

Complementary therapies for menopause

Many women try alternative therapies for perimenopause and menopause symptoms before seeking advice from a healthcare professional. There is a lack of robust evidence to prove the effectiveness of complementary therapies, as clinical studies are limited and of low quality. Some women however, find complementary therapies helpful. A placebo effect may contribute to the reported benefits of complementary therapies.

1. Phytoestrogens

Phytoestrogens are plant substances that have similar effects to oestrogen. The main phytoestrogens are isoflavones and lignans.

- **Isoflavones** are found in soybeans, chickpeas, other legumes (beans, peas), and the supplement red clover (Promensil).
- **Lignans** are found in oilseeds (flax seeds), cereal bran, whole cereals, vegetables, legumes, and fruit.

Randomised controlled trial (RCT) results comparing the effect of phytoestrogens to placebo on menopausal symptoms are inconsistent.

2. Herbal remedies

When considering a herbal remedy, look out for the Traditional

Herbal Registration (THR) mark. This ensures that the product's strength and content are controlled and consistent but is not proof of effectiveness. Herbal remedies are popular among women; however, although they are 'natural', they are not necessarily safer than prescribed medication, as they too may have side effects and may interact with other medication. It is important to inform your healthcare professional if you are taking herbal remedies to avoid potential interactions.

Analysis of multiple studies shows that some herbal remedies may have a small effect in reducing hot flushes and night sweats. However, these studies are diverse and not of high quality. Further research is required to determine the effect of herbal remedies on menopausal symptoms before they can be recommended. As herbal medicines do not replace oestrogen, they will not protect against osteoporosis or cardiovascular disease.

Popular herbal remedies include:

- Black cohosh
- Ginseng
- Oil of evening primrose
- Dong quai
- Ginkgo biloba
- Sage
- Wild yam extract (diosgenin)
- St John's Wort
- Chasteberry

- Liquorice root
- Valerian root

The National Institute for Health and Care Excellence (NICE) guideline [NG23] 2015 suggests black cohosh (Menoherb) and red clover (Promensil) for women who wish to try a 'natural' therapy, as these have the best evidence for effectiveness.

3. Therapeutic approaches

Therapeutic approaches refer to a whole-body system approach for improved health and well-being rather than managing specific symptoms. These may improve well-being, but there are no well-designed trials demonstrating any benefit for menopausal symptoms. There is no evidence that magnetism is helpful.

Therapeutic approaches include:

- Acupuncture
- Reflexology
- Yoga
- Homeopathy

4. Cognitive behavioural therapy (CBT)

CBT has been shown to help with low mood, anxiety, hot flushes, and sweats occurring due to menopause. By combining relaxation techniques, sleep hygiene, and developing a more positive attitude toward the challenges of menopause, CBT can improve women's experience of hot flushes and reduce stress and sleep problems.

Further reading: Professor Myra Hunter (Kings College London) has written a factsheet on the Women's Health Concern website which provides guidance on CBT in a self-help format: **CBT for Menopausal Symptoms**

Explore these complementary therapies and discuss them with your menopause specialist to determine the best approach for managing your menopausal symptoms.