

Menopause Unveiled: Dispelling Misconceptions, Getting Relief, and Breaking Taboos



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SEO TITLE: Let's talk about menopause and how to relieve its uncomfortable symptoms. Discover why HRT might or might not be the answer you've been looking for.

Until relatively recently, menopause (menopause means 'the last menstrual cycle') was a taboo subject not widely discussed even between women and certainly not talked about in wider 'polite society.'

Luckily, in the last three to four years, perimenopause (the period of time leading up to menopause) and menopause are topics open to discussion in the mainstream media.

There has even been a proposed change in the law to allow women experiencing extreme menopausal symptoms to take paid leave from work. In real terms, employees experiencing

menopause are protected by age, sex and disability discrimination laws, not legislation directly contributed to the menopause.

Turning this protected characteristic into UK legislation explicitly to safeguard the rights of women experiencing menopause has been partially rejected by the government due to fears the [law would discriminate against men!](#) - Is this us? Or does that sound man-focused?

Before we dive into the misconceptions, relief and taboos surrounding menopause, let's look at the medical facts and definitions so we are all on the same page.

Menopause and Perimenopause: The Facts

[According to the NHS](#), menopause is when you stop having periods due to declining hormone levels. Menopause affects women between 45 and 55 but can happen earlier or later, but the average age in the UK is around 51. It affects any woman who has a menstrual cycle.

Menopause happens naturally or as a result of a hysterectomy (surgery to remove the ovaries or the uterus), genetic reasons or cancer treatments like chemotherapy. Sometimes, it's a combination of life events and genetics.

It is vital at this stage to say your body doesn't stop producing hormones the minute you reach 51. It's a gradual decline that starts in the perimenopausal stage (perimenopause is when you have menopausal symptoms but are still menstruating). The perimenopausal stage ends, and you reach menopause when you have not had a menstrual cycle for 12 months or more.

Most women know they are perimenopausal or menopausal because of the changes in their overall well-being. Perimenopause delivers symptoms like anxiety, brain fog, mood swings, hot flashes and irregular periods. These symptoms increase in full-blown menopause, but you can experience them years before your periods stop and carry on afterwards.

As we know only too well, perimenopause and menopause symptoms significantly impact your life, including personal relationships and the ability to work efficiently.

Menopause: Life Happens

As if the symptoms of perimenopause and menopause weren't enough, the additional possible complication of teenage children and elderly parents could coincide with amplifying the adverse effects of menopause - remember, the average menopausal woman in the UK is aged 51-55, let's do the maths.

If you're 55 and had a child at 34, they are 19; if your mother had you at 28, she is 83 now. Women have children later, and pensioners live longer, so statistically, you are nearly 12% more

likely to be caring at each end of the spectrum by some degree when you hit your menopause than women reaching menopausal age pre-1991.

Door slamming and repeated conversations don't mix well with hot flashes and anxiety. Luckily, there are things you can do to help with symptoms. Some medicines and therapies (medical and natural) can replace the missing hormones and help relieve your symptoms.

The Truth About HRT

As said previously, this blog is not an ad for hormone replacement therapy (HRT), although we advocate its use. We understand that not every menopausal woman wants to take HRT, and while some women (and doctors) still believe HRT has an increased link to breast cancer, high-profile menopause health professionals think differently.

Please don't take our word for it; [read more here](#): The Controversial History of Hormone Replacement Therapy by Angelo Cagnacci and Martina Venier.

For quick reading, here is the summary: The controversial history of HRT is about the history of a powerful therapy (HRT) for all perimenopausal and menopausal changes. The effects on symptoms are quickly visible, prompting the rapid growth of oestrogen-based HRT.

A lack of side effect knowledge and complications, particularly in the inner lining of your uterus, prompted consequences that limited HRT use. Subsequent association with progesterone allowed for the widespread use of HRT, with favourable consequences on many aspects of women's health.

Unfortunately, the use of HRT was abruptly stopped by a publication reported by the Women's Health Initiative (WHI) that proved to be inadequately designed, evaluated, and incorrect, resulting in media scare-mongering that left many symptomatic women without an effective treatment.

The white paper goes on to say that further studies and analyses have consolidated the view that while there are some minimal elevated risks, overall, HRT is highly beneficial when given to symptomatic women within ten years of the onset of menopause or to symptomatic women who are under 60 years of age.

Life Involves Risk - Menopause is No Exception

While considering the Cagnacci and Venier analysis, remember there's almost no scenario in life where some risk isn't involved. For example, drinking more units of alcohol than is recommended, being overweight, living a sedentary lifestyle, and smoking all increase your chance of getting cancer.

There is also a [genetic element to consider](#). The BRCA1 and BRCA2 mutation genes cause hereditary breast and ovarian cancer. This congenital anomaly accounts for approximately 3% of breast cancers, which translates to about 7,500 women yearly, and 10% of ovarian cancers, which affect about 2,000 women annually.

Proving there's an increased risk to everything you do in life, no matter how you approach it, not one stand-alone element. There is always a combination of factors that differ for everyone. So it's down to you and your doctor or menopause specialist to work out the most effective way forward.

Medical HRT or Natural Remedies

Now you know your hormones are to blame for the perimenopause and the menopause, you can take some control of the situation. There are several ways to supplement hormone loss. You can take [synthetic hormones](#), the most common form of HRT.

Or you can invest (we say invest because it's expensive) in natural hormone replacement therapy (HRT), which uses plant hormones to treat perimenopausal and menopausal circumstances.

There are two significant types of 'natural hormone replacement therapy' - bioidentical HRT and traditional natural HRT. [Bioidentical hormones](#) are hormones that are laboratory and chemically identical to those that the body produces. As a result, the body cannot distinguish between its hormones and the bioidentical ones. Bioidentical hormones are made from various sources, including plant and animal products - usually NOT vegan.

[Traditional natural HRTs](#) are made from plants containing compounds combined to alleviate hormonal symptoms. No synthetic hormones are involved, and these traditional natural HRTs include some foods called phytoestrogens.

[Phytoestrogens are dietary estrogens](#) found in legumes, for example, unsalted peanuts, black beans and green peas. Seeds include flax, sunflower seeds, and whole grains like quinoa and black and brown rice.

Then, various herbal remedies, such as St John's wort, black cohosh, liquorice root, valerian root, and red clover, can offer relief. While folate (vitamin B-9 or folic acid) evening primrose oil omega-3 fatty acids also offer [menopausal symptom support](#).

However, traditional natural HRT is not a direct science; it's a trial and error situation that some women may not have the time or the patience to try out - especially if you're in the middle of a teenage and elder care situation.

Some professionals will give you a plan that helps implement traditional natural HRT (TNHRT), and they will almost always combine TNHRT with exercise and complementary practices such as meditation, yoga, and even [cognitive behavioural therapy \(CBT\)](#) - in some cases.

Menopause the Conclusion

While you may feel overwhelmed (a common symptom of menopause), There are things you can do to get your life back, improve your overall confidence and sexual health, and get even better orgasms. Read '[The Big O: Demystifying Orgasms and Understanding the Factors That Affect Them](#)' for insight into menopausal sexual health.

It's important to emphasise that HRT may not be suitable for you - consult your doctor in the first instance and take the best steps for your life from there. Finally, you must understand that you don't have to suffer in silence; there's no shame in being a menopausal warrior.

In fact, it's empowering (or it can be), and if nothing else, celebrate the fact you're here and some days, that alone can feel like an achievement.