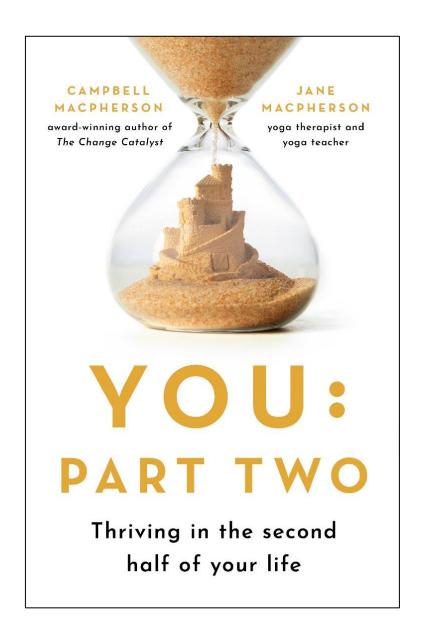
## **EXCERPT FROM**

# CHAPTER 6: Menopause vs MenoPorsche





Fifty-one per cent of the adult population will go through the menopause.

The other 49 per cent will think they are.

Let me be crystal clear right up front: there is no comparison between menopause and the male midlife crisis we have labelled 'MenoPorsche'. One is a profound hormonal transformation full of significant and life altering physical and emotional changes. The other is an attempt to disguise waning virility in the andropausal male with the acquisition of a red convertible.

And with that pithy comment, I think it is best that I hand the keyboard over to Jane.

#### **MENOPAUSE: FREE AT LAST!**

To paraphrase Ruby Wax's quotation from the front cover of one of the most insightful books I have ever read on this subject, *The Second Half of Your Life*, by Jill Shaw Ruddock: 'Menopause is the start of the best years of your life – no longer a slave to your hormones. Free at last! Free at last!'

Menopause is all about change. In fact, the label that our mothers and grandmothers gave it was precisely that – 'the change'. To be accurate, perimenopause, menopause and post-menopause are all about change. Menopause is a fleeting point in time that occurs exactly twelve months after our last period. Before that day, we are perimenopausal. The day after, we are post-menopausal. The medical fraternity loves their labels. And the changes can be profound. While some women sail through menopause, so many others find it to be the most difficult time of their lives. Most menopausal women struggle at work, with 63 per cent reporting that their working life has been negatively affected, according to a 2019 study of one thousand menopausal women in the UK.<sup>2</sup>

Menopause specialist Newson Health puts the figure at 94 per cent and states that as many as 20 per cent of menopausal women have had to give up their job due to the severity of their symptoms. We are also more prone to suffering from anxiety and depression at this time in our lives. The highest suicide rate for women is in the age group forty-five to forty-nine (10 deaths per 100,000), according to the Australian Bureau of Statistics. The second highest rate is in women aged fifty to fifty-four.<sup>3</sup>

Every significant change comes with its own roller coaster of emotions, and none more so than menopause. The 'change curve' we will meet in Chapter 8 (p.80) is just as relevant here, as we traverse a terrain of heightened emotions full of shock, denial, anger, fear, melancholy and depression, until our heads can start to plan a route forward and finally our hearts are able to embrace the changes that are happening to us. The emotions that we experience throughout 'the change' are entirely normal. They are a by-product of the natural hormonal changes that are happening to our bodies. But even given that it is entirely natural, completely normal and the number of people going through the menopause is approaching a billion worldwide, 75 per cent of women aged between thirty-five and sixty still feel that it is something of a taboo subject, according to recent research conducted by menopause support group and specialist resource hub, Generation Menopause (www.gen-m.com). Two out of three women were taken by surprise by the

<sup>&</sup>lt;sup>1</sup> Vermilion 2011

 $<sup>^2\</sup> https://www.forthwithlife.co.uk/blog/menopause-in-the-workplace$ 

<sup>&</sup>lt;sup>3</sup> Australian Bureau of Statistics. 3303.0 - Causes of Death, Australia, 2015. Canberra: Australian Bureau of Statistics; 28 September 2016.

perimenopause, a fact that certainly surprised me, and 36 per cent agreed with the statement 'it made me feel invisible'.

It doesn't have to be like that.

We can look at menopause in one of two ways – either as something to regret or as something to accept; as the end of something precious or as the start of something new. And it is both. Yes, it marks the end of our fertile years and it is entirely natural that we may pause to mourn the loss of that fertility. But it can also be a life-changing, life affirming experience. It can be the opportunity to free ourselves from the mundanity of menstruation, the pain, the mood swings and the energy sapping exhaustion of the monthly cycle. After so many false dawns, I am on the home stretch and I can't wait!

In this chapter, I will be discussing my personal experiences with perimenopause and just some of the things that I have learnt from helping other perimenopausal and post-menopausal women to cope with, accept and embrace the transition. I will talk about traditional hormone replacement therapy (HRT), bioidentical HRT and, of course, yoga. I will also share the mindset I have tried to adopt when it comes to menopause; what perimenopause means to me and why I am looking forward to a post-menopausal life.

Then Campbell will return and talk about bonobos and rams.

## Menopause can be an extraordinarily exciting time for a woman

It is a wonderful opportunity for women to go from being the nurturers to looking after themselves for a change. It is an opportunity to make a real shift in the way we look at ourselves, our bodies, our emotions and our minds. One of the things I encourage my yoga therapy clients to do is to 'feel the way they're feeling' and to embrace these feelings. At this time in our lives, we are undergoing a whirlwind of different and often conflicting emotions, all of which are entirely natural. It's okay to be feeling the way we feel. We give teenagers plenty of space as they navigate their changing hormonal journey; surely we can do the same for ourselves!

I help my perimenopausal clients to divert their inner gaze to what is working well with them right now. What do they like about themselves right now? What do they love about themselves? We also work on what they would like to change if they could and to identify those things that they can actually change. It could 'simply' be changing the way they think about themselves or how they think about menopause. Or it may be even more substantial than that: some women decide that they want to change where they live or change their job. Some even want to change their partner. A recent study by the American Association of Retired Persons (now there's an uplifting acronym if ever I have heard one!) found that 66 per cent of all divorces are initiated by women in their forties, fifties and sixties.<sup>4</sup>

During this phase of our lives, we experience a reduction in both oestrogen and progesterone, and our testosterone can increase a little, which means that we may find ourselves becoming a little bit more 'bolshie' as I like to say; a little more strident perhaps. I know I am, much to Campbell's distress at times, but then he knows what he bought into - I think. To me, the fact that we may become a little more opinionated, disgruntled and confident is a really positive thing. And, dare I say, more 'male-like'.

<sup>&</sup>lt;sup>4</sup> https://www.aarp.org/research/topics/life/info-2014/divorce.html

Talking openly about menopause is a new and welcome development in our society. I agree wholeheartedly with Jill Shaw Ruddock, who, in her life-changing book that I mentioned before, *The Second Half of Your Life*, described menopause as being an element of the 'fourth wave of the feminism movement'. The first wave began in the nineteenth century – 19 July 1848 to be precise – with the world's first women's rights convention at Seneca Falls in New York State, and continued into the twentieth century with the suffragette movement. The second wave kicked off in the 1960s with the pill and sexual liberation and a drive for equality. 'Equal Pay Acts' were introduced in the US in 1963 and in the UK in 1970 (a year before Swiss women were finally allowed to vote!). Putting aside the sad fact that equal pay still remains an ambition fifty years on, the third wave of feminism started in the 1990s and took on a very different form. Germaine Greer, Gloria Steinem and Simone de Beauvoir gave way to Madonna, The Spice Girls and, later, Pussy Riot. To many of the vanguards of the second wave, this new wave seemed to be selling out; throwing away their mothers' hardfought gains as they adopted high-heels, push-up bras and low-cut necklines that the likes of Germaine and Gloria would have identified with male repression.

A video game called 'The Power Babes' captured the zeitgeist with the tag line 'It's possible to have a push-up bra and a brain at the same time'. So, is embracing menopause part of the fourth wave? I'd like to think it is. Our mothers' generation didn't really talk about the subject. I know my mother went through a really tough time in her forties and fifties. Mind you, which part of that was due to menopause and which part was due to my father dying so suddenly, I am not sure. She didn't take anti-depressants, nor did she take HRT. She just 'got on with it'. These days, we have access to so much support for both bereavement and menopause. I think we are enormously lucky.

Menopause can be a liberating time in a woman's life. It is indeed a time of change, but it needn't only be change that is done *to* us. We can also place ourselves in the driver's seat and instigate changes of our own – changes in our attitude, our situations, our careers, our finances – whatever they might be. If we look after ourselves and treat ourselves with kindness and compassion, we can channel all this energy into moving forward with a sense of exhilaration and optimism. I think it is a really exciting time.

Some women breeze through menopause. Their hormone changes don't seem to affect them at all. In one sense, that must be bliss. And yet, a part of me wonders if they are missing out on something profound. Mind you, if you are reading this in the middle of a hot flush and thinking even semi-seriously about 'sticking a knife into your husband', to quote one of my clients, perhaps the word 'profound' doesn't quite do it for you at this point in time. But I definitely feel that the menopause is a 'one door closing and another door opening', life-defining moment.

While some women only have to take the occasional painkiller to get through it, for most of us, 'the change' is very challenging indeed. Quite a few of my clients have come to me in a near state of despair, suffering from any number of symptoms – hot flushes, panic attacks, sadness, bouts of anxiety, depression, joint pain, headaches – sometimes the whole lot. Their despair stems not only from their symptoms, but also from the fact that society doesn't seem to respect, empathise with or understand what they are going through. Too many times, the response from their doctor has been: 'Well, you can take an anti-depressant, or I can put you on HRT.'

Yes, the hormonal imbalance of perimenopause can cause symptoms that mirror those caused by depression: apathy, futility, anxiety, fatigue, low confidence, poor concentration, low libido, insomnia . . . but that doesn't necessarily mean we are 'depressed'; it may just mean we are perimenopausal! Many of us don't want the pharmaceutical sticking plaster of anti-depressants; we want to take back a little bit more control – of our physical health and our mental health; our sense of wellbeing – and we would prefer not to rely on medication to achieve this.

By the time this book is published, I sincerely hope that England's NHS will have started to prescribe yoga therapy as a recognised treatment for anxiety and depression. There are signs that they might. Numerous studies have renewed calls for precisely such a change. One such study from the Grossman School of Medicine at New York University<sup>5</sup> treated people who were diagnosed with anxiety in three separate ways and compared the results. One group was treated with cognitive behaviour therapy (CBT), another with stress-management education and the third with kundalini yoga. The CBT group fared the best with 71 per cent of people reporting improved symptoms, but 54 per cent of the yoga group reported improved symptoms compared to only 33 per cent of the stress-management group. The NHS website already sings yoga's praises on its website. Seeing that one in five of us suffer from 'generalised anxiety disorder' (GAD), Prescribing yoga would be a wonderful step towards helping millions of people cope with this debilitating condition.

#### Menopause and yoga

Yoga has a powerful role to play in helping us experience and embrace both peri- and post-menopause. It not only helps us to be physically healthier but more importantly, it gives us the tools, the techniques and the approach to gain a degree of control over what is happening to us. It helps us to clear the mind and accept what we cannot change – and identify what we can. That alone can be incredibly empowering.

However, first let's address a common misperception about what yoga is and what it is not. Some of you may be thinking that yoga is not for you. The thought of squeezing into skin-tight leggings and sitting in a hot room surrounded by ultra-bendy thirty-somethings doing pretzel impersonations is about the last thing you want to do. This is not what yoga is about. It saddens and frustrates me when I see yoga reduced to images of young, toned, acrobatic, hyper-mobile young women modelling the latest Lululemon gear. It merely serves to reinforce the Western infatuation with youth and image. It does little more than sow more seeds of self-judgement and self-criticism: 'I couldn't possibly do yoga as I am not thin/young/pretty/bendy/photogenic enough'. This couldn't be further from the true essence and meaning of yoga. Yoga is not about youth. It is not about image. It is not about posing. 'Yoga' means union: the joining together of mind and body. The postures help us become stronger, more flexible and help us release tension. When we connect with our physical bodies and our breathing, we find our busy, chattering minds fall quiet. We feel calmer and present, less reactive, less judgemental.

I didn't start seriously practising yoga until after my daughter was born. I was in my thirties. I didn't start training as a yoga teacher until I was in my forties. I was fortunate to be taught by a very special

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<sup>&</sup>lt;sup>5</sup> 'Generalized Anxiety - A Treatment Evaluation' https://clinicaltrials.gov/ct2/show/NCT01912287?term=NCT01912287&draw=2&rank=1

<sup>&</sup>lt;sup>6</sup> https://www.nhs.uk/live-well/exercise/guide-to-yoga

<sup>&</sup>lt;sup>7</sup> https://www.ncbi.nlm.nih.gov/books/NBK441870

teacher, Ruth White, who had been trained by Iyengar himself. She was older and she taught me what yoga was actually all about. Yoga isn't about youth. It isn't about fashion. It has nothing to do

with how you look. It is all about connecting our bodies, breathing and minds to bring us to a calm place to help us embrace change and live life. I have been asked so many times how can yoga help us cope with the symptoms of menopause; how can we stay calm in the middle of a hot flush or anxiety attack?

My reply is that it is difficult, but it can be done. Yogic breathing techniques and meditation don't require you to sit in the lotus position on top of a Himalayan mountain. We can do them anywhere. And sometimes it helps to move. I do a lot of breathing-moving meditation. When someone is very anxious — their mind churning rapidly with worry about their children, their parents, the house, their partner, finances, or just churning for no logical reason (because anxiety often has very little to do with logic) — getting them to sit down, cross their legs, close their eyes and meditate is pretty much impossible. So, I get them moving. Movement helps people to become aware of their body. They start to notice how their body is moving and then they start to notice how the breathing is synchronised with the movement of the body. This has the effect of bringing them 'into their body', into the present moment — and that is what yoga is all about. As Patanjali, the author of one of the definitive yoga texts, *The Yoga Sutras of Patanjali*, said, the purpose of yoga is to calm the chattering of the mind.

'But what if it's the three in the morning and you are not in the room with us?' I know that for a lot of women it is the middle of the night when we can find ourselves bolt upright in bed with a hot flush. It may be the heat that woke us but now we are awake, our heart is racing and then our mind is also racing. We can become quite panicky and often not even sure why! How can we incorporate movement-breathing techniques at this time of night? In the middle of the night when it is dark and quiet, negative thoughts and negative feelings become heightened. My advice is, as you find yourself sitting up in bed anyway, you might as well check in with how your body is feeling. This alone will act like a circuit breaker. Notice your heart rate, notice your breathing, notice your thoughts — but do all of these in a non-judgemental way. Remind yourself that what you are experiencing is normal and that these experiences are not you nor do they define you. They are simply natural symptoms of menopause. And, as I suggest for insomnia sufferers, you may want to ease yourself out of bed and make a nice cup of herbal tea. You may want to do some simple restorative yoga poses while the tea is brewing or cooling. All the while staying in the present. Make the tea mindfully, do some poses mindfully, savour and enjoy the tea. That is far more restful than lying awake in bed, tossing and turning, watching your mind ruminating about things that you can do nothing about.

And while we are on the subject of sleep, I suggest to my clients not to worry if you wake up in the middle of the night. That's just what happens. The whole idea that you go to sleep and should sleep a solid eight hours – it's a myth. Just accept that you may be feeling a little tired today and if you can, find a time in your day where you take some rest. Just because you're not asleep doesn't mean you can't rest. It can be incredibly restful simply lying down with your legs up the wall or lying back on some cushions with a lovely eye pillow on your eyes – focusing on your breathing, focusing on where there may be some tension in your body and just letting all that go. On the days when I feel tired, usually about 3 or 4 pm, I'll take twenty minutes. That's it, twenty minutes. I just lie down and focus on my breathing. And that's enough for a quick recharge. But I could only do that once I overcame that inbuilt guilt that I should always be on the go.

## Yoga to help with your monthly cycle

Our cycles can go crazy during perimenopause — one month heavy; one month light; one month nothing; one month a veritable deluge. We can go several months without a period and then they come every three weeks. Often when your cycle changes so rapidly, your energy levels hit rock bottom and the last thing you feel like doing is exercising. Yoga can help in this situation, too. The first thing to do is to recognise that your energy is low, which is what yoga helps you do — be aware of the present. This is called 'santosa', and it means the ability to positively accept what is going on.

But sometimes acceptance can be really tough. The perimenopause heralds that the time when we are not able to have children anymore is approaching. This realisation can have a profound effect on us emotionally and psychologically. Again — these reactions are completely understandable and entirely normal. Accepting that this is happening is the first, and perhaps the most important, step. We need to come to terms with the fact that these feelings are both natural and normal; and that it is okay to be feeling them.

The second thing I recommend is to listen to your body. If you are having heavy flows, the last thing you are going to feel like doing is a strong ashtanga yoga practice or an aerobic vinyasa, a strong power flow of yoga postures. I would stay away from hot yoga in this situation, too. In my view perimenopausal women should stay away from hot yoga, period (pardon the pun). Why would you want to make yourself hotter? But then, I am not a big fan of hot yoga anyway. To me, it's akin to doing Step Reebok in a sauna – and why would anyone want to do that?

If you are experiencing a heavy cycle, there are poses you should avoid: strong twists, for example. When you come out of a yoga twist, there's a release of energy that could increase the blood flow. I would also advise you to avoid strong inversions, head stands and shoulder stands, which can cause flooding. Central to yogic philosophy is the concept of 'life force', which in Sanskrit is called 'prana'. A subset of this life force is 'apana', the downward and outward flow of energy in the body. Among other things, apana drives excretion, urination and menstruation.

According to yogic philosophy, when *apana* is weak, we can become susceptible to illness, fear, doubt, confusion, insecurity and, interestingly, a loss of purpose. Think about this for a second and it makes sense, for it also works in reverse – fear, doubt, anxiety and depression can cause constipation, as your GP will attest. During a heavy cycle, your prana is very active – everything is flowing out. So, doing inversions would be trying to force your body to do the opposite of what it wants to do. What I would recommend is a restorative yoga practice. It's very calming and highly effective. The breathing techniques, postures and meditation within a restorative practice stimulate the para-sympathetic nervous system. The sympathetic nervous system prepares the body for the 'fight or flight' response during any potential danger. The parasympathetic nervous system inhibits the body from overworking, regulates the stress response mechanism and restores the body to a calm and composed state. Restorative yoga not only calms the mind, it also produces a physiological change, reducing heart rate and blood pressure.

If you're getting cramps, what really helps is to lie down on your mat and place a weight on your lower belly in between your tummy button and your pubic bone; a nice heavy pillow or a warm hot water bottle. Then breathe into that weight, which will help to soften all the muscles around the diaphragm and all the muscles in the abdominal area. Just lying on your back, taking your hands on to your tummy, and breathing into your hands means you're bringing that breath down into the lower part of the body.

Lower backache is another common symptom because everything is linked to the uterus and to cramping. Ideally, find someone who can help you go into a child's pose and place the pillow or weight or hot water bottle on your lower back. And then breathe into it. The diaphragm is linked to your lower ribs, which are in turn linked to your lower back. As you breathe in and out using your diaphragm, you will feel your lower back relax and release.

## Yoga for energy

But yoga is helpful when you want to boost your energy levels, too. Sometimes we just feel, well, sluggish is perhaps the best way to describe it. That voice inside our heads tells us, 'I can't be bothered. I'm going to sit on that sofa, open a packet of chocolate biscuits and just collapse.' In these situations, getting on your mat and practising some poses to build your energy up can be a good thing. Just doing a couple of triangle poses or warrior poses can give you more energy at a time when you need it. It's all about being connected with how you are feeling.

Menopause can play havoc with our energy levels. They change all the time. When I was training to be a yoga therapist, I had a wonderful teacher and I remember her making a big circle out of ribbon on the floor of the studio. She then divided it into four and wrote one season in each quarter: 'summer', 'winter', 'spring', and 'autumn'. Then she said to us, 'Okay, where are you in your cycle? I'd like you to stand in the quadrant that best reflects where you are.' Some people were at the beginning of their cycle so they went and stood in 'spring'. Mid-cycle women went and stood in 'summer' and so on. It was a fascinating way to look at it. Then she said, 'Okay, all you women who are experiencing perimenopause, where do you think society insists you stay?' And, of course, we all then went and stood in the summer quadrant, the season when our energy is sky-high and we're feeling sexy and bright eyed. But when we are perimenopausal, that is often the exact opposite of how we are feeling. It was a clear lesson that we shouldn't listen to the expectations of others, we should listen to our bodies and accept the fact that we go through different 'seasons' in our cycle and we feel differently during each one.

When we are in winter and want to curl up in a little ball and wrap ourselves up – that's okay. But as perimenopausal women, we often feel we are not allowed to stay in bed until midday. We've got to keep performing. We've got to keep doing what we do. This expectation can place an enormous strain on us, because sometimes we simply need to take some time out for ourselves. And we should. After all, we are going through the same sort of hormonal turmoil that teenagers go through - and, as I mentioned earlier, we all know how much we tiptoe around them!

This is the opportunity that the perimenopause offers us: the opportunity to think about what we may want as individuals, as women, rather than as partners or mothers. It provides us with the opportunity to say, 'We are going through this really exciting time in our lives and for the majority of us, our children have started to lead their own lives (we hope!). We don't need to nurture them as much.' I am not proposing abandoning our loved ones at all, just acknowledging that our individual needs are also important.

Menopause can be a real turning point. A lot of women go back to university, some decide that they have always wanted to explore their creative side or return to something they used to love doing when they were in their twenties. Some start new businesses. Some even decide that the relationship they are in is not where they want to be. I think the whole thing is very liberating. It is feminism in a new form.

It is our time.

#### HRT and me

One of the most disturbing things about menopause is the feeling that you are out of control; that all this change is being done *to* you. Our hormones are buffeting us around as though we were a little boat on a raging sea. They affect everything – our body temperature, digestion, libido, moods, emotions – they can even cause inflammation in our bodies. They affect the way that the neural pathways work to and from the brain. And yes, yoga can definitely help in almost magical ways. But sometimes we need more.

Accepting this truth was difficult for me. I was determined that I was going to be able to cope with the perimenopause without any kind of hormone replacement therapy. I saw myself as a rational, educated, fully informed woman and imagined that I would use my knowledge of yoga, health and nutrition to sail through the perimenopausal years, coping with whatever was thrown at me with a knowing smile from the knowledge that I 'had the menopause all sorted'. How wrong I was.

I often introduce my yoga therapy clients to three fundamental yogic philosophical principles:

- Positive acceptance and contentment (santosa): the ability to accept what it happening;
- Recognising that there are obstacles (kleshas) that shape our intentions and seeing how these are the driving forces behind our actions, and;
- Knowing that one of these obstacles is *asmita* i.e., our tendency to over identify with our ego.

And yet I found myself not following any of these when it came to the issue of HRT. As the perimenopause started, I read all the literature I could find – and there are some great books around written by some great women. I felt well-armed and ready to cope with the sensations I was feeling in my body and the challenging thoughts that were swirling around in my mind. Yes, I felt tired – but I was teaching yoga every day plus dealing with two young adults with their own angst and worries about exams and life.

With the tiredness, I felt at times angry, at times weepy, but most of the time just determined to carry on regardless. I was one of the lucky ones — a loving husband, great kids, a beautiful life in the Cotswolds, lots of friends and a wonderful family. And I was doing something I love: teaching yoga and helping others through my training as a yoga therapist. For goodness sake, I had no right to feel down! I had no right to be self-indulgent. I had no right to whinge. I just needed to get through it and hopefully emerge quickly from this unfortunate 'phase' that I was going through.

But then the nightly hot flushes began in earnest and I was existing on not much more than three hours sleep a night. I became even more fatigued and felt continually exhausted. I was doing all the things I had read about – good diet, exercising, reducing alcohol and caffeine. I tried a litany of herbal remedies. I switched to cotton pyjamas, swiftly followed by no pyjamas, even in winter. And of course, I was practising my yoga and meditation. So why wasn't it all working?

I came to realise from my personal yoga practice that it was an ego thing. To me, my identity as a yoga teacher made me determined to exclusively seek 'natural' solutions to coping with perimenopause rather than resorting to pharmaceuticals. I shy away from painkillers and anything that is not 'natural'. I am mainly vegetarian – well, a pescatarian really as I do love seafood. I sought advice from an Ayurvedic doctor in India, twice. After a lengthy consultation in his clinic within an Ayurvedic hospital in the Western Ghats in Southern India, he prescribed a bespoke cocktail of herbs and natural ingredients; a thick, brown liquid that I was able to drink if I held my nose at the same time. And it was a miracle cure for a good year. But as I approached my mid-fifties, the symptoms

returned in spite of my daily dose of the good doctor's natural remedies. I was still having periods and I was now getting hotter than ever. And even more fatigued.

My ego was telling me that I shouldn't need to resort to pills and that I should be able to cope with these 'temporary symptoms', that they would pass. But my body was begging me to do something now so I could get on with enjoying this exciting second half of my life. I finally had to accept that I needed HRT. And perversely, for someone who teaches 'acceptance', this wasn't an easy thing for me to do.

I had many friends who raved about HRT, but I was also aware that it came with a small increased risk of breast cancer. Of course, nothing is clear cut. In discussion with Louise Newson, menopause GP, she told me that HRT can deliver other surprising benefits, such as reducing the risk of developing cardiovascular disease by 50 per cent. She also asserts that women taking HRT for more than eighteen years have a lower increased risk of developing heart disease, type II diabetes, osteoporosis, depression and dementia.<sup>8</sup>

However, I must admit that one of the things that has always put me off traditional hormone replacement therapy is that the most common oestrogen-based HRT, and the biggest selling drug in the US for many decades, Premarin, was manufactured from the urine of a pregnant mare. But I appreciated that it and other forms of HRT were working for many of my friends and for millions of women around the world. And I needed help.

So, I threw myself into further research and learnt about different forms of HRT, 'Body-identical' HRT and 'Bioidentical' HRT. These forms of HRT, I understand, are still manufactured in a laboratory, but are not synthetic, derived from diosgenin, a substance sourced from Mexican yams. They are identical in chemical structure to our own hormones, and their effects and benefits replicate them closely. Yes, it is still medication, but it sounded far more attractive to me than the other options. A pioneer in the field of Bioidentical HRT is Dr Marion Gluck, who founded her eponymous clinic way back in 2007. She explains all about it in her book, *It's Not My Head, It's My Hormones.*<sup>9</sup> The compound her clinic prescribed was uniquely formulated for me as a result of comprehensive blood tests and one-to-one consultations. 'Everyone is unique, which is why off-the-shelf medicine has a different effect on everyone. You have to be incredibly gentle when you're prescribing hormones, which as every woman knows are very powerful things. That is where experience really comes in, ' Dr Gluck explained in an interview with the *Daily Mail*.<sup>10</sup>

However, BHRT has not been universally accepted by the medical establishment. The British Menopause Society commented in the same article that 'compounded HRT isn't regulated, doesn't necessarily work and might even carry additional risks'. Dr Gluck's response was that the critics simply fail to understand BHRT and how her practice operates. 'The compounding element is basically old-fashioned pharmacy, the kind of work doctors used to do in the past.'

I now take a quarter of a specially formulated lozenge twice a day and it has certainly worked for me! After only a week on Dr Gluck's BHRT treatment, I was sleeping soundly with no hot flushes and I felt as though a fog had been lifted inside my head. I turned to Campbell one morning and asked him, 'Have I been really hard to live with?' It was an unfair question, I know, and the nervous look on his face as he stumbled and struggled in vain to find a coherent answer told me all I needed to know.

 $<sup>^{8}</sup>$  https://www.menopausedoctor.co.uk/news/stop-the-scaremongering-very-low-breast-cancerrisks-for-women-taking-hrt

<sup>&</sup>lt;sup>9</sup> Orion Spring 2019

 $<sup>^{10}\</sup> https://www.dailymail.co.uk/femail/article-7769703/Why-happy-pills-instead-HRT.html$ 

I now realise that I was being both arrogant and naive to think that I didn't need any help. Body-identical, bio-identical and new forms of HRT seem to be coming to the market at an ever-increasing rate. With the particular solution I am currently on, I have to pay for the consultations and blood tests and scans and compounds out of my own pocket. However, I calculate that the total cost is around £3 a day. Not bad for feeling energised, well and able to continue with getting on with my life. There are cheaper alternatives now available which is all good news.

My strongest recommendation is to find out what works for you. Knowledge is power. Do your research. Talk to a well-informed GP or medical specialist. Do what you feel is right for you.