Menopause, Stress Hormones & Stroke Risk—It's More Dangerous Than You Think Transcript

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Menopause and Hormone Changes

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And the urethra basically wanders. I've had several patients who've come in after having surgery to work to hold the urethra in place. And there's actually a test called the Q-tip test.

which I don't think any of my patients has ever reported having done, but this has been done since the late 1800s and they take a Q-tip, put Vaseline on it and insert it into the urethra and have women bear down.

It's called a Valsalva maneuver. Hi and welcome to The Balancing Point. I'm Dr. John Needers and I'm here to make traditional Chinese medicine functional medicine, and integrative health simple, practical, and fun, so you can restore balance, boost vitality, and enjoy a healthier life every single day.

Hey there, this is Dr. John back again with another episode of our Let's Talk About It series, and today I'm going to talk about the dangers of menopause.

Now, it's really common to talk about the discomfort of menopause. Doctors talk about it, patients talk about it. It's almost, you see jokes about it, you see cartoons about it, etc.

But people don't take it seriously enough. Menopause is dangerous. So up until menopause, women have far fewer strokes and heart attacks than men do. But after menopause, they equal heart attacks and strokes in men.

And there's several really, really important things to know about that. We all know about hot flashes and night sweats and that they're discomforting and vaginal dryness can be a huge problem.

But do we really understand how dangerous it is? So why do women get hot flashes? Why do women get night sweats? Well, obviously, we know it's low estrogen.

But what does that do? Well, estrogen counterbalances hormones that are called catecholamines. These are hormones that are secreted by the medulla, the center of the adrenal glands.

And they are very important as stress hormones.

Hot Flashes, Stress Hormones, and Anxiety

And so epinephrine, we all know, it makes your heart beat faster, you know, so you can run away from the tiger. Nor epinephrine, people don't know quite as much about, but it's the hormone that basically activates your blood.

So it pulls the blood from your organs, like your stomach and your ovaries, which you don't need to be active when you're running away from the tiger.

And it puts it in your hands and your feet and in your head, right? So that you can be active and get away from the danger. Well, estrogen moderates that.

And so it keeps it from becoming excessive. And if you don't have estrogen, then the combination of norepinephrine and epinephrine will cause these massive fire-like, explosion-like energy processes going up into your head.

Okay, that's uncomfortable. But did you know it also greatly increases stroke risk? It greatly increases cardiovascular risk when those things are activated without being balanced by the effects of estrogen.

Very dangerous. And when we look at progesterone, the other primary female hormone, many people don't realize that cortisol, which is primarily designed to activate blood sugars, also moderates cortisol.

Now cortisol is the hormone that actually, you know, gets your blood sugar activated. So again, you can run away from the tiger. But if cortisol is unabated, it will again push all that energy upward and into your head.

It will cause even more problematic night sweats and hot flashes. And so on top of that, many women don't realize that their anxiety at menopause, which they blame on outside sources, is really from the excess epinephrine, norepinephrine, and cortisol.

And so hormone replacement It has become very popular. I'm going to do another show on that. But it is very effective at dampening down the effects of the catecholamines, epinephrine and norepinephrine, and cortisol, which is very, very important.

Now, there are natural ways to do that also, and that's what we focus on in our clinic. Although I am a big proponent of progesterone because it causes relaxation, it helps reduce insomnia.

A form of insomnia that happens at menopause actually has a name. It's called matitudinal insomnia. And most women have that problem. A little progesterone, either from your doctor or from natural sources or from acupuncture helping to release and open the binding sites.

It can help with anxiety. It can help with insomnia. It's very, very powerful. The adrenal problem also is exacerbated because so much pressure is then put on the adrenal glands, which have a lot of work to do.

For one thing, the adrenal glands produce progesterone. They produce estrogen. They produce testosterone just in tiny amounts.

Adrenal Support and Aldosterone Balance

They're producing it all the time. And so when you go into menopause, the adrenal glands are what keep you from basically going into shock. So we need them to be healthy.

And we've all heard the term adrenal fatigue, which is grossly misunderstood in most cases. But the very outer layer of the adrenal glands produce a hormone called aldosterone.

And aldosterone controls sodium to potassium balance. So if aldosterone is too low, you'll pee out too much sodium. You'll get dizzy, lightheaded, orthostatic hypotension.

So you want to pass out when you or you don't want to. but you nearly pass out when you stand up. If aldosterone is too high, it will cause you to retain too much sodium and your blood pressure will go up.

So menopause is a critical time to re-examine your health. Now the other issue is urethra health, okay? Now this doesn't get talked about much, but there's actually a condition that was really talked about starting in the 50s, but which gets far too little attention.

So the tissue that forms the urethra, the tube that you pee out of, is different than the tissue of the vagina. And so as the vaginal tissues shrink from lack of estrogen, they stop giving adequate support to the urethra, and the urethra basically wanders.

I've had several patients who've come in after having surgery to work to hold the urethra in place, and there's actually a test called the Q-tip test, which I don't think any of my patients has ever reported having done, but this has been done since the late 1900s, and they take a Q-tip put Vaseline on it and insert it into the urethra and have

women bear down.

It's called a Valsalva maneuver. It's like if you were constipated and you were pressing down to try to have a bowel movement and they measure how much the angle of the q-tip changes and if it's over 30 degrees then you're considered to have inadequate support for the urethra and they would do a surgery.

Now it's much easier if you do vaginal estrogen from the time you hit menopause or even slightly before.

Urethra Support and Vaginal Estrogen

One, it will maintain the tissues in a very, very healthy manner, making it less likely that you get urinary tract infections or yeast infections. Also, you won't have the level of vaginal dryness.

But to me, even more importantly, is to support the urethra so that it stays healthy and you keep that whole area healthy. And so vaginal estrogen creams are the number one reason I refer women out to gynecologists.

I can't prescribe estrogen, but most doctors and gynecologists are very happy to use vaginal estrogen cream. And it's really important to note that very recently, companies were allowed to take the black box warning off of vaginal estrogen.

And the black box warning had been there may be a slight increased risk of breast cancer. Well, they've taken that off because there is no increased risk according to the studies.

So there's really no good reason not to use vaginal estrogen cream. Anyway, you want to keep everything in good health. You want to make sure that you're tamping down those stress hormones that are causing night sweats and hot flashes and anxiety and insomnia.

So get on it right away. I like to start treating women in perimenopause so that they don't have a difficult menopause. And one of the things that's important to understand that in China, Menopause is called the second spring, meaning that's supposed to be the prime time of your entire life.

So I urge you, I invite you to have a happy second spring. So this is Dr. John. I'll be back in a week with another episode of Let's Talk About It. Until then, be happy, be healthy.

Perimenopause, Second Spring, and Closing

Bye bye. Thank you for joining me on The Balancing Point. If you enjoyed today's episode, please follow the show, share it with a friend, and leave a review.

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