

# Menopause Symptom & Supplement Guide

Everything you need to take  
control & advocate for yourself





While menopause is a natural process you must go through, there are always things you can do to feel better, work with who you are and where you are, take judgment out of your life, and control what you can.

This guide will help you track symptoms, prepare to meet with your doctor, and outline potential supplement options.

Please note that the information provided in this guide is for general information and educational purposes only and is not a substitute for professional advice. Before taking any action, we encourage you to consult with the appropriate professionals. THE USE OR RELIANCE OF ANY INFORMATION CONTAINED IN THIS GUIDE IS SOLELY AT YOUR OWN RISK.



# WHAT ARE POTENTIAL MENOPAUSE SYMPTOMS

Feel free to print this page and circle the ones you're experiencing.

- irregular periods
  - stress/urge incontinence
  - depression
  - vaginal dryness
  - hot flashes
  - sleep problems
  - mood changes
  - weight gain & slowed metabolism
  - loss of breast fullness
  - breast growth
  - short term memory & cognitive impairments
  - night sweats
  - migraines
  - fatigue
  - anxiety
  - loss of sex drive
  - increased sex drive
  - bloating
  - food sensitivities
  - loss of confidence
  - feelings of invisibility & isolation
  - hearing problems
  - worsening allergies
  - tingling extremities
  - palpitations
  - burning tongue
  - bleeding gums
  - breast pain
  - feeling of ants crawling on skin
  - hair loss
  - cold flashes
  - loss of mojo/zest for life
- Other:

## Only 20% of OBGYN programs provide any menopause training.

- ✓ North American Menopause Society ([www.menopause.org](http://www.menopause.org)) is a great resource to find descriptions of hormone therapy formulations, delivery mechanism, risk factors, and PDFs to bring to your doctor.
- ✓ You can also find a certified menopause specialist if you're not feeling like your doctor is a good fit.
- ✓ Bring a 3-6 month symptom/cycle tracker to your appointment.

## Questions to ask:

- What treatments are available to you for perimenopause through postmenopause?
- What are risks of taking medication based on your personal history, genetics, and lifestyle?
- How long will you be on suggested medication?
- When will you start to feel better?
- Should you do a baseline hormonal test?
- Should you see your gynecologist for treatment?
- Would a therapist help with depression, anxiety, mood swings?
- Would a pelvic floor PT help with incontinence, vaginal dryness, or discomfort with sex?







# TREATMENT OPTIONS & SUPPLEMENTS TO CONSIDER

Before using a supplement, make sure to discuss with your doctor.

You likely don't need to get a full hormone panel done, as fluctuating hormones can render the tests useless.

If you do want to test, FSH (follicle-stimulating hormones) are a fairly reliable indicator of menopause.

CONSISTENTLY elevated  $> 30$  milli-international units/liter + no period for 1 year = menopause.

In addition, it's a good idea to get a full blood panel done for broader health - blood sugar, cholesterol, c-reactive protein, thyroid, iron, vitamin D, etc.



# CATEGORIES OF SUPPORT

1. **HORMONE THERAPY** - Typically lower dose of both E & P (can be just E if no uterus). Estrogen can be gel, patch, oral med, cream, tablet. Progesterone added by tablet or IUD. Patch/tablet have both.
2. **ADAPTOGENS** - natural substances considered to help body adapt to stress and exert normalizing effect on bodily processes. Used in traditional medicine for thousands of years, just getting more attention from Western medicine in last 10 years
3. **VITAMINS & MINERALS** - Organic substances & inorganic elements your body needs in small amounts to work properly and stay healthy.





# ADAPTOGENS

Choose based on your most severe symptom & start there. Try for 2 weeks before adding additional adaptogens for secondary symptoms. Less is more.

Purity is a priority. Find reliable, reputable certified source with dose spelled out on label. It doesn't matter what form you use.

You can develop a tolerance so it's a good idea to cycle but there are benefits to adaptogens building up in your body over time: 6-7 weeks on, 2-3 days off.

Once you've been on for a while, you can shorten the cycle and take for 3 weeks on, 2 days off.

You can use these preemptively before getting symptoms and to try to avoid them down the road. They can be used in conjunction with HT.

See the menopause training for full review of benefits.



# Ashwagandha

What most women start w for general symptoms.

DOSE - 300mg 2x/day for > 2 months, 250mg/day for stress reduction & anti-inflammatory

DO NOT TAKE if on thyroid meds bec affects T3 & 4.

# Holy Basil

Calming

Dose - 500mg 2x/day. Start w HB, add ashwagandha if needed

DO NOT US if on anti-coagulants.

# Rhodiola Rosea

Stimulating

Dose - 150-600mg/day, early in day.

DO NO TAKE if on immunosuppressants or E contraindicated.

# Schisandra

Stimulating

Dose - 500mg-2g/day of extract or 1.5-6g of crude.  
13.5mg/kg/day for menopause

Avoid taking late in day. Can cause heartburn/upset stomach

---

## Maca Stimulating

Dose - 2g/day for hormonal symptoms, 3.5g/day for mood/psychological.

DO NOT USE if on thyroid meds. May be banned substance.

## Tart Cherry Calming/sleep

Drink a cold glass 30 mins before bed for sleep support

## Valerian Root Calming/Sleep

Dose - 400-600mL before bed

## Creatine (Not an adaptogen)

Dose - 3-5g/day to improve performance, help with mood disorders, counteract muscle, bone, strength loss by reducing inflammation, oxidative stress, bone resorption

---

# VITAMINS & MINERALS

Based on bloodwork, prioritizing the following vitamins & minerals through food and/or supplementation may be beneficial:

Calcium

Vitamin D

Vitamin K

Magnesium

Omega-3 fats

Iron

Vitamin C

Magnesium

