

**About Health TV with Jeanne Blake**  
**Menopause**  
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JEANNE BLAKE : Welcome to About Health. I'm Jeanne Blake. Every day, 4,000 American women reach menopause, meaning their bodies no longer produce estrogen. For decades, women have used hormone replacement therapy to ease some of the symptoms related to menopause. On this edition of About Health, we'll talk about menopause and natural remedies, specifically soy, and how soy might help reduce some of the effects of menopause. Joining us for this discussion is Dr. Mache Seibel. He is a reproductive endocrinologist and a professor of ob-gyn at UMass Medical Center. Dr. Seibel is the author of *The Soy Solution for Menopause*, published by Simon and Schuster. Eighty-five percent of women say menopause has some negative effects for them, so a lot of women struggling with it.

DR. SEIBEL: The commonest symptom that brings women to the doctor are hot flashes. I commonly say to people that talk about it that it's not life-threatening, but it's quality-of-life threatening. It really has a big impact on how people perform and function in many ways, because you can't sleep at night.

JEANNE BLAKE : Is that universal, by the way? All women who have hot flashes have them at night and wake up from them?

DR. SEIBEL: Well, they call them night sweats, is another term for it, but certainly they're not confined to the night. Some people have them more in the day. But they are more pronounced, usually, at night.

JEANNE BLAKE : The insomnia that's so often associated with menopause, is that because of hot flashes at night?

DR. SEIBEL: A lot of it is, because what happens is, there's something called REM sleep, or rapid eye motion sleep, and that's when you do the dreaming and really have the most restful part of the sleep. What happens is, a hot flash comes along and disturbs that. So even if you're in the bed and you're lying down with your eyes closed, even "asleep," you may not get the kind of restfulness.

JEANNE BLAKE : What do you mean it disturbs it? I mean, literally physically, or just because you wake up it's disturbed?

DR. SEIBEL: It kind of elevates your consciousness so that at some point, instead of being in a nice, deep sleep, you're really not quite sleeping that much. Other times people wake up, women wake up at night, they have perspiration, or they get up and have to go to the bathroom, and so forth. What happens is, chronically, over time, then you just get sleep deprived. And then with sleep deprivation –

JEANNE BLAKE : You get crazy.

DR. SEIBEL: You get nuts, yeah. One can certainly get forgetful, and that's one of the things that's most upsetting. A lot of women will come in because they feel that they're losing their mind, and really what they are is just tired. And alternatively, sometimes people come in and they get tired, and then they get depressed because they're chronically sleep fatigued. They come in for anti-depressants, and in fact what they need is just help with their sleep and coping.

JEANNE BLAKE : Are you describing menopause or perimenopause? Help us understand, for those who may not understand the difference, what the difference is.

DR. SEIBEL: It's an important question, because menopause doesn't just come one day. Perimenopause means literally the time around – peri means around, like perimeter. The time around menopause. So what happens is, it's about a ten-year window.

JEANNE BLAKE : What? Ten years?

DR. SEIBEL: Ten years, that's right. So women are transitioning into menopause over time. And because it's gradual, unless the woman has surgery and they remove her ovaries at once – but generally it's a gradual change, so estrogen levels are going down at a gradual decline, and the woman's having to readjust her mental status and her body's reaction, vaginal lubrication, a whole host of things begin to change. And the consequences are that at some point in time, that level gets declined to a point down to a very low level, because the number of eggs in the ovaries has declined down to near zero, and it's the eggs that make the estrogen. So she's without the estrogen.

JEANNE BLAKE : So if women can go through menopause, or reach menopause, there's a distinction, anywhere between 48 and 55, that means some women begin going through menopause as early as 38 years old?

DR. SEIBEL: Oh, even earlier, as a matter of fact. As a matter of fact, there's something called premature menopause, which is, by definition, menopause before the age of 40. I have, all the time, a woman will come through with that kind of a problem, with premature ovarian failure – that's the other term for it.

JEANNE BLAKE : That sounds so awful for something so natural, doesn't it? I mean, premature menopause isn't natural, but I guess the word failure that's associated with any part of the menstrual cycle.

DR. SEIBEL: Well, the woman's not a failure, but her ovaries' estrogen production is failing, that's really what it means. It's probably a politically incorrect term, but –

JEANNE BLAKE : I don't know, it hit me wrong.

DR. SEIBEL: I understand, but it's the medical phrase, anyway. Menopause, by definition, is a year after the last period. So if a woman goes a full year without a period and is in the right age bracket, then she's probably at menopause.

JEANNE BLAKE : OK. And there are many, many symptoms that are associated. But let's go back to the famous hot flash. As you write in your book, we don't really know what causes hot flashes, do we?

DR. SEIBEL: No. It's really still completely not understood. What we do know is that there are heat-regulating centers in the brain, and that with the decline of estrogen it's kind of like the thermostat becomes not working quite right, like a short-circuit in the thermostat. What happens is a sudden burst of heat – women always use this hand expression because it usually rises up, from the lower abdomen up to the face, or something similar to that. And then it causes the veins to dilate, and then you get the redness, and then the heat evaporates and you get cold. So it usually is sweat followed by coldness.

JEANNE BLAKE : And it's so different, every woman describes it differently. I mean, to the extreme that they can feel it. I guess if we don't know what causes it, we can't know why some women have more extreme hot flashes than others.

DR. SEIBEL: No, it's really not clear. I would say, though, that it is a very different experience for different people. Like everything in life, it's perceived individually. And for some women it's very

affecting and they can't function very well, or they'll be in a public situation and have a very noticeable hot flash, and it can be quite embarrassing. And when that happens at night, it's quite disruptive. For other women, it's a mild kind of a thing and it's not at the same level.

JEANNE BLAKE : In 2001, JAMA, the Journal of the American Medical Association, sort of shocked a nation into wondering what on earth women had been doing taking hormone replacement therapy for four decades, with an article that indicated that there were risks associated with it, that there is a high risk of breast cancer and heart disease and blood clots and stroke. So millions of women have stopped taking hormone replacement.

DR. SEIBEL: Oh, you wouldn't believe it. I'll tell you, it's been very interesting, not necessarily in a good way but in kind of a sad way, because there's been all these millions of women, the estrogen that was used in the study was actually one of the top six drugs in the country before this happened, and probably a \$5 billion medication, because women were taking it for the rest of their lives. When the study came out, women by the droves were just taking their estrogen and pitching it in the round file, in the trash can. They didn't taper off, they withdrew themselves abruptly, and that would be like going through menopause abruptly too. Through that ten-year window, menopause is a gradual change, and what happened when they withdrew themselves from the estrogen immediately, they had awful symptoms and they were absolutely miserable.

JEANNE BLAKE : All the sleeplessness and all of that would come back.

DR. SEIBEL: Right. And then, also what happened, of course, it's important to talk about the level of the study. The actual findings in this study showed less than one-tenth of a percent increased risk in breast cancer and heart attack and stroke. This increase was very small. But the reason that it was so worrisome is because the study was done in well women, there were 16,000 women. And when

you do a study for preventive measures, and it was intended to prove benefit for heart disease, when you do a study for prevention, you want to show that patients are getting a benefit. So even if you get a minuscule decline in health, that's not acceptable for preventive health measures. It's not like these were people who were terminal or during some life-threatening illness, and then they were about to have a chance at surviving. They were going through a normal event and taking something, and it works.

JEANNE BLAKE : I think that some people listening might feel a little bit confused that you think the medical community and women overreacted to the study, and maybe women shouldn't have gone off it. I know that there's a lot of controversy around this.

DR. SEIBEL: I wouldn't go that far. What happened is, in this particular study, in the arm of the study – there were two studies simultaneously with the Women's Health Initiative, and the arm of the study that was in question, that we've been talking about, was the estrogen and progesterone arm. So these were women taking both estrogen and progesterone. For those women who went off, the reason that it was worrisome for them was because the ones who had the potential risk all were found out, so they had a problem. Probably what we're going to find out ultimately is that some women will be able to be determined to be at less risk than others. So for instance, if a woman genetically has a very strong family history of blood clots and heart attack, if a woman has a very strong history of breast cancer, she perhaps should rethink the estrogen story. Whereas if a woman doesn't, she might want to think about it.

JEANNE BLAKE : Hopefully that's what doctors are saying to women when they counsel them individually on whether they should be taking it or not.

DR. SEIBEL: The medical community had the same angst about it as the general population, because many doctors then, and probably still now, have informed consent to take estrogen. Some refused to give it. I had some patients come to me for estrogen because all of those women who threw their estrogen in the trash can, about at least 25 to 30 percent of them have come back and said, "I don't give a damn about the study, because I'm not living. My quality of life ..." It's interesting that just in the last week, the second arm of that study has come to be discontinued, and in that study, I forget the number, but roughly another 16,000 women, a large number of women who were taking estrogen only – in other words, these were women who'd had a hysterectomy and were only getting estrogen – and that study was also discontinued. The good part about the study was that there wasn't an increased risk of breast cancer in women taking only estrogen. The bad part is that there still was a slight increased risk of blood clots. So the susceptibility to a blood clot is going to have to be a very important part that we tease out of the medical community in trying to see which women are more at risk.

JEANNE BLAKE : You've worked with women patients for all of your career at Beth Israel Hospital. ... And you were a professor at Harvard Medical School and at BU. I'm just wondering, was there a question within the medical community decades ago about the safety of hormone replacement therapy? Our bodies are designed to not have estrogen after the age of 50 or 55, and suddenly we're forcing it in there. I'm wondering if you ever wondered about the wisdom of faking women's bodies into thinking that they still had estrogen.

DR. SEIBEL: The thing is that two things have happened. The first thing that's important is that women are living longer. If we go back a hundred years, in terms of the world it's not that long ago. Women's average lifespan wasn't a lot over 50, so by the time you got to 50 there wasn't another 30 years of life beyond. The average age for women now is about 82 or 83, whereas a hundred years ago it was about 50, maybe 52. So you have longevity. And then, at the same time, you have estrogen go through an entire pendulum swing, maybe back and forth and back again, because the first estrogen,

when it was first made available, was the best thing since sliced bread, and it was just wonderful. Then there was, after about a ten-year window, women started getting cancer of the uterus, and then they realized that you needed progesterone together with estrogen. So then they added estrogen and progesterone, the pendulum swung the other way, and then it was the best thing since sliced bread again. Then there started being a study starting to suggest maybe there was an increased risk of breast cancer. They still clung to the notion, because heart disease was supposed to be improved.

JEANNE BLAKE : So women who were, through their family and through other risk factors, at a greater risk for heart disease were increased –

DR. SEIBEL: Absolutely. It was like, If you take this, you're going to have less chance of getting a heart attack. It's interesting that when you think of heart attacks, you think it's a male problem.

JEANNE BLAKE : It's the leading killer of women.

DR. SEIBEL: It's ten times more likely to kill a woman than breast cancer, which is probably, in all the polls that people take, what do you think you're likely to die of, breast cancer is always number one. And that's not to minimize its significance or importance or impact, but one is much more likely, as a woman, to die of a heart attack. And men have gotten a little bit better about not smoking as much, they've gotten a little bit better about trying to stay a little bit a semblance of in shape, and so the prevalence of heart attacks in men has actually plateaued, or even gone down. But for women it's going up. So women are now on the increase for heart disease at a point in time when estrogen was supposed to be helpful, and it wouldn't pan out. It wasn't really that much harmful, it just wasn't prevention. Now when women come in, it's changed the entire landscape, and so when a woman comes in, whereas in the past you'd say, OK, you're in menopause, take the estrogen. And now, when women come in, we say, OK, you're in menopause, what are your symptoms? You've got to talk to

people, you've got to sit and individualize, you've got to say, Are you concerned about your heart? Are you concerned about vaginal dryness? Are you worried about hot flashes? Are you worried about mental acuity? And so forth. What is bothering you that you want to be on something? And then from there, you can try to individualize. Are you worried about osteoporosis, for instance. These are the things that are important.

JEANNE BLAKE : An appointment with a doctor to ferret all that out could take a very long time, because there are so many different symptoms and there are so many natural things that one can do. The foods that you eat, whether you exercise or don't exercise. There are a lot of different ways that you can address each of those individual problems. I guess you can call them problems, or concerns.

DR. SEIBEL: Issues, or potential health concerns. Exactly. And the thing is, is that, I mean, for instance, osteoporosis. If you're a woman who's 50 and you're healthy, your chances of dying from osteoporosis are exactly the same as your chances of dying of breast cancer. Now, that's a very astounding point. And the reason is, is because if one does break her hip at age 70 or beyond, there's about a 30 percent chance that she will die of a complication of that hip fracture. Then, of course, in addition to that, there's the loss of individual living. If a person wants to be an individual and live unassisted, she doesn't want to go and be in assisted living. We all want our autonomy, our independence, and our ability to take care of ourselves, and if that's lost it's a tremendous loss. If you break your hip, you might not be able to do that afterwards.

JEANNE BLAKE : OK, I'm eating my broccoli, I know my bones are in really good shape. We've got to get to the cure. I love the part of your book where you describe being in whatever year A.D., and then we started taking hormones, and now we're back to the beginning.

DR. SEIBEL: Yes, people started with natural remedies and then went through a whole cycle of thinking they were bad or impure, and now we're back to considering them again.

JEANNE BLAKE : Let's just talk about what soy tends to do for women. It has many benefits, and I would like you just to describe why you think it helps reduce some of the effects of menopause.

DR. SEIBEL: First of all, it's a great food. We already are having a lot of issues with increased cholesterol from all of the saturated fats that come from meat, particularly. And of course now we're worried about meat, from mad cow disease to all these other conditions. Soy is a wonderful protein source, and as a consequence of being a plant, it's cholesterol-free, it's also lactose-free. There's about 30 percent of our country that is lactose intolerant, which is part of the reason that some people will end up not having adequate milk or other milk foods that give them adequate calcium for their bones. So you've got a great food source that addresses needs. But the second thing is, is that from the standpoint of what it can be from a health point, it's able to lower cholesterol. This is a big deal. About two and a half to three years ago, the Food and Drug Administration felt there was enough studies available to say that a claim could be supported that a person that gets 25 grams of soy could get benefits by lowering their cholesterol. It'll lower cholesterol about 10 percent.

JEANNE BLAKE : How does it work?

DR. SEIBEL: Well, it works in a couple of ways, but one of the ways it works is, it binds in the intestines a lot of the fats, and you don't absorb them in the first place.

JEANNE BLAKE : Every chance I get, I say that I love Silk soy milk. I don't know anybody that works there, all I will tell you is that I love Silk soy milk.

DR. SEIBEL: That's a little sweeter, so it gives you not as much of the beany taste.

JEANNE BLAKE : No, but I drink it plain. I prefer the chocolate, but I'm OK with the plain. It's sweet?

DR. SEIBEL: It's sweeter than some of the other brands. You have to get accustomed to it. It's like when I went from whole milk to 2 percent milk, I thought they were just taking the cow's udders and dipping it in. Then it went to 1 percent, then it went to skim, so it was like water initially. But after a period of a couple of weeks or a month, at some point that's what it tastes like, and then 4 percent milk tastes like cream to me. And it's the same with soy milk, it's an acquired taste, I will tell you that.

JEANNE BLAKE : I think that a lot of people will say that, when you say it's a great food and it has this and it has that, a lot of people will still say, But it has no flavor.

DR. SEIBEL: That's good. You see, because you can take the soy, and you can actually grind it up – get soy flour, for instance, or you can get tofu and grind it up, you can put it in your meatloaf, and you can get up to about 20 percent soy in your food, in your hamburger, and you won't taste it at all, and by putting it together it'll keep a good consistency. But now you've got 20 percent less saturated fat, just like that. And you can also put it into soups at the end, the 20 minutes when the soup is –

JEANNE BLAKE : What's it? How would you put it in? Tofu?

DR. SEIBEL: Yes, I would buy tofu and I would slice it and cube it and I would pop it in. You can take and make a wonderful –

JEANNE BLAKE : We so need this to be a cooking show right now. It's important to mention that there are recipes in your book.

DR. SEIBEL: In my book *The Soy Solution*, I actually give exactly what to do.

JEANNE BLAKE : They sound good, by the way.

DR. SEIBEL: They taste good. They're all being used, I've used them. You can just use, for simple things, though, if you go to get your oatmeal, your cream of wheat, you can use soy milk instead of cow's milk. You can use soy milk for your pancakes. I use it for my pancakes, and that's a way I can sneak it in on my kids, they don't know they're getting it.

JEANNE BLAKE : I just have some recollection of hearing that too much soy isn't good for you. Did I make that up? Am I thinking of something else?

DR. SEIBEL: It's possible to get too much of everything.

JEANNE BLAKE : What would too much soy do to me?

DR. SEIBEL: Well, the problem is that there's no real studies on too much soy.

JEANNE BLAKE : Where'd it come from, then?

DR. SEIBEL: The deal is, it works kind of like this. In America, if something is good, then more is better. If you look at the typical Asian diet, they will eat somewhere between 25 to 50 grams of soy in a day, or they will get about 25 to 50 milligrams of the isoflavones, which is the more concentrated of

the beneficial ingredients in soy. So if you look across Asia, where they have 5,000 years of soy, where people are eating standard diets like that, then it's fine. But the problem comes is that people sometimes don't keep track, and they buy soy bread or they buy soy flour and cook with that. If you get it from five different places, you may end up with more than you're realizing, so it's probably not important to overdo it. The thing is, you want to eat it in modest amounts, it should be part of the diet.

JEANNE BLAKE : I guess there would probably be the rare person who get too much.

DR. SEIBEL: I think one can, but it's not the typical thing.

JEANNE BLAKE : OK, it's not something to worry about. Also, I believe that it was in your book that I read this, that many doctors don't know a lot about soy. Is that a fair statement?

DR. SEIBEL: They don't know a lot about most of the alternatives, really, because it wasn't something that was – it was pooh-poohed until about two years ago, it's like why bother?

JEANNE BLAKE : One of the questions you said that they ask, when you speak to physicians about soy as an alternative to hormone replacement therapy, is what form. Is it better to have soy milk, or tofu, or can I take it in a tablet, and will that be just as good for me?

DR. SEIBEL: It depends on what your agenda is. In other words, if you want to lower your cholesterol with soy, if you're hoping to lower it, you definitely won't increase it because there's no cholesterol in it, but if you want to lower it, you're better off eating it as a whole food.

JEANNE BLAKE : Because it will bind the fat –

DR. SEIBEL: In the intestinal tract, right. And so you're going to benefit most from that. On the other hand, of course soy has a lot of ingredients in it, it has many, many things in it. But if you wanted to get something to help, for instance, with hot flashes, then one can take tablets. This is where you get about 25 to 50 milligrams a day, and then you're getting just a typical [??] diet range, and you have no issues about that, it works very well. If you wanted to use it for things like vessel compliance, just the opposite of hardening of the arteries, so as you get older the cholesterol that we've got gets deposited in our blood vessels, and instead of being this elastic thing that can expand every time our heart beats, it gets to be kind of a rigid stovepipe that doesn't move much. And we know from studies with using ultrasound that if you measure the carotid artery in the neck of someone before and after giving soy, that the ability for the blood vessels to expand increases. So the [??] combats that. That you can get from tablets also.

JEANNE BLAKE : OK, great. So obviously soy is beneficial to men as well as to women.

DR. SEIBEL: Absolutely. For concerns about prostate cancer – you have the same prevalence of prostate cancer in men as you do in women, the same number of new cases, same number of deaths, almost exactly.

JEANNE BLAKE : The same number as in women, you just said.

DR. SEIBEL: I mean breast cancer, let me clarify that.

JEANNE BLAKE : I'm already feeling, there's so much, I don't know why it is, after covering medicine for so many years, and having gone through menopause, I will add, I knew so little, really, about it, until the last year. It's just amazing to me, I knew so little about it, and I'm not sure why. But I didn't think that women could get prostate cancer – no, I'm kidding.

DR. SEIBEL:           What I meant to say was, the prevalence of breast cancer in women is exactly the same as the prevalence of prostate cancer in men. Consequently, for men it's a very important part of their diet. They have a number of studies now showing that if you take cells from a man's prostate and try to put them into culture, and then put isoflavones in the culture with it, then you can actually cause those cells to go through programmed cell death. So we're beginning to now see studies where men are being treated with soy in conjunction with their surgery. And I think we'll begin to see more of that.

JEANNE BLAKE :     I think it's a very interesting time in medicine, as the medical community is becoming more accepting of natural remedies. Dr. Mache Seibel, who is the author of *The Soy Solution*, published, again, by Simon and Schuster, thank you so much for coming in for this interesting conversation.

DR. SEIBEL:           It was my pleasure. Thanks for having me.

JEANNE BLAKE :     And a real treat is that Dr. Seibel – you might not get this from the conversation we just had – is one heck of a musician. And on our next edition of About Health, he will be sharing with us some of the music that he's created to try to help adults and children change some of their behaviors that can help them live a healthier life. So we hope you'll be watching for that. We'd like to thank you for joining us on this edition of About Health. Our website address is [abouthealth.com](http://abouthealth.com). I'm Jeanne Blake and I will see you next time.

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