance or the increased androgens. One researcher found that insulin resistance can lead to ovaries overproducing testosterone

Increased risk of diabetes, endometrial cancer and heart disease

**POLYCYSTIC OVARIAN SYNDROME**
Dietary suggestions:
- Decrease calories if overweight
- High protein, low carb to help with insulin resistance
- Fiber can decrease excess estrogen
  - 1 tablespoon ground flaxseeds can decrease androgens and decrease insulin resistance
- Exercise at least 20 minutes daily
- Support thyroid (many women have concomitant thyroid disease), liver and adrenals

Herbs: Chaste tree berry, Saw palmetto, Nettle root

**the key is addressing the insulin resistance...many women will improve on these measures alone**

**LILITH: HEBREW**

**VAGINAL INFECTIONS**

pH of the vagina is normally around 4.2
Changes in vaginal pH may encourage infection
Yeast favor an even more acidic vagina
Bacteria favor a more alkaline vagina
Excess douching, contraception and spermicides, and semen can all disturb vaginal pH
If vaginal infections are a chronic issue and not related to the above, we may address
any underlying issue with dysbiosis in the gut, and/or pelvic stagnation that may be related to liver stagnation.

Remember, discharges usually mean that toxins are being released from the body. We want to make sure organs of elimination are working properly.

**VAGINAL INFECTIONS: YEAST**

Discharge tends to be thick, curdy and white. Very itchy
Avoid refined sugars and carbohydrates
Eat plenty of plain yoghurt with fruit, or take large doses of probiotics
In women with chronic vaginal infections, I like FemDophilus by Jarrow
Consider a daily yoghurt douche 1C (1/2 yoghurt, ½ water) or insert 1-2 probiotic capsules into the vagina daily
Suppositories-Boric acid, such as Vitanica Yeast Arrest
Herbal Douches: with Goldenseal, Echinacea, Garlic

Mix equal parts Aloe vera gel, Witchazel, and Calendula lotion or oil and refrigerate. Use this on inflammed, itchy vulvas

**VAGINAL INFECTIONS: BACTERIA**

Discharge tends to be thinner, grayish and may smell fishy
When vaginal pH becomes more alkaline
Excess douching, spermacides, lubes, semen are big culprits
Avoid refined sugars and refined carbohydrates for the time
Eat lots of plain yoghurt and optionally yoghurt douche
Or vinegar douche (1-4 tbsp vinegar per quart of water)
Herbal douche: Goldenseal, Garlic, Echinacea
Suppositories, old time Naturopathic one is called Vaginal Depletion Pack

Same lotion as for yeast for itchy, sore, inflammed vulva

**URINARY TRACT INFECTION**

Most commonly due to bacteria E.coli (comes from the bowel)
May arise due to intercourse (urinate after sex helps prevent)
After bowel movement, wipe front to back (to avoid bringing bowel flora into vagina and exposing to urethra)

Usually presents as burning, painful urination with urgency and frequency. Smelly urine. May also have pain above the pubic bone (called suprapubic pain)

Anytime you see blood in the urine, or develop low back pain or fever see your physician right away.

**URINARY TRACT INFECTIONS**

Flush it out: an 8 oz glass of water every hour. You should be urinating regularly.
Alternately, mix equal parts unsweetened cranberry juice and water. Drink an 8oz glass of this mixture every hour.
Cranberries contain d-mannose which makes it harder for the bacteria to stick to the bladder wall.
No refined sugars or refined carbohydrates at this time. No dairy.
Vitamin : 2000mg three times daily during infection
Echinacea tincture: 1 drop tincture per 2lb body weight. During infection can dose every 2 hours. As you improve bring it to 3-4 times per day then 1-2 times per day then discontinue.
Other useful herbs include: Uva-ursi, Buchu, Couchgrass, Marshmallow root, Corncilk, Dandelion leaf

Avoid excessive douching, bubblebaths, tampons, nylon underwear and pantyhose. These all can contribute to urethral irritation.

Perimenopause starts with changes in the menstrual cycle and ends 12 months after the final menstrual period. It is also known as the “climacteric” and the average age in which it begins is 47.5.

Menopause refers to the time of the final menstrual period. A woman is considered to be postmenopausal after 12 consecutive months without a menstrual period.

The most common symptoms associated with perimenopause include a decline in fertility, irregular cycles, hot flashes and night sweats, sleep disturbances, changes in mood.

Symptoms commonly associated with menopause:
- Hot flashes and night sweats
- Sleep disturbances
- Urinary issues
- Vulvovaginal changes
- Headaches
- Emotional disturbances
- Memory changes
- Body aches and fatigue
- Changes in libido

While perimenopausal, many women find success with using the same treatments as with PMS with the addition of other treatments as indicated for manifestations of the climacteric.

A diet high in fruits and vegetables, and whole grains. Modest in nuts, seeds, lean poultry, eggs and fish. Low in red meats and dairy. (You can get a lot of calcium from leafy greens as well as dairy).

Herbs such as chaste tree berry to support hormones
Support adrenal glands with herbs such as maca, schisandra, ashwagandha
Support the liver with herbs such as bitters, milk thistle
St. John’s Wort may be added with depression
A nervine such as Passionflower or Valerian for anxiety

Supplements such as Magnesium, vitamin B6 and evening primrose oil

If hot flashes and night sweats are an issue I often recommend garden sage tea, especially before bed, or I combine it with other herbs in a tincture. Black Cohosh helps some women. I have had good success with hot flashes with a product called Estrovera by Metagenics.
There are so many herbs to choose from for perimenopause and menopause. Often learning the patient's history and symptoms in depth will allow for choosing the most appropriate ones.

Topical progesterone cream (20-30mg per dose):
  Perimenopause:
    Days 1-7: none
    Days 8-28: ¼ tsp twice daily
  Menopause:
    ¼ tsp twice daily continuously

32 PERIMENOPAUSE & MENOPAUSE
Irregular Cycles
  Get exposure to the full moon. If not possible, sleep in total darkness except for the three nights of the full moon. On these nights, use a nightlight.
  Red raspberry leaf infusion: 1 T herb to cup boiled water. Drink 3-4 cups daily
  Chaste tree berry with Dong quai (no dong quai if you have fibroids)
  Progesterone cream
  oral contraceptives

33 PERIMENOPAUSE & MENOPAUSE
Flooding
  Is common during the hormonal fluctuations prior to menopause
  Make sure you aren’t becoming Iron deficient
  Homeopathics such as Lachesis and Sabina
  Lady’s mantle herb 2 weeks prior to menses and during menses
  Other astringent herbs such as Yarrow, Cinnamon, Shepherd’s purse
  Fish oils and/or evening primrose oil
  Your gynecologist should rule out other reasons for flooding first

34 HECATE: THRACIAN, GREEK
35 MENOPAUSE
Hot flashes
Estrovera
  Drink plenty of water, use ice, cool showers, fans
  Homeopathy may assist (very individualized)
Soy isoflavones
Herbs such as Black Cohosh, Red Clover, Nettles, Alfalfa
Sage at night for nightsweats
Vitamin E and B complex
Trigger foods: spicy foods, acidic foods, caffeine, alcohol, tobacco
Support liver, thyroid and adrenals

36 MENOPAUSE
Motherwort herb for hot flashes accompanied by emotional uproar and heart palpitations

Emotional uproar
  Sunlight
  Homeopathy
  Herbs such as St. Johnswort, Passionflower, Oatstraw
Moderate aerobic exercise
B complex vitamins
Meditation, massage therapy

Libido
Support adrenals (like maca)
address emotional realm
herbs such as muira puama, catuaba, damiana

MENOPAUSE
Sleep disturbances
Herbs such as Valerian, Passionflower, Skullcap, oatstraw, nettles, hops
Melatonin or 5-HTP
Do something relaxing before bed: no computer or tv or stressful reading

Vaginal Dryness
Vitamin E oil, coconut oil, comfrey, calendula, plantain, and other herbal ointments
drinking enough water
vaginal probiotics (insert one or two probiotic capsules daily)
slippery elm gruel vaginally
visualization, kegels

HRT SUPPORT
Water Retention
Dandelion leaf tincture or eaten in salads
Asparagus, nettles, grapes, cucumbers, watermelon, parsley, celery
Headaches
Support the liver
Sage tea
Magnesium
Herbs like skullcap, lavender, white willow bark
Dry Eyes
cucumber slices
oatstraw tea
chickweed poultices

OSTEOPOROSIS
Calcium requirements increase in menopause to 1200-1500mg per day
Best taken with Vitamin D3 (2000IU/day) and Vitamin K2 to help it deposit in the bones

Calcium rich herbs: nettles, raspberry leaf, oatstraw
A strong infusion of one of these herbs has about 250-300mg
Calcium rich greens: spinach, kale, broccoli, turnip, mustard
1 cup cooked contains around 200mg
Dried fruits like figs, raisins, dates, prunes
1 cup of plain yoghurt has 350-400mg
Calcium rich protein sources: tahini, tofu, oats, seaweeds, sardines, salmon

OSTEOPOROSIS
Stay away from carbonated drinks
Drink lemon water with meals (helps with calcium absorption)
Weight bearing exercise helps to build stronger bones
Trace minerals such as boron, silica, strontium are important too.

A nice bone supplement is Bone-Up by Jarrow.

**INANNA/ISHTAR, DIANA OF EPSHEUS**

**BREAST HEALTH: FIBROCYSTIC CHANGE**

Painful lumps of breast tissue that become inflamed and tender prior to the onset of menses. It is related to the menstrual cycle and is considered a benign condition. Usually will resolve with onset of menses, to recur prior to next cycle.

Avoid methylxanthines: found in coffee and teas (regular and decaf), cola, chocolate
Ensure diet high in fruits, veggies and whole grains. Low in saturated fats
Vitamin E and evening primrose oil
Address iodine deficiency or underactive thyroid. Seaweed contains abundant iodine
Herbs such as red root, violet, dandelion leaf, cleavers, yarrow
Support the liver with liver foods or herbs
Progesterone cream ¼ tsp applied to breasts and palms twice daily from ovulation to menses

Breast massage with Poke root oil (some women may have allergic reaction)
Can use diluted lavender oil. Breast massage helps to move stagnant lymph
Other breast oils: plantain, st. john’s wort, calendula

**BREAST HEALTH: BREAST CANCER PREVENTION**

Consume sources of phytoestrogens such as tofu, red clover infusion, alfalfa infusion
Include cabbage family vegetables like kale, cabbage, broccoli, cauliflower
Plenty of whole grains, veggies and fruits, beans, nuts and seeds
Lower consumption of animal products
Vitamins: C, E, D and carotenes. Eat a rainbow diet 😊
Minerals, especially Selenium
Plenty of sleep (melatonin may be preventative)
Active lifestyle
Regular self breast exam and breast massage

**RECOMMENDED READING**

Susun Weed
   Wise Woman Herbal for the Childbearing Year
   Menopausal Years: The Wise Woan Way
   Breast Cancer? Breast Health!
Rosemary Gladstar
   Herbal Healing for Women
Tori Hudson, N.D.
   Women’s Encyclopedia of Natural Medicine
Christine Northrup, M.D.
   Pretty much anything