

In Balance

Published by Women in Balance™



Welcome Back to **In Balance!** In this spring issue we address recent news and research that directly affects women, and get spot-on advice from our leading experts on optimal health. We also thank our growing number of supporters whose generosity allows us to expand our education and research efforts for women's health. The information we continue to bring you from our Medical Experts and Scientific Advisors, through our newsletter, website, and Create Balance: Your Journey to Wellness Campaign 2007, is designed to help women (and health professionals) learn more about the vital links between hormonal balance and how to achieve optimal health. By following Balance Steps we bring you in every issue of our newsletter (and website), staying abreast of our research updates, and helping you find a knowledgeable health care provider to work with, we can help you take action to get real results.

To the millions of women seeking answers in the minefield of confusing, often contradictory information and treatments, Women in Balance is here to separate fact from fiction, provide sound medical information, clarify the issues and light the path on your Journey to Wellness! Join us and our many supporters who are creating the BUZZ about natural options for restoring hormonal health, balance and peace of mind!



"We turn not older in with years, but newer every day"

-Emily Dickenson

In this Issue

Vitamin D – Another "Hormone" Option? Are you unaware of a Vitamin D deficiency that could cause you problems? We shine a little light on new findings about Vitamin D

Ask The Doctor: Are you in major confusion about hormone usage and its link with breast cancer? Dr. Jane Murray steers us through the latest developments.

Balance Step: Sleep! At this point in life, what's "normal" sleeping? We discuss good sleep ideas to try (instead of staring at the ceiling at 3 AM!).

Up Close and Personal: Interview with Women in Balance Medical Advisor and Medical Director of Canyon Ranch, Dr. Cindy Geyer. Dr. Geyer is a leading women's health expert, and nutrition and hormone balance specialist. Dr. Geyer provides some key insights to getting your life in better balance!

What's In... What's Out

IN	OUT
Whole foods to balance blood sugar	Coffee and Donuts
Old Rockers' Resurgence	Headbanger Music
Getting my Vitamin D – Sun	Pasty-White Skin
Time For You	You come last
A Healing Place in the Home	Way too much stuff

Research: What's Happening

Vitamin D – Another “Hormone” Option?

Commonly known as a vitamin, Vitamin D is technically a hormone since it is formed through the action of sunlight on its precursors in one organ (the skin) and exerts wide-ranging physiological effects on other organs throughout the body. It is currently the subject of much research as its deficiency is widespread, particularly in the elderly.

It is estimated that 70% of women aged 65 have Vitamin D deficiency and 90% of women aged 75 are deficient (Moore et al. 2004). Vitamin D deficiency results in an increase in parathyroid hormone (PTH) levels and this can lead to the bone loss and cardiovascular disease commonly observed in postmenopausal women. A growing number of researchers have described the widespread implications of Vitamin D deficiency for health, including not only various cardiovascular diseases and osteoporosis, but also links with types 1 and 2 diabetes, cancer, some autoimmune diseases and multiple sclerosis.

What Causes Vitamin D Deficiency? The epidemic levels of Vitamin D deficiency even in the general population may be largely a result of limited exposure to sunshine and possibly the over-use of sunscreen products.

Vitamin D and Bone Health The implications of Vitamin D deficiency for postmenopausal bone loss leading to osteoporosis have been widely researched and are a significant factor in the pathogenesis of this condition. Current estimates are that, on average, 64% of postmenopausal women with osteoporosis are Vitamin D deficient, with a higher prevalence in non-equatorial regions, where daily exposure to sunlight is reduced. Dietary calcium is also a significant factor.

Another intriguing aspect of Vitamin D insufficiency is that it reduces muscle strength, which can lead to a higher risk of falling. Clearly the combination of osteoporosis and an increased risk of falling is a recipe for fractures.

Vitamin D and Cardiovascular Health The Vitamin D deficiency prevalent in women past menopause also has significant cardiovascular implications. Norman and Powell (2005) have reviewed the effects of Vitamin D on the properties of peripheral arteries, and discussed the link between arterial calcification and osteoporosis. Adequate Vitamin D appears to be essential for peripheral arterial health. Recent data supports the hypothesis that the increasing incidence of cardiovascular disease worldwide is related to Vitamin D insufficiency, a main epidemiological factor being exposure to sunlight.

How Much Vitamin D Do We Need? The medical professional guidelines for postmenopausal osteoporosis treatment recommend adequate calcium (at least 1000 mg/day) and Vitamin D intake along with other lifestyle measures such as fall prevention, as first-line treatment. Since Vitamin D insufficiency is one of the most common hormonal deficiencies in the postmenopausal years and has enormous implications for both bone and cardiovascular health, this is likely to be one of the simplest “hormone replacement” options available that may have the greatest impact on health as we age.

What are my best sources of Vitamin D? You can get Vitamin D from as little as 10 minutes a day in the sun. **WIB** Medical Advisor, Dr. Cindy Geyer suggests we protect our faces, take 2,000 units of Vitamin D in the winter, and wear a hat when out in the sun. Dietary Vitamin D supplement-

Ask the Doctor



Jane Murray, MD
Founding medical chair of
Women In Balance and Director
of the **Sastun Center of Integrative Health Care**

Q: “I heard a news headline that the rate of breast cancer is decreasing since there has been less use of hormones in the last few years. Should I stop hormones too? I don’t want to get breast cancer.”

A: Well – here’s my take on this “news.” First of all, the “decline” has been seen in comparing rates of breast cancer between 2001 and 2003 (we got the “news” report in 2006 because it takes that long for epidemiologists to get data and analyze it.)

More than two years is required for breast cancer cells to grow to a size that is detectable clinically or on a mammogram, so reports of a decrease in the rate of breast cancer after only 1-2 years of lower hormone use is much too short a time frame to conclude that these two pieces of information are the result of cause and effect.

In the last 5-6 years several new drugs became more widely used (e.g., tamoxifen in high risk women for breast cancer prevention, and raloxifene, or Evista®, for osteoporosis) and we also saw a marked increase in the use of real (bioidentical) progesterone when Prometrium® was approved in 1999. Could these also be factors in the decline in breast cancer we are seeing?

Secondly, the Women’s Health Initiative (WHI) (the government study on hormones that was halted in 2002 because of increased risk in some diseases in women) used Premarin® and Prempro®, neither of which includes human identical (or bioidentical hormones). Those are the hormone drugs whose use by women has been dramatically reduced, as it is Wyeth’s sales figures (maker of the two drugs) that are used when saying, “hormone use has

tation with 800 to 1000 IU/day, at least twice the current recommended daily intake, is required to maintain optimal blood levels of 75 nmol/L for women, as suggested by a review of the recommendations of several experts in the field (Dawson-Hughes et al. 2005). This is particularly important in northern climates where the daily sunshine hours are limited, in wintertime, and in dark skinned women, whose sunlight requirements are considerably greater than those of fair-skinned people for adequate Vitamin D synthesis in the skin. Most foods contain negligible amounts of Vitamin D and the current RDA of the vitamin in over-the-counter supplements is too low.

Early results of study have shown that oral but not transdermal estrogen increases blood clot risk

Since the publication of the Women Health Initiative (WHI) results in July 2002, medical practices of hormone therapy have been dramatically altered. Despite a striking decrease in hormone therapy use, many women remain eligible for this treatment to correct postmenopausal climacteric symptoms (hot flashes) and to prevent osteoporosis.

Cardiovascular disease, including venous thromboembolism (VTE) (or blood clots), is an important determinant of the benefit to-risk profile of hormone therapy. Both observational studies and clinical trials have shown a significant increase in VTE risk among postmenopausal women using hormone therapy.

However, most of these studies were done in women using preferentially oral estrogen alone or combined with a specific pregnane derivative (medroxyprogesterone acetate) and these results are not necessary relevant to other hormone regimens.

(WIB note: medroxyprogesterone acetate is also known as MPA, progestin or synthetic progesterone)

In European countries, especially in France, the transdermal route of estrogen administration is used most often. In addition, many progestogen derivatives are available, and the impact of the different types of progestogens on the VTE risk has not been investigated. Therefore, we designed the Estrogen and Thromboembolism Risk (ESTHER) study, a multicenter case-control study performed in France, to investigate the impact of the route of estrogen administration on (blood clot) VTE risk among postmenopausal women.

Early results of our study have shown that oral but not transdermal estrogen increases VTE risk.

In addition, the data suggest that norepregnane derivatives may be thrombogenic, whereas micronized progesterone and pregnane derivatives appear safe with respect to thrombotic risk. If confirmed, these findings could benefit women in the management of their menopausal symptoms with respect to the VTE risk associated with oral estrogen and use of progestogens.

The ESTHER study is a multicenter case-control study. It was done in France in 8 hospitals and in the general population between 1999 and 2006. Final analysis of the ESTHER study, based on a more important pool of cases and controls, focuses on the impact of the progestogens on VTE risk.

(WIB Editor Note: This is an important study, and reinforces much of the scientific research WIB clinical experts and Scientific Advisors have reviewed, which have reported lower risk (VTE and breast cancer) and better profiles with preferred use of transdermal estrogen (estadiol) with natural or bioidentical progesterone in appropriate low doses).

Excerpt Circulation 2007;115:840-845, "ESTHER Study Women: Impact of the Route of Estrogen Administration and Progestogens: The Hormone Therapy and Venous Thromboembolism Among Postmenopausal"
<http://circ.ahajournals.org/cgi/content/full/115/7/840>

dramatically declined." In the same time frame that Wyeth's drug sales have deeply declined, the use nationwide of bioidentical hormones, including both those commercially available and compounded formulations, has seen a rise in use.

An important study from France published in the International Journal of Cancer in 2005 reported on a 5-year analysis of the use of estrogen (of different types) with (bioidentical) progesterone or synthetic progestins (such as the one present in Prempro ®.) The women who took any type of estrogen (bioidentical or not) along with the synthetic progestin did experience a slightly higher rate of breast cancer, while the women taking real (bioidentical) progesterone had an equal (actually slightly lower) risk to women on placebo! This is VERY IMPORTANT INFORMATION! It may be that the kind of progesterone (real progesterone or its synthetic version – progestin) we use in hormone therapy is much more important than the type of estrogen.

It is important for you to revisit the need for any hormones at each annual visit. Has your health situation changed? Is there new research out that might change the hormones we are using to help your menopause situation? What does your mammogram show? The whole conversation about hormone use in menopause and perimenopause is very dynamic as we continue to get more research and ask more questions.

For up to date information and the latest research on bioidentical hormones, go to the web site for Women in Balance: www.womeninbalance.org and if you are so inclined, donate to the cause! Women in Balance is devoted to promoting education and advancing research about women's health choices at midlife, and in particular expanding education and research on bioidentical hormones.

Balance Step: Sleep

Change Your Attitude – Reclaim a Good Night's Sleep

We all like our quality Zzzzs...no one wants to have trouble falling asleep, waking up or waking too early. A recent article in prevention.com reveals that finding yourself wide awake after a few hours of sleep or waking often during the night is called parasomnia, or sleep maintenance insomnia, and is quite common. So, you may need to rethink “normal” sleep.

“The root of most sleep problems is stress,” says Jeffrey Thompson, director of the Center for Neuroacoustic Research in Encinitas, California, and creator of an audio sleeping aid called the Delta Sleep System. “Our nervous system is built for a sprint, but we’re living in a stress marathon,” he says. Dr. Rubin Naiman, Ph.D., a sleep and dream specialist at Andrew Weil’s Program in Integrative Medicine at the University of Arizona, adds: “If you go to bed worried, you’re probably going to wake up in the middle of the night.”

But a new generation of sleep scientists, some of them yoga experts, say that a few simple changes in your routine—and perhaps an attitude adjustment—can reclaim your peaceful night of slumber.

First, throw out your definition of a good night's sleep.

“Thinking it’s necessary to stay asleep for 8 hours straight may be unrealistic,” says David Neubauer, M.D., associate director of the Johns Hopkins Sleep Disorders Center and author of *Understanding Sleeplessness: Perspectives on Insomnia*. “Just as we experience a dip in alertness mid-afternoon, the inverse is a dip in sleepiness in the middle of the night. There’s strong evidence that there’s a kind of awakening that’s totally normal.”

Even waking every 60 to 90 minutes can be part of a healthy sleep pattern. The deeper stages of sleep, or REM (rapid eye movement) sleep, occur about every 90 minutes and get longer as the night goes on, so your brain might become more alert between those cycles.

Since we’re conditioned to think that waking during the night is a problem, when it happens, we panic, causing our brains to awaken even further. If you find yourself awake in predawn hours, check your physical state. Do you have an ache, a cramp, or need to go to the bathroom? If so, take care of it. If you don’t have a physical complaint, chances are you’re experiencing a normal stage of the sleep cycle.

Knowing this “helps replace worries that you’ll be useless without 8 solid hours of sleep with more neutral thoughts,” says Sat-Bir Khalsa, Ph.D., instructor in medicine at Brigham and Women’s Hospital at Harvard Medical School. “The useful thought is: ‘I can handle the disruption and still feel rested.’”



Rest your head.

After an action-packed day, your brain needs some time to make order of things and slow its frenetic firing before you’re ready to sleep. Pure bodily exhaustion can probably conk you out for an hour or so, but then worries will surface and cause you to stir. How can you get your mind to chill?

Establishing any ritual that you do before bed—taking a bath, sipping a cup of (decaf) tea, anything but checking your e-mail—will do more than relax you right then and there. The repeti-

Up Close and Personal



UP CLOSE AND
PERSONAL:
DR. CINDY GEYER

Dr. Cindy Geyer is a Medical Advisor to **Women in Balance**, and has served as the Medical Director of the famous healing spa Canyon Ranch in Lenox, Massachusetts for the past nine years. Dr. Cindy Geyer dedicates much of her time to educating guests about women’s health, nutrition and hormone balance --- so she’s perfect to ask for pointers about creating hormone balance for our Women in Balance!

“What sets Canyon Ranch apart from other spas is our approach to whole health and healing --- having doctors on the premises with training in integrative medicine; working with other health professionals such as acupuncturists, nutritionists, exercise physiologists and behavioral therapists,” she says. “On any given day, clients can listen to lectures, and get a good education on health; eat delicious, nutritious foods; and take a lot of information home with them.

“Listening is a huge piece of what we do for our guests. We try to get the whole big picture of a person, and make a prescription for wellness by figuring out the stressors.” In her many years there, has she seen change? “Huge,” she says. “When I first started, my colleagues in the community thought nutrition and exercise were alternative medicine.”

Both the medical community and its patients are a lot more educated about wellness today. Dr. Geyer is particularly interested in the impact hormones --- or lack of them --- have on the body. “When we talk about **hormone balance**, we have to look at the Big Picture,” she muses. “We’re talking Hormone Soup, all of them are interconnected. One big piece discussed a lot nowadays is **Vitamin D** (see article in this issue), and how many roles it plays with regard to insulin resistance, which is tied to weight gain

tion also conditions your brain and body for sleep, Thompson says. When you transition to Z-mode the same way night after night, you're creating a Pavlovian response to your ritual. So simply sitting in the spot where you do your breathing or turning on the bath water signals your mind that it will be sleeping soon.

Another way to condition yourself is by playing off the body's internal clock. Dr. Naiman suggests simulating dusk about an hour before you plan to go to bed and dimming the lights significantly. This triggers natural circadian rhythms that help us prepare for sleep.

"Women tend to take stress to bed and mull over it," says Joyce Walsleben, Ph.D., associate professor at New York University Medical Center and author of *A Woman's Guide to Sleep*. To prevent stress from waking you up, Dr. Walsleben suggests keeping a worry book—a journal in which a couple of hours before bed, you write down the thoughts you might stew over. Then, she says, when those thoughts creep into your head later, tell yourself, "I can't improve upon it today, so I'm not thinking about it." Other experts recommend literally kicking those worries out of the bedroom. Physically take the journal to another room and leave it until morning.



Make the breath-brain connection.

Dr. Khalsa recently supervised a small Harvard study using yoga breathing techniques to treat insomnia, and all subjects reported an improvement in the quality and quantity of sleep. "There is evidence that long, slow abdominal breathing will reduce anxiety and arousal," Dr. Khalsa explains. Dr. Naiman recommends one breathing technique called the 4-7-8-breath exercise. With your tongue resting on the roof of your mouth, just behind your upper teeth, exhale completely. Close your mouth and inhale through your nose for four counts. Hold your breath for seven counts. Then exhale while mentally counting to eight. Repeat the cycle three more times. Such breathing is essential for restful sleep.

To get to a sleepy state, try Bridge pose. Lie on your back with knees bent at a 90-degree angle and your heels parallel, close to your butt. Lift your hips up off the floor, pushing your pelvis toward the ceiling. Arch up onto your shoulders, then lace your palms together underneath your body and press your arms into the floor or mat. Hold the posture while taking 10 to 15 long, slow breaths.

When you wake up anyway ...

Tired as you are, you're not about to do more yoga. But if you're still far from dreamland, try a mantra. Silently repeat any word that's soothing or pleasant to you, or simply think, "inhale" as you inhale, and "exhale" as you release your breath. Thinking the words over and over focuses and relaxes you, but requires less attention than counting sheep, which can actually be too engaging to work the way it's supposed to.

You can also try going to another room. Put a night light in your hallway so you won't need to turn on brighter lights. Occupy yourself with something calming like knitting, listening to music, or even performing your pre-sleep ritual again. Only when you feel drowsy, Dr. Khalsa says, should you go back to bed. In a very short while, you should be the picture of blissful sleep.

Source: prevention.com by Liesa Goins

around the middle. Recent studies show that Vitamin D may also be tied to breast cancer risk. Having plenty of Vitamin D in the system can lower risk for breast and colon cancer, and it helps you maintain good bone cells." Many know you can get Vitamin D from as little as 10 minutes a day in the sun. Dr. Geyer suggests we protect our faces, take 2,000 units of Vitamin D in the winter, and wear a hat when out in the sun.

She also sees that many women have a **magnesium** deficiency. You get magnesium from dark leafy greens and seeds, and about 70% of us don't get enough of this. That deficiency can make us experience everything from anxiety to depression, irritability, muscle cramps, and constipation. Dr. Geyer recommends a combination of **calcium and magnesium** in a 2:1 ratio. In addition to food sources, a reasonable starting dose for a supplement is 500 milligrams of calcium, 250 milligrams of magnesium. At night, magnesium offers an added bonus, in that it has a calming effect.

You may also want to find out if you're **estrogen dominant**. Telltale signs include heavy periods, fibroids, weight gain. Insulin resistance interacts to increase estrogen effects, and as you move through menopause, you may be at risk for breast cancer and diabetes. **Eating more fiber**, reducing starchy and sugary foods, and exercising can help counteract this tendency. Estrogen also interacts with **normal thyroid function**, which affects metabolism, energy and mood. And if **you're moody, B vitamins, such as B6, B12, and folic acid may help.**

She also sees many women who need **Omega 3 fatty acids**. These are found in fish, nuts and seeds. Low levels of these fatty acids have been associated with postpartum depression or regular depression, as well as many problems with memory.

Stress also plays a big role in your well-being. Prolonged stress can lead to more insulin resistance and weight gain around the middle. It can also lead to lower **DHEA** levels, which

New Board Member



Women in Balance is honored to welcome Deb Soholt, RN, CNA, MS as a Board Member. With a Masters in Nursing, Deb has more than twenty years of clinical leadership experience advancing innovative care models for women's health. She is well-known for leading the development of a next generation,

primary care clinic for women in hormonal transition within a hospital system. The clinic uses tele-health consultations and educational outreach throughout rural South Dakota. Deb is active in public policy as a proponent for women's health issues and co-hosts House Calls, a weekly health information radio show. Deb is a true leader in women's health combining visionary focus, passion, experience and one of the most positive outlooks on the future of women's health.



Up Close and Personal *continued*

can lead to low libido and energy. Finding as little as 10 minutes a day to relax, meditate, and breathe deeply can lower stress hormone levels and raise DHEA naturally!

“People talk about hormone imbalance, but it's usually life imbalance,” she says. “Women come to see me, and have at least an hour to discuss their concerns and family history. We also review their stress, sleep patterns, diet, passions, and relationships. Together, we identify the areas in their lives that are most out of balance. Then, connecting them with our experts at the spa, we work on things to help – breathing exercises, meditation, exercise, and healthy foods.

“We recommend that you eat whole foods, lots of fruits and veggies --- about 8-10 servings a day. Don't skip meals. A good idea is to take a plate, cut it in half, and fill half of it with fruits and vegetables, one quarter with healthy protein, and one quarter with complex carbohydrates, like brown rice or sweet potatoes. Take a lesson from what we call the French Paradox: Sample everything, but just in little bits. The French enjoy multi-course meals a little at a time over a period of a few hours in the company of good friends and family, and in a relaxed environment.”

She adds that **cruciferous vegetables such a broccoli, cauliflower and brussel sprouts** help process estrogen in more favorable ways. Research is saying that these vegetables may be chemo-protective against cancer. But most people still need **a good multi-vitamin with minerals --- one without iron after menopause**. You may also want to add **Fish Oil** – 1000 milligrams of EPA and DHA (2 oils in fish). **And take at least 10 minutes a day to do one thing you truly enjoy.** These pleasurable times will help you go a long way towards life balance.

WIB Guiding Principles

Balance: The foundation of optimal women's health begins with **Balance Steps:** a wholesome nutritious diet, movement & exercise, stress management, enough quality sleep, and only if needed appropriate, nutritional and natural hormone supplements. There exists a growing spectrum of health producing options and treatments to help women achieve their best health and reduce their risk for disease.

Individuality: There is no one dose or approach to achieve optimal health and hormone balance that fits every woman. Ideally, a woman should work with a qualified health care professional to learn about her options and to determine through symptom analysis or testing whether she needs to supplement hormones. Not all women need hormone treatment, but for those who do, natural hormones are in option, but only in safe, physiologic doses prescribed by a medical professional according to need.

Support of Real Solutions for Women's Health: We promote and advance research, public and professional education and media awareness on safe, effective, natural solutions for women's wellness and hormonal health issues. We educate key decision-makers about the need for expanding research for optimal health and disease prevention

Altruism: **Women In Balance** is a non-profit organization and does not promote commercial products, entities or individuals. Women In Balance conducts several strategic programs including:

- **Create Balance: Your Journey to Wellness**, a national public awareness Campaign for women over forty
- **WIB website** providing interactive tools, medically sound health information and solutions for women and health professional resources including a full compendium research reference section
- **National and local community education events** for women and health professionals with renowned **WIB** health experts
- **Promoting and expanding research** on hormone balancing solutions and disease prevention for women in conjunction with the **WIB Scientific Advisory Network**



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If you find our nonprofit organization worthy of your critical support, please consider contributing by clicking on <http://www.womeninbalance.org>. Your gift will have a huge impact by helping us reach and educate more women about real solutions for achieving optimal health, hormone balance, and reducing their risk for disease. Also, your gift goes to promoting and expanding research and access on the spectrum of natural wellness and hormone balancing options. Join our important cause today!

WE COULD NOT BE WOMEN IN BALANCE WITHOUT YOU.

Thank you to our most recent Women in Balance contributors! Their generosity and commitment is helping us advance critical research and education on optimal health and hormone balance.

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