

Lidia La Marca



Feeling good!

Natural Medical Guide for Women



General Plan



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This book highlights the importance of prevention as the golden rule so the middle-aged woman can enjoy her second youth.

The health message is presented in a clear and explicit manner, with scientific support: Correct nutrition, the need for exercise, full breathing and the importance of rest as the pillars of good health.



Questions for the

How to

Doctor, what can I do to prevent varicose veins?

There are several preventive measures:

- Make an appointment with a **specialist** if you have any discomfort, mild as it may be.
- Get a doctor's prescription for graduated **compression stockings**—and wear them.
- Avoid **standing** or **sitting** for long periods. But if you must, perform small movements flexing and stretching your feet (tiptoe frequently) to stimulate the pumping effect.
- It's better to lie down to stay on the move. To unload your veins, raise your legs by placing them on a chair or, when lying down, place a cushion under your legs.
- Exercise the muscle pump in your **calves** (ride a bicycle, walk up and down stairs, or swim.)



GOLDEN RULES

For cardiovascular disease

I have compiled a single list of suggestions for the prevention of all cardiovascular diseases, because they share a common strategy and many of them work as a treatment at the onset of the disease.

Nutritional habits

- In order to ensure an adequate supply of **omega-3 fatty acids** and to increase the intake of plant-based foods, eat **whole grains** (bread, pasta, millet, barley, oats), **legumes** (beans, peas, garbanzos/chickpeas, lentils), **oleaginous seeds** (walnuts, almonds, hazelnuts, pine nuts, sunflower seeds, flaxseed, sesame), high-quality cold-pressed extracts of plant-based fats (extra virgin olive oil, flaxseed oil).
- Eating plant-based foods helps the patient ingest larger amounts of potassium, complex carbohydrates, fiber, calcium, magnesium, and vitamin C. They also help eliminate the excess of homocysteine (thanks to vitamins B₆, B₁₂, and B₉). In particular you should eat larger amounts of garlic, celery, onions, green leafy vegetables (rich in calcium and magnesium), broccoli, and citrus (rich in vitamin C).
- **Garlic and onions** have a *hypotensive* effect. The 3-N-butylphthalide present in celery can lower blood pressure by 12 to 14 percent and cholesterol by 7 percent. (Four stalks of celery is the recommended dose.) Also include oats, flaxseed, and artichokes for the aforementioned reasons.
- Eat red grapes, whose juice contains **resveratrol**, an antioxidant that makes blood more fluid, thus hindering the formation of thrombi and clots. The effect is similar to that of aspirin (acetylsalicylic acid).
- Eat *little* fat of animal origin.
- Consume natural unsweetened **yogurt**. Seven ounces a day can produce a three-percent reduction in cholesterol—and a 15 percent reduction of cardiovascular risk, which, in view of the seriousness of this disease, is considerable. It is likely that the bacteria present in yogurt influence the metabolism of cholesterol.
- Reduce your intake of **coffee**, which increases the concentration of homocysteine in the bloodstream. This substance is a cardiovascular risk factor, having a direct bearing on cardiac circulation.

Other habits

- Don't be lazy. Get up and walk or **exercise**. Physical activity should be moderate, done daily, and make you feel good. Exercise will help you better control your weight and blood pressure.
- Fight **stress** and **anxiety** with relaxation and medication techniques. The persistent increase in the hormones linked to stress results in an increase in body fat, hyperglycaemia, hypertension, and a greater tendency to platelet aggregation. Chronic stress is usually linked to harmful habits: tobacco, alcohol, a sedentary lifestyle, and poor nutrition (junk food).
- Stop smoking. **Smoking** is the only cause of cardiovascular illness and death (morbidity and mortality) that we can totally eliminate. Smoking while on the pill is **particularly dangerous**.



- Wear thick-soled shoes, with heels no higher than one- and one-half inches. A higher heel deactivates the muscle pump in the leg, while shoes without heels or with flat soles fatigue the arch of the foot.
- When you're travelling by **car**, try to stop every hour and walk around. On a **plane**, walk down the aisle. At the **ocean**, walk in water reaching your abdomen.
- Avoid wearing **garments** (panty hose, tight-fitting jeans, etc.) that compress your legs and thighs. Avoid vigorously massaging the varicose area (no matter how small), as it can harm the venous walls and cause **phlebitis**.
- **Do not smoke.**
- Avoid excessive **temperature** (exposure to the sun, burns, very hot baths).
- Lose **excess weight**.
- Daily, bathe your legs in a **cold shower**.



KEGEL'S EXERCISES

Developed in 1948 by the American gynecologist Arnold Kegel to help control incontinence in women after childbirth, these exercises both

For the following exercise, also developed by Kegel, you should lie on your back with legs slightly flexed, or at a right angle leaning on a support.

INFORMATION

Calcium-rich foods

- **Milk and dairy products.**
- **Raw green leaves** (chicory, endives, parsley, watercress).
- **Sesame seeds.**
- **Nuts** (almonds, hazelnuts, walnuts).
- **Legumes** (soy in particular, but also peas and beans).
- Broccoli, turnips, most cabbages, artichokes, and asparagus.
- **Wholemeal bread** made using baker's yeast, which keeps phytic acid from blocking calcium absorption. It is even better when made from rye flour.
- A lot of **cooked vegetables** (chard, thistle, dandelion, parsnips, kohlrabies, spinach, chicory, endives, parsley). Even though it has a large amount of calcium, spinach is to be avoided, because it has oxalic acid, which hinders calcium absorption.
- A number of **fruits**, including olives, plums, oranges, and tangerines.
- **Seaweed** (agar-agar, arame, hiziki, kelp, Klamath blue algae, kombu, wakame).



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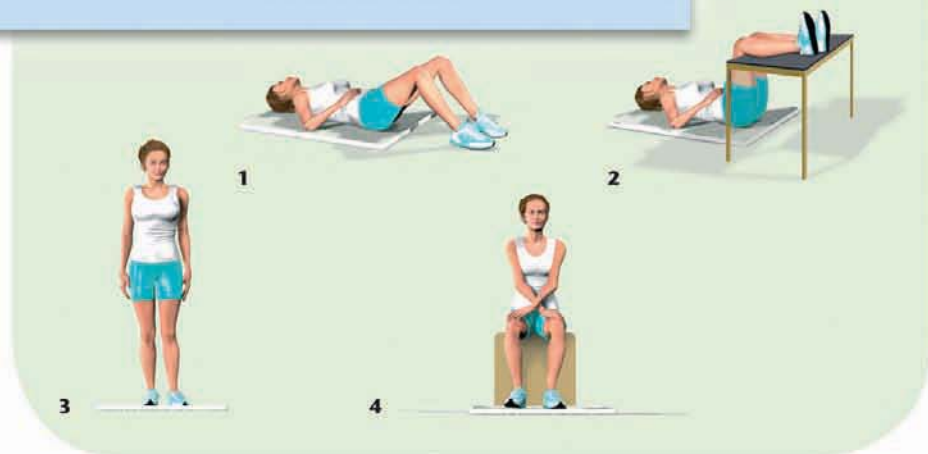
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Provides information charts, exercises, questions for the doctor and practical and biblical advice.

Comprehensively deals with the main aspects of a middle-aged woman's health.

Informs the woman about the most significant disorders and diseases, as well as medical controls and diagnostic tests, essential in this stage in her life.

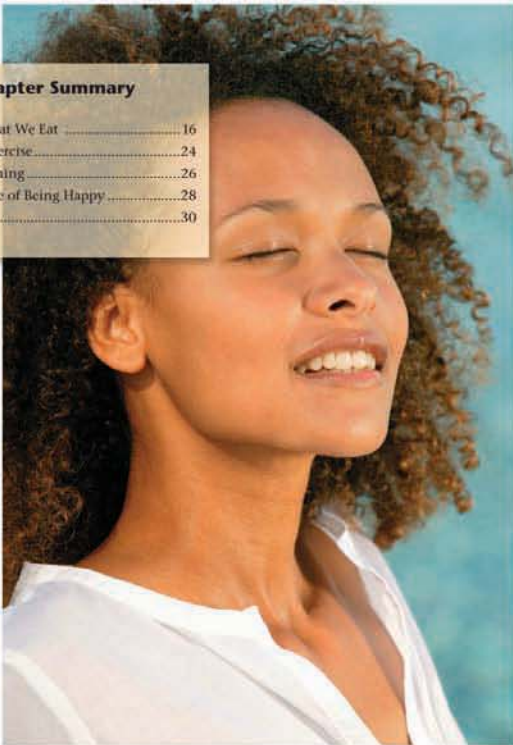
Shows how to avoid dependence on tobacco, alcohol and pharmaceuticals.

How to Take Care of Your Health

1

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Everyone wants to be healthy, but there's no magic formula that guarantees good health. As a woman your hormonal makeup provides a natural protection from cardiovascular diseases and offers the potential for you to have a long and healthy life. But you need even more than that.

A long, healthy life is a choice. It doesn't happen by chance or because you inherited excellent genes. But the good news is that optimum health can be the result of rather simple things: what you eat, what you drink, what you think, and what you do. By adopting a healthy lifestyle, setting worthwhile goals, and practicing a positive mental attitude it is possible to enjoy a full and active life well into your golden years.

Ordinary daily activities have a big effect on how you feel—whether energetic, healthy, and generally good about yourself or whether you drag through your days with little energy or enthusiasm. Even more important, how you live can actually keep you healthy or make you susceptible to serious disease.

As part of a healthy lifestyle you'll want to have regular checkups, including tests that look for early signs of disease. This is important preventative medicine. Of course, some of us find it easy to pretend that serious illness can't happen to us so we ignore or refuse tests that detect early symptoms. But early discovery of risk factors and/or potentially dangerous disorders allows you to better monitor the problem and to treat them.

And that can add happy, healthy years to your life.

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Physical



There is strong evidence that exercise is the single most important thing you can do for your health. It tones your body. It builds endurance. It strengthens your muscles and bones. It makes your body feel good. It can even make you feel happy.

When your health is good, walking, dancing and doing aerobics will improve your physical and mental health. Being in good

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Sleep



but your sleep-wakefulness cycle can be altered for several reasons. Here are some guidelines to ensure that you always get a good night's rest.

To sleep well

- Go to bed and get up at the **same time**, even if you've slept poorly.
- Go to bed at a **regular time**, but if you're not sleepy get up and do something that doesn't involve any effort such as reading an interesting magazine or book.
- Do not use your bed as a **sitting room or dining room!**
- Don't take "siestas" to make up for sleep lost the previous night.
- Don't do **strenuous physical or mental exercise** in the hour before bedtime.
- Don't let yourself fall asleep in front of the TV. This is a bad habit to get into.

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Preventive Check-ups and Tests

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"Doctor, I know it isn't an exactly appropriate subject, but can I complain to you about doctors and medicine?"

If your goal is to add health to your life, you can't phrase a question in a way that shows both fear and aggressiveness. Yet many women have asked me this question in just this way. Not wishing to go on the defensive, each time I responded with a smile and asked them to continue.

"I can't figure out what's wrong with me. I feel insecure and fearful. I need someone to give me a clearer explanation. I've listened to the opinions of two different doctors and on both occasions I left their office feeling even more confused and apprehensive. One of them told me that I cannot put off the surgery he recommended. The other one, however, told me that everything's fine as it is. All I need to do is take some medicine. Now! What on earth should I do?"

Again! Having this conversation yet again with a patient confirms that the time devoted to communication between doctor and patient, to the giving and receiving of information, and to the building of a trust relationship between the two is just as important as the time devoted to treatment.

Above all else, for the doctor-patient relationship to set the stage for healing, the doctor must be available to listen, to take in, and to answer questions. Only when this is accomplished to the patient's satisfaction should the doctor carry out tests, prescribe medicine, and possibly surgery.

The relationship between doctor and patient is based on language understandable to both. Both must accept responsibility. Patients should assume an active role by recognizing their symptoms and the effect on body and mind, and—if possible—recognize the disease as an avenue to personal growth. The doctor should listen and, as the old saying goes, find out what kind of patient the disease has.

When such trust is established between doctor and patient the best results are achieved.

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Needed Tests



Questions for the doctor

RECOMMENDED TESTS

Doctor, what tests do you advise to monitor overall health after age 40?

- General examination, including palpation of the **abdomen** and the **thyroid** gland, which sometimes shows dysfunction as a woman's body readies for menopause (see chapter 5.)
- **Blood pressure** monitoring (see page 119).
- General blood **biochemistry** controls, paying special attention to **cholesterol** rate (see page 120), **sugar** levels, (glycaemia, page 116), and **hormonal** levels relating to the endocrinal system.
- Checkups of the **digestive system**, including an annual test for blood in the feces.
- **Ophthalmological** exam for prevention of glaucoma.



- **Mammography** (see page 73), preferably associated with ultrasound scan.
- **Densitometry** (see following page), for early signs of osteoporosis (see page 110) or to monitor on-going problems.

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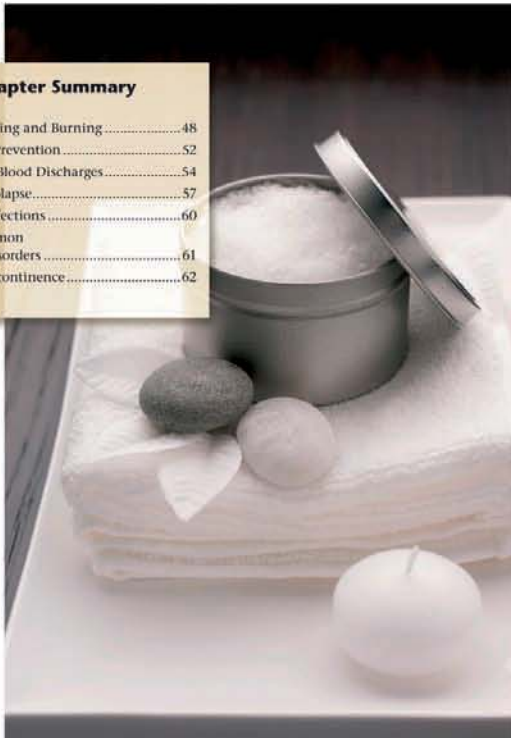
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Principal Disorders of the Genital Organs/Urinary Tract

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I am sure most of my readers will have had at least one appointment with the gynecologist in their life. You may have suffered unbearable itching or burning, or perhaps you were worried about a blood discharge you found odd.

Despite the frequency in which some of the situations described below occur—and despite the impact they have on a woman's quality of life—doctors often deny these symptoms and even neglect dealing with them.

Many times, instead of securing adequate treatment and understanding (how can a woman be calm when she is feeling an itch that impels her to scratch herself all the time?), you have felt almost guilty about the banality of the ailment you take to the doctor.

Most Common Urinary

Acute urethral syndrome

This little known disease can be mistaken for acute cystitis, which also affects many young women. The patient feels a continual urge to urinate (**dysuria**), and microscopic exam of the urine does not reveal growing bacteria nor is bacteria present in large amounts.

Diagnosis

It's imperative that vaginal inflammation be ruled out first by certain examinations. In the absence of **cystitis** and **vaginitis** (see page 48) women suffering from **acute dysuria** must be

Acute

The most common urinary associated above the

Diagnosis

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Urinary Infections



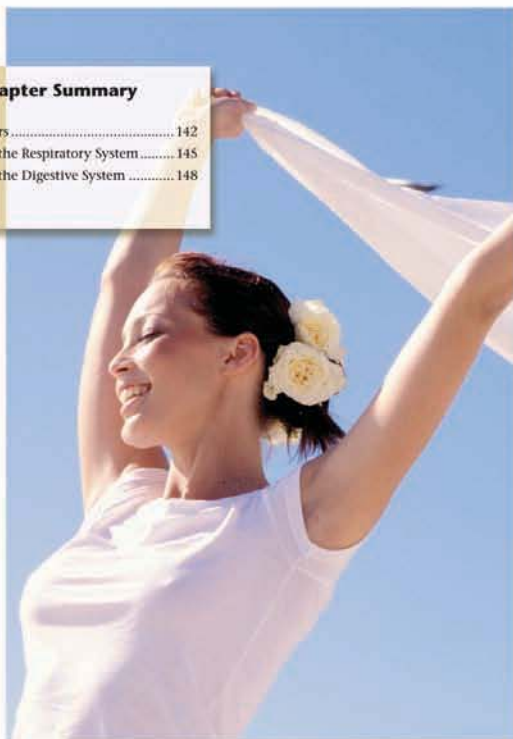
- **short length** of urethra,
- **easy fecal contamination** of the vaginal entry due to the close proximity of the anus,
- monthly reoccurrence of **menstruation**, an optimal breeding ground for germs,
- **mechanical trauma** on the urethra caused by intercourse, which predisposes to suffering from urethritis,
- in **pregnancy**, compression of the urinary ducts by large uterus; ureter dilation due to progesterone, the pregnancy-related hormone; and
- after **menopause**, lack of estrogen.

Causes

Eighty-five percent of cases of urinary in-

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Other Tumors

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Mary has just sat down in front of me. Even though it is January, her complexion has the color typical of someone who's just returned from vacation. Her skin is tanned and her white, bright teeth gleam between her lips. That she has just returned from a trip I can figure out from her clothing. She is still wearing a light, sheer dress that reaches to her feet, a rope belt, and a shell necklace.

"Mary, where have you been?"

"I've been to the Maldives. A place to dream about! Apart from enjoying its limpid, blue water and the palm trees, I've spent a lot of time sunbathing."

"It looks as if you got all the sun for yourself. You are so tanned!"

"Yes, it's true. I just adore the sun on my skin. I love lying on the sand for hours, roasting like a lizard. I never tire of that. I feel perfectly relaxed and happy. I just lie there in my swimsuit and, when it's time to eat, I throw on a beach wrap and that's it..."

"Is there any problem, or have you just come for your regular check-up?"

"No, I'm fine. It's my usual, yearly, check-up. Routine tests. But now that you've brought it up, doctor, I'd like to show you a mole that's come up on my leg. It's a little odd. A nuisance, actually, because it sort of itches."

In this chapter I'll be discussing these tumors though they affect men as well as women. One can avoid these tumors by choosing behaviors that are part of a healthy lifestyle. Thanks to prevention strategies and early diagnosis, these tumors are can both be prevented and, if they occur, cured.

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Skin Tumors

Malignant tumors are located in areas that receive as frequent exposure to the sun. They are more likely to occur on the skin of people who spend more time outdoors.

If detected early, the possibility of cure is high. It is vital to get a regular check-up to prevent this disease.

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Cervical Cancer

Of all tumors, this is possibly the *easiest to cure*, thanks to the possibility of early diagnosis with the simple Papanicolaou's test (the Pap test, see page 40).

The expression "cervical cancer" includes these lesions:

- **dysplastic** (pre-tumor) lesions, typical of youth
- **in situ carcinoma** (one that is localized and has not spread)

the immune defenses within each of us.

Recently a vaccine has been perfected against HPV infection that will make it possible to definitely defeat this tumor in the near future.

When diagnosed early, cervical cancer is **curable** in nearly 100 percent of cases.

Symptoms

Symptoms are

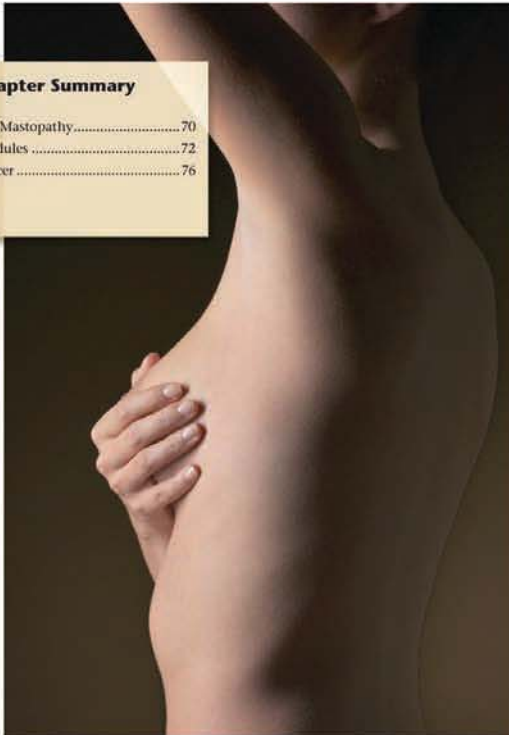


The Breast

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The voice on the phone sounds distressed. The woman is almost shrieking. "Is this the doctor? It's Mary. Do you remember me?"

I pretend to know her though I can't imagine how many different Mary's I've met in my life as a doctor.

"Yes, Mary. If I'm not mistaken we haven't met in quite some time." (I try not to be too specific.) "What's wrong?"

"Excuse this late hour, but I couldn't wait to talk to you tomorrow. I'm worried. My right breast hurts, and it's become deformed all of a sudden. I've felt myself and I have a ball as big as a tangerine. I need an appointment to see you. I'm afraid I have a tumor."

Breast diseases have just one name for all women: cancer. However, it is not so.

"Mary, calm down," I say in what I hope is a soothing tone. "Let's look at this together. How long has it taken for this tangerine to develop?"

A pause. "Well, maybe two or three days."

"And where are you in your monthly cycle?"

"It's about one week before my period."

"I think you're about 40," I venture to say.

"Forty-five, to be exact."

"Look, Mary," I say, "although I can't make a diagnosis over the phone, I think I roughly understand what has happened. First, a tumor can't grow in three days. Perhaps you've developed a cyst that has rapidly filled with fluid. That might explain everything. It's a frequent situation when unbalanced hormonal stimuli occur, as is the case after 40."

I heard her long sigh through the telephone. "Well, then, I won't be going to the ER tomorrow. But can I make an appointment with you for next week?"

"I'm sure you can. Call my office in the morning. Meanwhile, before you come in you should begin this treatment."

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Breast Cancer

We will look at the characteristics of breast cancer, the risk factors, and the real possibilities of healing. We will discover our rights in the hospital, and what effect our

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Benign Nodules



BREAST SELF-EXAMINATION

All major medical centers specializing in mammary pathology recommend that women perform regular breast checks on themselves. It is of utmost importance for it accustoms the woman to be familiar with her own breasts and to recognize even minute changes. Thus she can convey this information to her physician. However, a thorough self-exam requires certain knowledge of the characteristics of breasts and some basic training.

The self-exam must be carried out **every month** after the end of menstruation, when the breasts are the least strained and sensitive. Women who no longer have periods should carry out the exam on the **same date** every month.

The habit of regularly exploring our own breasts makes us familiar with our own unique character-

istics and allows the **early detection** of changes, no matter how small.

Many times the alarm is uncalled for. However, when it is justified, the woman's ability to point out the alteration in breast structure allows her doctor to start the diagnosis and treatment as soon as possible. **Early diagnosis** is the most important bulwark to effectively defend ourselves against **breast cancer**.

At best, our doctors can see us only every six to eight months. Self-exams are not substitutes for a regular appointment with a specialist, but it is imperative that it be carried out between appointments.

Do not be afraid to make an appointment with your doctor for the least of changes or sensations. It is better to hear that there is no problem than underestimating a symptom of a change!

1

Standing in front of a mirror, relax your arms along your sides. Notice and compare the shape and size of your breasts and nipples. You will see that they're not exactly alike. This is natural. Watch for changes in the course of time.



Raise your arms. Now check the appearance of your breasts. This position makes the characteristics of your nipples clearer. Next, again check the contour of your breasts.



2

Pay attention to the contour of each breast. Make certain you see no variations in their usual shape. Examine the skin, paying special attention to wrinkled or depressed areas.



Place your hands on your hips and contract your pectoral muscles. This allows better observation of the characteristics of your breasts. Since the skin is now tauter, you can pay closer attention to possible changes in the surface of your skin. Check the regularity of your silhouette as well.



yourself

When to do it

Examine your breasts when your period is over as that is when the breast feels most deflated. After menopause, choose a day of the month easy to remember—such as the first day of each month.

How to do it

In order to best learn the characteristic of your breasts, it is wise for the first check-up to be done in the examining room of a specialist. It will be even better if it is accompanied by an ultrasound scan. In this initial consultation, the doctor will teach you how to recognize the normal structure of your breasts and will show you the proper technique for self-exam.

5

Lie down on a flat surface with a cushion under your left shoulder. Place your left hand under the back of your neck. This will help flatten your breasts. Carry out the palpation with your right hand.



6

With an open hand, and tracing a spiral movement from the outer edge to the center of your breast, gently but deeply press with your fingertips. Proceed slowly, making sure that no variations in its consistency (such as nodules or hardenings) have occurred. Cover your entire breast with this method.



7

Now explore the space between your breast and armpit. You can do this seated, if you wish.

Raise your arm. Using your other hand, palpate the whole area, pressing and moving your fingers irregularly. Lower your arm and repeat the palpation. (In this latter position, it is easier to recognize the possible nodules in the bottom of your armpit.)



8

Last, using your fingers gently press your nipples. Make sure there are no secretions. If there are secretions, blot them with a white handkerchief and show it to your doctor.



When the self-exam is completed on one breast, repeat the same steps on the other one.



Questions for the doctor

MAMMARY TESTS

Doctor, what are the most commonly prescribed tests relating to breast health?

1. Ultrasound scan

It is highly significant in diagnosing fibrocystic mastopathy, as it minutely examines nodules and liquid cysts. Starting at age 30, it should be a **yearly** procedure.

2. Mammogram or Mammography

The **fundamental** test for studying the breast. From age 40, it should be performed at **regular intervals**, depending on the patient's risk factors and following the specialist's suggestions. It carries extremely low risk, and its benefits are great.

4. Fine-needle puncture (FNP)

The analysis of **cellular material** obtained through aspiration with a fine needle, **without anesthesia**. A positive result is highly reliable. A negative one requires confirmation.

5. Fine-needle biopsy (FNB)

Using **local anesthetic**, a small cylinder of **tissue** is removed through a needle that is one or two millimeters across.

6. Nodule biopsy

The removal of the **nodule** uses local or general anesthesia, depending on its size and location and the age of the patient. The entire nodule is removed and examined.

7. Histological examination

The **tissue** collected by a FNB or a nodulectomy (see page 81) is analyzed to define the presence of altered cells, or the lack thereof.

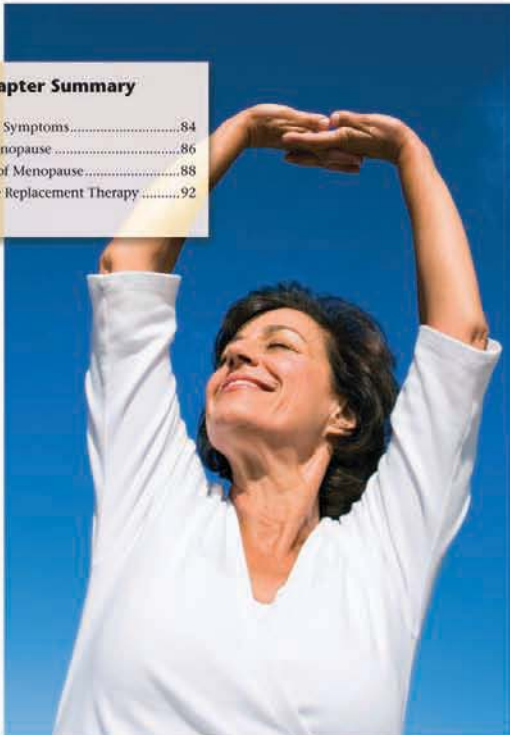


Menopause

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I feel really bad! I can't figure out what's happening to me. My periods have always been very regular but for some time now I've been skipping my period for up to two months."

"But do you feel any discomfort? Hot flashes? Sweating? Insomnia?"

"No, doctor. I'm all right otherwise, but I get depressed when I get behind on my period. I start thinking I could be pregnant. I feel insecure."

"You're 46 now. Perhaps you are experiencing a change in your hormone production."

"Don't tell me I'm entering menopause! I won't have any of it. I'm still young. I can't possibly be starting the change-of-life! Be that as it may, doctor, I still want to have my period."

Many a woman has come to my office this way. The impact of beginning this part of their life takes them unawares. They don't want an explanation. They just want to be told that life will continue for them as it has for decades.

They want to keep on menstruating, because they know all about that. What they don't understand are the whimsical, unpredictable and seemingly strange things that their body is doing to them now. They still feel like little girls. Maybe they've never had children, and, yet, thought there was still time...

In the first appointment I simply present basic information. Only in later appointments can I thoroughly discuss the changes in their lives with them. Women approaching menopause usually need time and knowledge—not medicine.

MENOPAUSE

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GOLDEN RULES

How to relieve menopausal discomfort

als during the day. A large meal generates heat.
ogens (see page 90).
spices, and hot drinks from your diet.
gnificantly cut it back. It reduces the release of ovarian hor-

take off whatever garments are necessary.
leep under a sheet.

physical exercise. This diminishes hot flashes.
ion techniques (deep breathing and/or exercise), and leave
life and meditation.
er what kinds of things trigger hot flashes.

an influence the area in the brain controlling ovarian func-
reater menstrual problems.
ohol you drink, or don't drink at all. It can diminish the

taking a more easy-going attitude toward everyday dif-
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84

Menopause Symptoms



Before you start reading, please realize that while 80 percent of women experience some of the "troubles" mentioned below, it is also true that most of them experience just a few of the symptoms, and they can even be perfectly

Hot flashes and sweating

You can expect both of the above to be present either in the phase preceding menopause or after menstruation has stopped. When hot

Headaches



sometimes during and post-menstrual periods, and with contraceptive use.

- **nutritional** factors: foods containing tyramine (such as dried fruits, aged cheeses);
- **environmental** factors: altitude, pressure, sun, noise;
- **lifestyle** factors: stress, fatigue;
- **fever**.

Headaches are common in some women during menopause. In some cases, hormone therapy or administration of capsules and tablets can help.

Symptoms

Headaches are frequent, often in the head, and can be severe.

Diagnosis

Diagnosis is usually made by a doctor after a physical examination.

When to see a doctor

It is important to see a doctor if you have frequent or severe headaches, or if you have any other symptoms that are new or different from what you usually experience.

Headaches have an immense impact on the socioeconomic world as well as on women's health.

According to a recent study, 70 to 90 percent of women suffer from headaches. I'm not speaking of the occasional one caused by stress or lack of sleep, but of reoccurring headaches that seem to come out of nowhere, severe headaches that hinder the work and relaxation of everyday life.

Causes

Headaches are usually linked to:

- **psychological factors**, such as emotions, stress, or relaxation (headaches are frequent on weekends);
- **hormonal factors**, more frequent during ovulation, just before menstruation (and

Treatment of Menopause



capsules, or creams. The latest form of natural estrogen is inserted in a small reservoir that is applied to the skin as a patch. They are associated in various ways to **progestagens** and **micronized progesterone**, the latter being available in tablets, patches, vaginal capsules, and injections.

Natural estrogens

These differ from the ones in the contraceptive pill in that they are **natural by-products** endowed with biological effects similar to physiological ones.

The efficiency of the treatment with estrogen in menopause is beyond question, although it has been for years the focus of a heated debate about the possible risks it entails. Just a few days after its administration, the woman can perceive the annoying hot flashes and sweating are gone, as are mood changes quite often.

In excessive doses, they can cause breast strain and swelling, nausea, and cramps, particularly in the legs.

Commercial formulations can be administered orally, externally (using transdermal patches and gels) or vaginally (creams). Only rarely are estrogens used on their own (in low doses) because of the risk that they will lead to an **excessive proliferation of the endometrial tissue**; that is why they are usually found associated with a **progestagen**.

On their own, they are exclusively administered to women who, having undergone hysterectomy (see page 67), have no uterus and, as a result, run no risk of a possible negative action of these hormones on the endometrium.

Progestagens and progesterones

Exerting their activity on the **endometrium**, they are prescribed in association with estrogen to solve the symptoms of climacterium; they are prescribed on their own to control the frequency and the amount of menses in the stage preceding menopause.

Apart from the strategies you can carry out on your own without medical supervision (summarized on the previous page), there are a wide range of drugs that can help or solve the symptoms that appear during the years of premenopause to postmenopause.

Hormone therapy

As applied to these years when the body is undergoing significant changes, "hormonal therapy" refers to a perfectly balanced therapy in which the effect of estrogen (extracted from natural substances) is controlled by the supply of progestagens, or even better, of natural progesterone.

Natural estrogens are used. They are less powerful than the synthetic, and comes in pills,

Questions for the doctor



PREVENTION OF ARTHRITIS

Doctor, what I can I do to prevent arthritis?

- Sleep face up on a **firm mattress**, or sleep sideways with your legs flexed and a thin pillow.
- Avoid standing or sitting for too long. Frequently change your **posture** during your working day. If you must remain standing for several hours, flex a leg and place that foot on a footstool.
- If you must keep your neck in a certain position for a long time (such as working at a computer or, perhaps, sewing), pause now and then to slowly turn your head from side

support your own back, so that your head lines up with your torso.

- If you must bend forwards (hanging up laundry, making beds), place a knee on the ground or floor and flex the other leg. When possible, use long-handled utensils so you can keep an upright torso.
- If you use **public transportation** and must remain standing, keep your legs partly flexed, and maintain your abdomen in a rearward position in order to cushion against jerks and bumps sideways relative to the movement

GLOSSARY

Acid: See phytic acid, n-6 linoleic acid, n-3 linolenic acid, Essential fatty acids, Omega 3, Omega 6.

Amino acids: organic compounds combined into proteins.

Blood pH: the measurement of acidity or alkalinity of the blood.

Carotene: the most widespread carotenoid in nature.

Carotenoids: organize pigments naturally occurring in plants and other photosynthesizing organisms, such as algae, some type of fungi, and bacteria.

Cholesterolæmia: the cholesterol rate in blood.



Concepts to remember



- Experts believe that the so-called Mediterranean diet—eating mostly whole meal grains, fruit, and vegetables in season—prevents disease and helps maintain good health for most of the population.



- A balanced diet will contain a variety of foods from all the food groups and will be eaten on a rotating basis.

- Physical exercise tones and energizes the body. If done consistently, it improves both physical and mental health.



- A broad, deep breath from the diaphragm, one that fills the lungs with oxygenated air and expels carbon dioxide, conveys a feeling of lively well-being.



- Sleeping well the number of hours your body needs is important for good health. Rather than being optional, a good night's sleep is a vital biological function.



- Laughter does you good. Some experts believe that at least 15 minutes of laughter a day is necessary for both physical and mental health. They stress that there are no dangerous side effects to laughter and that both young and old greatly benefit from it.



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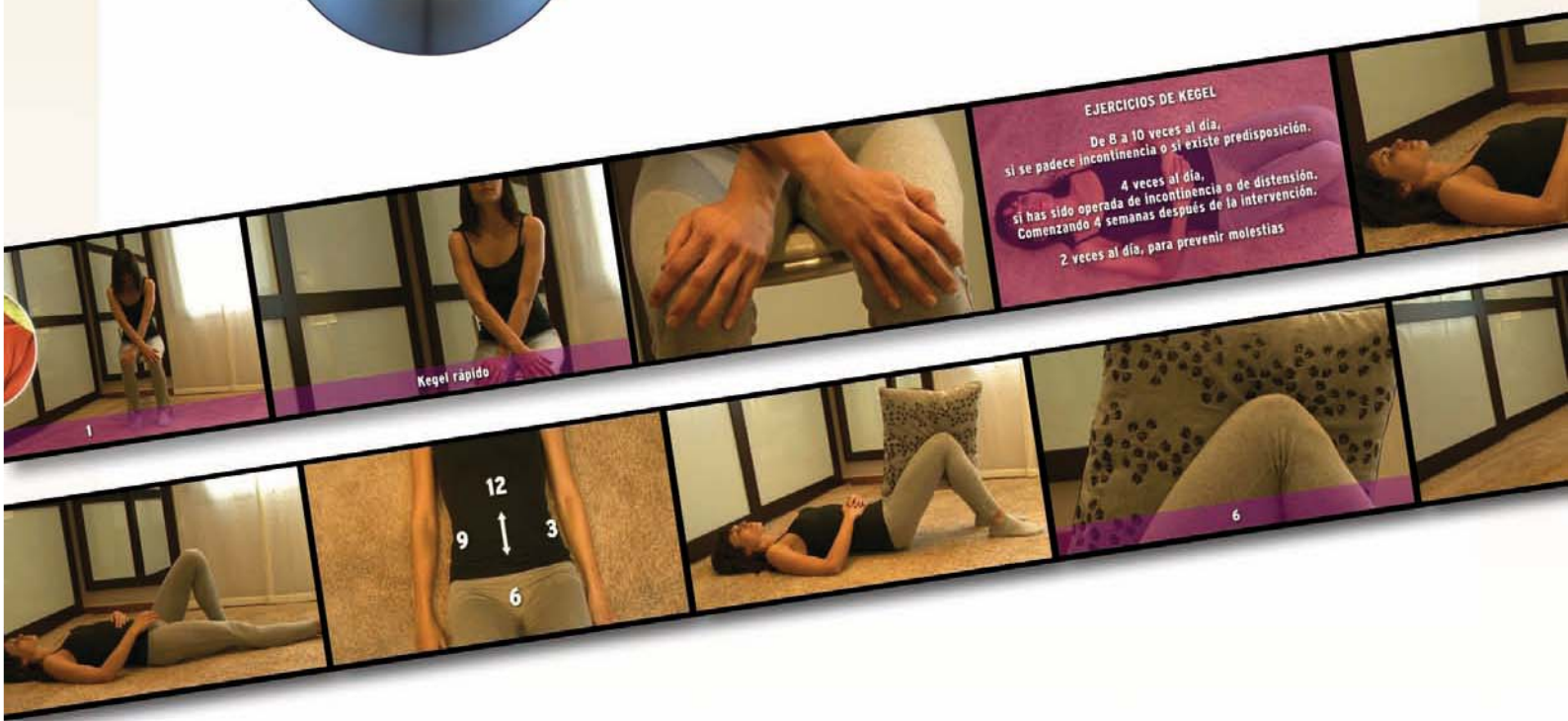
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A compact disc (CD) is shown, reflecting light in a rainbow-like spectrum. The disc is centered in the frame, with its reflective surface showing a mix of blue, green, and yellow hues. The central hole and the inner ring are visible.

This problem, which seriously affects the quality of life of those suffering from it, can be avoided or lessened by means of these exercises.





Since today's women want to live longer and better, it is imperative for us to learn how to protect our health, as well as preventing the possible disorders and diseases typical of our gender and age. Through the perusal of this book, you will be able to learn how to live a second youth, how to feel free and enjoy every new stage in life.

Following the basic health principles presented in this book you will be able to achieve a feeling of well-being and a sensation of physical, mental, social and spiritual fullness. To that end, information, exercises and practical counsels are provided.



By means of breast self-examination and the carrying out of certain tests it is possible to detect such serious problems as a breast cancer at an early stage. By doing so, not only can you maintain your physical integrity avoiding radical surgery, but preserve the most important thing of all: life itself.

Summing it all up, knowing is preferable to ignoring. *Feeling Good!* alludes to nearly one hundred and fifty disorders and diseases, explains different diagnostic tests, emphasises the need of medical check-ups and shows the way of facing and overcoming various situations. Do not give up on living a full life!



You will find basic videos for prevention in the DVD:

- **Breast self-examination** (early detection of breast cancer).
- **Kegel's exercises** (strengthening of the perineal muscles).
- **Specific exercises for incontinence.**

