



Traditional Chinese Medicine (TCM) in the Management of Menopausal Symptoms/Conditions

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Introduction

Menopause is the stage in life when a woman stops having her monthly period. Technically, menopause results when the ovaries decrease production of the sex hormones estrogen, progesterone, and to a lesser extent, androgen, and no longer release eggs. A woman is menopausal after her periods have stopped for 12 consecutive months. Natural menopause occurs in a woman's late forties to early fifties. It is a normal part of ageing, marking the end of a woman's reproductive years. "Sudden, premature" menopause is induced by surgery, chemotherapy, or radiation.

Menopause is a natural transitional period in a woman's life and not pathology.

Unfortunately, about 70% of women in the UK experience noticeable symptoms/conditions associated with menopause. The symptoms/conditions include (1) *vasomotor symptoms* (hot flushes and night sweats); (2) *genital atrophy* (vaginal dryness and irritation, painful sexual intercourse, reduced libido, urinary tract infections, urinary urgency, and stress incontinence); (3) *increased bone loss/osteoporosis* (lower back and knee pains or weakness and increased risk of fracture); (4) *psychological symptoms* (depression, irritability, anxiety, mood swings, panic attacks); (5) *cognitive disturbances* (forgetfulness and diminished concentration); (6) *others* (palpitations, insomnia/sleep disturbances, headaches, fatigue, skin itching, dizziness, blurred vision, tinnitus, digestive problems, hair loss, body image change, and increased risk of coronary artery disease). These symptoms do not come all at once, and may last for hours, weeks or even years in some cases.

Some of the conditions/complications related to menopause may require medical intervention. Hormone replacement therapy (HRT) is the most commonly prescribed medicine in western medical practice. Unfortunately, despite its widely accepted benefits, the use of HRT has many potential health risks, including increased risk of breast, endometrial, ovarian cancer; increased risk of gallbladder disease; increased risk of thromboembolic disease, and even dementia (age 65 and older). Side effects of HRT include nausea, bloating and fluid retention, and negative effects on mood. Recent research has demonstrated that long term use of estrogen (either alone or in combination with progestin) results in more risks than benefits (<http://www.nih.gov/PHTindex.htm>). Women are currently advised to take HRT only if their symptoms are severe, and to use it for as short a time as they can tolerate. Women who have a history of breast, uterine and ovarian cancer, or a high risk of developing them, vaginal bleeding for unknown reason, liver disease, thromboembolism or cardiovascular disease, are not recommended to take HRT. There is a great need for alternatives to HRT in helping symptomatic menopausal women.



Treatment of menopausal symptoms/conditions with traditional Chinese medicine — scientific research and clinical studies

During the last decade more women have been turning to holistic and natural complementary/alternative therapies, including traditional Chinese medicine, for symptoms/conditions related to menopause. In fact, treatments of menopause and related conditions with TCM can be traced back to over two thousand years ago. There have been thousands of case reports showing the benefits of TCM treatment in menopausal symptoms as well as in protecting postmenopausal heart disorders and osteoporosis. Many modern clinical and experimental research studies further demonstrated that acupuncture and Chinese herbal medicine are effective in relieving some of the menopausal symptoms and may provide a safe and effective way to achieve a trouble-free menopause.

Acupuncture

Acupuncture can lessen the frequency and severity of hot flushes in women with natural menopause and women being treated with tamoxifen, a drug commonly used as part of the treatment for breast cancer which often causes menopausal symptoms due to its anti-oestrogenic effects (Wyon Y, et al. 1994, 2004; Porzio G, et al. 2002). In a pilot study, fifteen patients were enrolled to evaluate the safety and efficacy of acupuncture in the treatment of menopausal symptoms in tamoxifen-treated patients. It was reported that vasomotor, anxiety, depression and somatic symptoms were improved after acupuncture treatment; but libido did not change. No side effects were reported. The authors concluded that acupuncture seems to be safe and effective for the treatment of menopausal symptoms in women with previous breast cancer taking tamoxifen (Porzio G, et al. 2002). In another case study, 11 menopausal women with climacteric symptoms were treated with acupuncture. A significant improvement of menopausal vasomotor and physical symptoms, but not sexual symptoms was reported. The beneficial effect lasted for up to 3 months after termination of the treatment. No noticeable changes of the serum levels of reproductive hormones (including follicular-stimulating hormone (FSH), luteinizing hormone (LH), estradiol, progesterone, and prolactin) were demonstrated (Dong H 2001). Wyon Y, et al. (2004) compared acupuncture and oral estradiol treatment in the relief of vasomotor symptoms in postmenopausal women. They found that electro-acupuncture decreased the daily number of flushes significantly over time, although not to the same extent as the estrogen treatment. Since acupuncture is safe and cost effective, it is recommended as an alternative treatment of vasomotor symptoms in postmenopausal women.

In addition to its effective relief of menopausal hot flushes, acupuncture has also been reported as an effective non-hormonal relief of sleep disturbances (Cohen SM et al. 2003). When obese peri- and postmenopausal women were treated with acupuncture and low calorie diet, a significantly decreased mean body weight and body mass index (BMI) was demonstrated during the six-week treatment period, indicating that acupuncture is a useful additional healing method in the treatment of menopausal obesity (Wozniak P et al. 2003). There were reports that urge incontinence and diminished sexual response after



hysterectomy were improved/restored with acupuncture treatment (Glavind K et al. 1998, Davis B 2004). Acupuncture counteracts the memory loss and the decrease of immune responses accompanying aging and/or menopause as stated in a scientific paper by Toriizuka K et al. (1999), indicating its important role in medical care for the elderly.

Chinese herbal medicine

Clinical and experimental research studies have demonstrated that Chinese herbal medicine has remarkable effects in alleviating hot flushes, vasomotor instability, profuse sweating, sleep disturbances, depressive moods, and other conditions associated with menopause with good therapeutic efficacy and tolerability profiles (Liske E 1998, Sun J. 2003; Gonzalez TM and Domingo C 2002). Ushiroyama T et al. (2005) investigated the association between blood flow in the extremities and hot flushes, and compared changes in blood flow following hormone replacement therapy (HRT) together with Gui Zhi Fu Ling Wan (a herbal formula commonly prescribed in post-menopausal women). Three hundred and fifty-two post-menopausal women aged 46-58 years with menopausal complaints participated in the study. Sixty four patients were treated with HRT and 67 with the Chinese herbal therapy. Before starting any treatment, post-menopausal women with hot flushes showed significantly higher blood flow under the jaw than women without hot flushes. The blood flow at this site decreased significantly in both groups after treatment. Interestingly, the two groups showed a completely different change in the blood flow in the lower extremities: a significant increase of blood flow in the Chinese herbal medicine group, but a decrease of blood flow in the HRT group. They concluded that the herbal formula did not uniformly affect the activity of the vasodilator on sensory neurons of the peripheral blood vessels. The results indicate that the herbal remedy can be applied in the treatment of discrete hot flushes, i.e. hot in the face and upper body but cold in the lower body, which is one of the common symptoms of menopause.

Apart from the effectiveness in relieving vasomotor symptoms, herbal medicine has been reported to treat menopausal women in many other aspects. In a recent study, 24 HRT-resistant menopausal depressive women were recruited and treated with herbal medicine in conjunction with hormone replacement therapy (HRT). Improvement of menopausal depressive symptoms was reported after three months' treatment and the beneficial effects continued with extended use of the herbal remedy. No side effects were reported. The results indicate that herbal medicine can be used as an adjunctive therapy in the management of HRT-resistant menopausal depressive women (Koike K, et al. 2004). Herbal medicines were observed in aged rats to modulate the white blood cell distributions and immune functions, indicating their potential role in improving the attenuated immunity evident in post-menopausal and elderly women (Ho AL et al 2003). Puerarial lobata, a traditional Chinese herbal remedy, was examined in a clinical study for its application in menopausal symptoms (Woo J, et al 2003). One hundred and twenty seven postmenopausal women aged 50 to 65 years were randomized to receive HRT (n=43), herbs (n=45), or no treatment (n=39). Both the HRT and herbal groups showed an improvement in Mini-Mental State Examination score and attention span compared with the control group receiving no treatment. HRT and herbs had different effects on cognitive function; HRT improved delayed recall, whereas flexible thinking seemed

improved in the herbal treatment group. The results indicate the effects of the herbal remedy on the cognitive function. Herbal extract was found to decrease loss of bone mass in an animal model of premature menopause (Nisslein T and Freudenstein J 2003). Shi WB, et al (1997) further reported that the herbal formula reduced the urinary excretion of calcium and hydroxyproline in postmenopausal women after 1 year of the herbal treatment, indicating its role in bone remodeling. In a recent review, a group of researchers from Australia reviewed literatures that related to diagnosis, prevention and treatment of bone loss at the time of menopause according to the principles of TCM. They concluded that acupuncture, herbal medicine and Taiji exercise can be effective in the prevention and treatment of osteoporosis if applied correctly (Xu H et al 2005).

Conclusions

TCM has a long history in the management of menopausal patients. Although its primary basis rests on empirical evidence as well as case studies, modern scientific research supports its therapeutic modalities in menopause. TCM aims at relieving symptoms, restoring health (mental, spiritual, emotional, and physical), and, most importantly, improving women's quality of life.

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