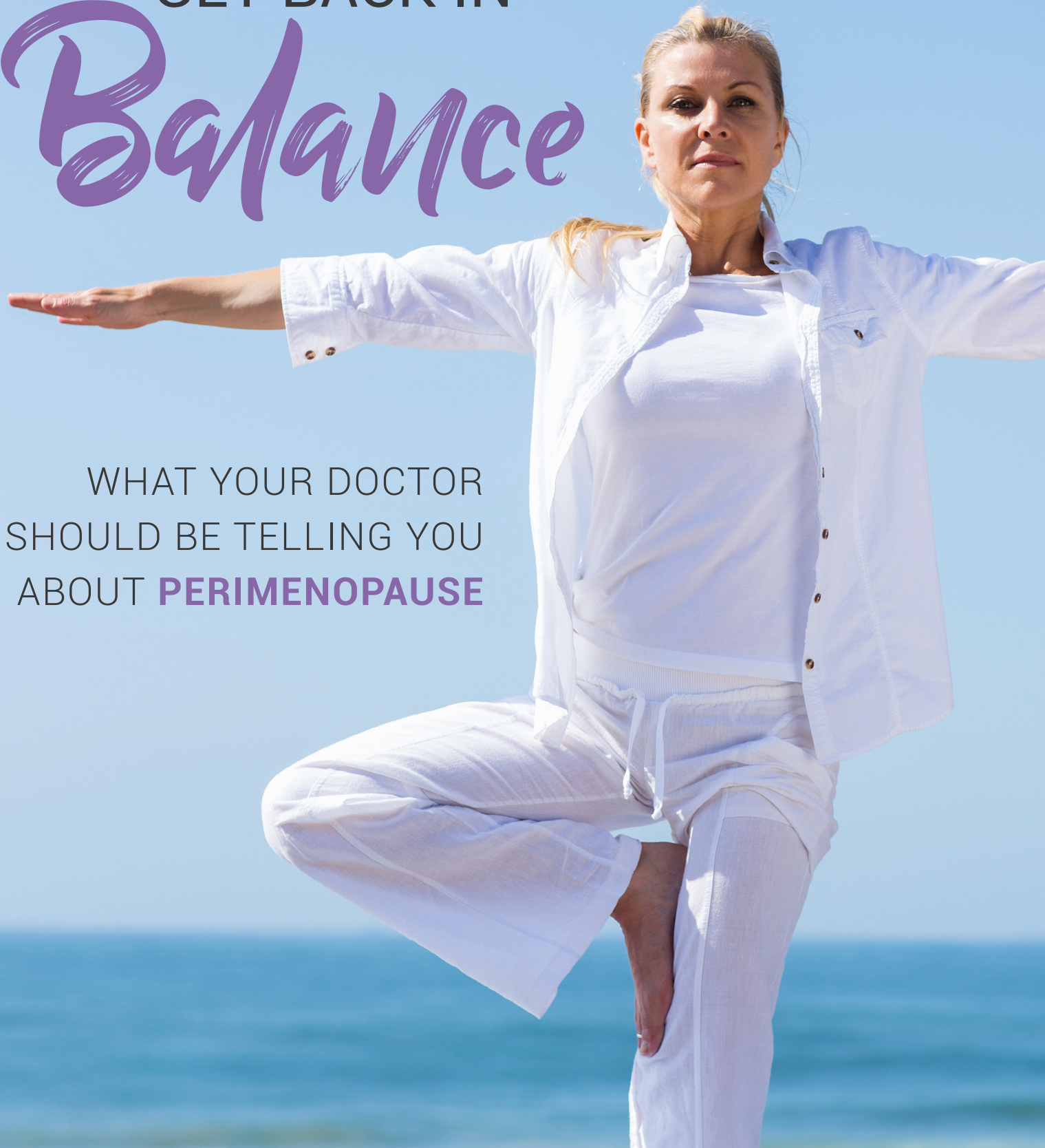


GET BACK IN *Balance*

WHAT YOUR DOCTOR
SHOULD BE TELLING YOU
ABOUT **PERIMENOPAUSE**



MACHE SEIBEL, MD

GET BACK IN BALANCE

**What Your Doctor Should Be Telling You
About Perimenopause**

Mache Seibel, MD



Published and distributed by HealthRock, LLC

No portion of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any other information storage and retrieval system, without the written permission of the publisher. For information contact HealthRock Publishing, 233 Needham Street, Suite 300, Newton, MA 02464.

Limits of Liability and Disclaimer of Warranty

The author and publisher shall not be liable for your misuse of this material. This book is strictly for informational and educational purposes and does not represent medical treatment. If you have a medical emergency please seek medical attention.

Warning – Disclaimer

The purpose of this book is to educate and inform. This book is published, distributed, and sold without warranties or guarantees of any kind, express or implied. The author and/or publisher do not guarantee that anyone following these techniques, suggestions, tips, ideas, or strategies will successfully reverse her symptoms. The author and/or publisher shall have neither liability nor responsibility to anyone with respect to any loss, damage, or other consequences caused, or alleged to be caused, directly or indirectly, from any use of this publication or the information, advice, or other content contained in this book.

Mention of specific companies, organizations, or authorities in this book does not imply endorsement by the author or publisher, nor does their mention imply that they endorse this book, its author, or the publisher.

Internet addresses, addresses and telephone numbers given in this book were accurate at the time it went to press. Names and identifying information of patients and clients have been changed.

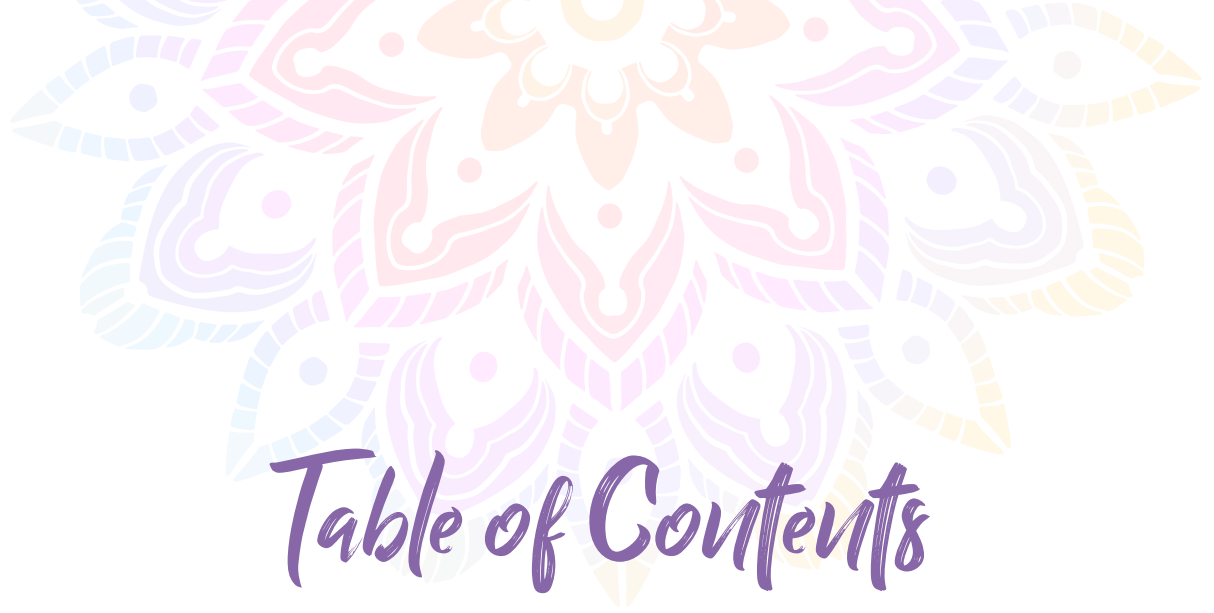


Table of Contents

Preface	1
What's In This Book?	4
CHAPTER 1: Life's About To Change	5
CHAPTER 2: The Three Types of Menopause	13
CHAPTER 3: The Symptoms of Perimenopause & Menopause	15
CHAPTER 4: Three Untrue Myths You Must Know About	23
CHAPTER 5: Figure It Out So You Don't Have to Tough It Out	31
CHAPTER 6: Your Next Steps	38
CHAPTER 7: Perimenopause Checklist – Physical Symptoms	43
About The Author	44

PRAISE FOR DR. MACHE

"He makes complicated information easy to understand."

Karen Giblin, President, Red Hot Mamas

"Dr. Mache Seibel is an amazing doctor who has helped me in many, many ways. I have more energy; I'm sleeping well; my overall health feels so much better."

Judy (Patient)

"It's not often I hear somebody stand up in front of a room and just hold my interest and capture an audience the way he did."

Dr. Seibel was just terrific!"

Nancy (Audience)

"Dr. Seibel really impressed me and he was extremely entertaining. If you get a chance to experience this man, please do it because you will walk away with a wealth of knowledge."

Shamonda (Audience and VP Bank America)

"Dr. Mache was not only selected as one of the Best Doctors in America by his peers – he has my vote too!... He's one of the most influential physician educators in the country on the topic of menopause."

Staness Jonekas Best-selling author of The Menopause Makeover

"Just listening to what Dr. Mache has to teach to enlighten women on the phases of menopause and how to take control around it left me so empowered. Now I know exactly what steps are worth taking, plus I feel more confident about what lies ahead and how to navigate it. I feel smarter and much less intimidated by the whole hormone controversy. Every woman deserves to give herself this level of clarity and to have a personal action plan."

Lisa Sasevich The Queen of Sales Conversion

"I had the privilege of meeting Dr. Mache and his wife Sharon last spring, and I am happy to have had an opportunity to invite him to speak to members of our congregation. Dr. Mache was engaging and informative, and he dispelled a lot of the notions that many of us who were in attendance had about the dangers associated with hormone therapy. I also appreciated the explanations he gave about why sleep, nutrition, and exercise are so important to women, and I was impressed by his ability to easily and thoroughly answer the many questions that were asked of him. He really was a terrific speaker."

Martha Cohen Barratt Temple Beth Shalom, Needham, MA

I want to tell you about a very knowledgeable doctor who is a great motivational speaker and can bring the message that you want to deliver to your audience in a clear and concise manner. Dr. Mache Seibel can speak to your audience with non-medical jargon so your audience understands exactly what you want to get across to them. If you're looking for a motivational speaker, a medical speaker or a co-host, Dr. Mache Seibel is the man for you.

Suzanne Andrews Host, Functional Fitness on PBS

PREFACE



My name is Mache Seibel, MD, a member of the Harvard Medical faculty, author of the bestselling book [The Estrogen Fix](#), and editor of the award-winning online women's magazine, [HotYearsMag.com](#). I'd like to share with you why I was inspired to write this book.

Each year I speak to thousands of women at presentations, online summits, webinars and Facebook Live, and one-on-one as part of my coaching and patient care. Although the audiences include women from their 30s through their 70s, most are in their 40s and early 50s. Some haven't started experiencing midlife changes, many are beginning to notice "something is different," and most *feel out of balance*. Almost all are confused and worried...like a deer in headlights; anxious, fearful, panicked, suspicious...and immobilized. I want to help change that.

And that really needs to change. Millennials aren't thinking about perimenopause or menopause, but they should, Generation Xers are anxiously entering *the great unknown* of perimenopause, and Baby Boomers are almost all in menopause and many are suffering in silence due to fear and confusion about "if" and "how" to treat their symptoms.

The resulting stress, overwhelm and exhaustion often leads to inaction. And that's dangerous. Inaction causes the body to age faster and increases the risk of chronic diseases.

But that doesn't have to be the case. I know first hand from taking care of so many women, and helping one who is especially dear to my heart, that a holistic approach incorporating body, mind and spirit can help you be happy,

healthy and hormonally balanced. You need to take care of the Sum of You, not just *Some of You*TM to get back in balance.

This became crystal clear to me when my wife Sharon had surgery that threw her into early menopause only months after a HUGE study, the 2002 WHI (Women's Health Initiative), incorrectly reported that hormones cause breast cancer and more. And with or without hormones, no one discussed with her how to take care of the SUM of Sharon, not just SOME of Sharon.

I had to figure it out so she wouldn't have to tough it out!

After speaking to thousands of women and doctors around the country during my national book tour, I realize most women, and many doctors, are confused about *the change* and still believe the untrue myths that leave millions of women literally doing nothing. Why? Because most doctors aren't telling their patients how to get back in balance and take back control.

So women are hurting. They're suffering in silence. They don't know what to expect, what to believe, what to do, or what changes will allow them to be their most productive self and enjoy the life they want to live.

My pioneering work in infertility, menopause, and mind-body medicine positions me as a world expert in women's health and wellness and my mission is to make confusing and complicated information easy for you to understand so that you will take action.



I've helped women around the world cut through the confusion surrounding perimenopause and menopause through the [Hot Years Magazine](#) that I edit as well as countless blogs and articles, and online teachings. My work has earned me multiple national patient education awards, including the Media Award from the North American Menopause Society for advancing the understanding of menopause in the United States. I share my expertise through keynote speeches, Face-

book Live videos, seminars, webinars, and eight patient books and seven textbooks because I want to help women thrive with or without hormones.

I wrote this book specifically to help you maintain your health, achieve hope and harmony, and get back in balance.

If you're a Millennial and thinking "peri-what?" you definitely should know what's in this book. If you're a Generation Xer, you've come to the right place to learn how to ride the perimenopause wave. And If you're already in menopause and think it's too late to do anything, I'm glad you got this book and you've decided to read it! This is the first step to figuring it out so you won't have to tough it out.



WHAT'S IN THIS BOOK?

Here's some of what's in this book that will help you get back in balance and take *charge* of your *change*...

- **Valuable insights** into how your life's about to change
- Essential information on **perimenopause**
- The **3 types of menopause**
- The **3 untrue myths** that confuse and frighten most women
- "**Secret strategies**" to help you get through some of the toughest symptoms faster and easier than ever before
- **Overview of a System** that helps you take care of the **SUM** of you

If you wanted to, you could actually take action on just a few of the ideas from this book and have a better experience beginning in just a few weeks. I'm going to share with you some of the strategies, tools and checklists from my *5-Step Menopause Breakthrough System* that I typically reserve for my coaching clients who work one-on-one with me for help with their midlife changes and challenges.

A lot of the ideas in this book actually come from the *Menopause Breakthrough System*. I've packed this book full with one great idea after another on how to get back in balance and enjoy the life you want to live. And of course, I'll share with you some stories about the women I've worked with and how they learned to figure it out, so they didn't have to tough it out.

I'm excited to share this information with you and help you *take care of the SUM of you and not just SOME of you*.

CHAPTER 1

Life's About To Change

"We can't be afraid of change. You may feel very secure in the pond that you are in, but if you never venture out of it, you will never know that there is such a thing as an ocean, a sea. Holding onto something that is good for you now, may be the very reason why you don't have something better."

C. JoyBell

It's hard to believe that perimenopause and menopause weren't an issue just over 100 years ago. But here's why; in 1900 people only lived on average to be 48 years old. Women often died before menopause and those reaching it were considered wise.

Now an increasing number of people are living to 100 years and the average life expectancy for women in the United States is 80.5 years. Ironically, at the same time that women started living longer, our society became increasingly youth-oriented, and many women became fearful of a perimenopause or menopause label because it was often presented as a disease, or at best, a condition representing old age rather than wisdom.



But things are changing. This is not your mother's menopause. Sixty is the new 40. For most baby-boomer women, menopause and the stage of life it represents is very positive. There is no fear of becoming pregnant so there is sexual freedom; there is often more money and more time to enjoy life.

And right on the heels of the boomers are the Generation Xers who are now trying to figure things out. After speaking with so many Generation Xers around the country during my lectures and as patients and coaching clients, they know change is coming and they are confused and worried about what to do.

If you ask a Millennial about perimenopause or menopause, they typically just look at you funny. They think it's so far in the future they can neither imagine it nor consider it long enough to wonder what it is. Common responses are, "Periwhat?!" or "Menopause??? Are you kidding!!! I haven't had even kids yet!" or, "I just had a kid. No way."

But some of the Millennials *will* go into natural menopause early, many more will go into perimenopause (I'll tell you more later), and due to genetic testing that identifies young women at risk for breast or ovarian cancer, tens of thousands will be advised to have their ovaries removed around age 35 to age 40 to lower their risk of breast and/or ovarian cancer. That will abruptly throw them into menopause.

Here's why it's so important that you do figure it out. Did you know that a healthy fifty-year-old woman can reasonably expect to live for another 30 to 40 years or beyond? And what if you are 35? On average you well may live another 50 years or more. Today's health decisions will impact tomorrow's life choices. And to bring it back to the present, if you're in your mid to late 30's and haven't finished having your kids or haven't started having your kids, it may be time to start thinking about reproductive technology options like freezing eggs and/or embryos. There is a lot to know about and a lot to think about when it comes to the pause!

I want to help you ride the perimenopause wave and sail through perimenopause and menopause with a smile, feeling healthy, focused, and empowered.

I've Helped Over 10,000 Women Before and After Menopause

Over the past 30 years I've had the privilege of helping thousands of women travel through their reproductive years and transition into perimenopause, menopause and beyond. In the process, I've listened intently to their questions and patiently treated their symptoms and problems. It has given me the opportunity to know what questions women are asking and what treatments work best for most. It has also allowed me to know what areas are confusing, embarrassing or avoided due to fear.

I've incorporated all of this into a framework I've created to teach you what to expect and how to prepare for perimenopause and menopause. It will empower you to discuss your individual needs with your healthcare provider and give you a strategy to live by. It's the approach that I use with my patients at the Beth Israel Deaconess Medical Center (BIDMC) and for coaching clients I meet with by phone or Skype who live farther away and seek guidance in building a bridge between themselves and their healthcare providers. Women are out of balance and suffering in silence, and I want to help as many women as I can.



THE PROBLEMS YOU FACE

The problem facing women in and around menopause isn't too *little* information; it's too *much* information, much of it confusing and/or inaccurate. That can lead to overwhelm and an incomplete or incorrect understanding causing the wrong action or inaction. To further complicate things, the answers to some questions keep changing based on new research and new data, That makes it even more difficult to sort things out. Especially with the limited time you get with your doctor. Don't you feel like the average 8 minute visit is too short?

That's not enough time to get your important questions answered or to explore what might work best for you. Or to put it all in context with how it is impacting your life.



So many patients come to me asking for help understanding why they feel like they do and for help understanding their treatment options, risks and benefits; they're confused or they just hadn't thought through certain topics. Especially topics that are uncomfortable to discuss, embarrassing, or scary. That often makes it difficult for them to either ask questions in the first place, or to ask for further clarification.

Have you ever walked out of an appointment just as confused as when you walked it? Or maybe even more confused? That's why accurate, easy to understand, nonjudgmental information is so important.

There is so much information to share that no one book can possibly tell it all. But this book will get you started on the road to becoming prepared. I'm humbled to say my ability to frame things in an easily understandable way has helped thousands of women enjoy better health. I'd like to help you, too.

As my patient Susan T. said,

*"I learned so much from reading your book that helped me.
Thank you!"*

And Karen Giblin, founder of the Red Hot Mamas said,

*"He breaks complicated information down for people
so it's easy to understand."*

A PERSONAL STORY



One of the reasons I'm so passionate about patient education is the fact that I've had my challenges and been a patient too. As a child I struggled with obesity. It's hard to admit it, but at one time I was so fat they put my photo on the front page of my local newspaper. That's me to the left at age two and a half as "Mighty Mite, The Fattest Kid in Galveston County." I was huge.

Can you imagine being so fat you were asked to be on the front page of the daily paper? That might not be politically correct today, but my parents grew up during the Great Depression when food was scarce. So they believed that being fat was a good thing. It meant you had enough money to buy food.

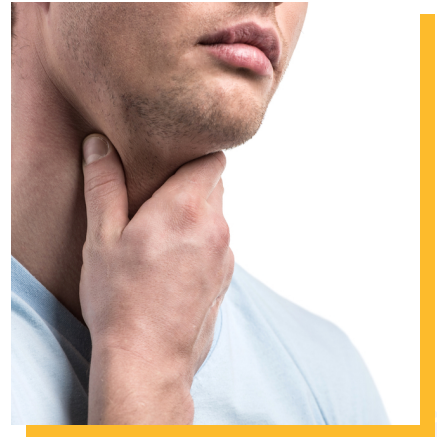
I remember them saying, "a fat baby is a happy baby." But they didn't realize how unhealthy and challenging this was as I got older. I'm at my ideal weight now, but not without educating myself and changing my habits.

In middle school, or Junior High as we called it then, Coach Mayfield saw potential in me and got me started playing basketball. I learned from him that when you need help making lifestyle changes or getting through a difficult time, having a coach can be an invaluable resource. I went on to shed my extra weight and stayed involved in sports all the way through college. I still exercise regularly today.

After college I was accepted into medical school and then did my residency training in OB/GYN. During the last year of my gynecology training I discovered a lump in my neck the size of my fist. I was told by the senior doctor taking care of me that he was sure it was cancer and would required a large operation to remove it.

You can imagine how frightening that whole experience was. To make matters

worse, the surgery resident told me there was a two out of three chance I would never talk again and that they would have to cut out much of my tongue and part of my jaw. I was petrified by the scary way the resident communicated this information.



Fortunately the resident was wrong. I did have major neck surgery, but it was far less extensive and I'm forever grateful that it turned out to be a rare *benign* tumor... and my voice was spared, too. But I'll never forget how vulnerable and afraid I felt. It taught me a lot about what it feels like to get incorrect information as though it were true. It also taught me the importance of educating myself and the importance of being informed.

That experience affected my life's work. I felt as though my voice had been spared for a reason. And I have spent much of my career in patient education, trying to raise awareness of important health issues through speaking, writing, and online platforms.

Weight gain and cancer are unfortunately two very common problems associated with perimenopause and menopause. And I want to use what I've learned from my medical training and personal experiences, as well as taking care of thousands of patients, to help you get the information you need to stay well.

My motto is:

"IT'S BETTER TO STAY WELL THAN TO GET WELL®."

During the course of a single day seeing patients, I can help at most 20 women. But 6,000 women enter menopause each day. This book allows me to reach you with a virtual HouseCall® and as a result, help many more women each year. My hope is for you to enjoy the life you want to live in the 30-50 years of your life you'll spend in perimenopause and menopause.

DON'T BELIEVE THE MYTHS

Many women still believe that menopause is dreadopause and goes hand in hand with uncontrollable weight gain, unpredictable hot flashes, unwanted facial hair, and unpleasant mood swings. And we can't forget the fear of memory loss and loss of libido. No wonder women feel overwhelmed and believe it's just too hard to overcome these problems.

Don't be fooled by these sweeping generalizations. It's true that your body will change. It's true certain risks increase with age and with early menopause. But it's also true there is a lot you can do about it *if* you learn to take care of *the SUM of You and not just SOME of You*. You can *prevent* certain things from happening and *lower the risks* or *stop* other things from *advancing*. You can do this by knowing what is normal and what isn't; by knowing what tests to get and when; and by spending just minutes every day creating habits that will change your life for the better. We'll talk more about this later in this book. But for now....

Are you ready to turn the fear of your worst nightmare into a positive experience for your body, mind and spirit? IT'S TIME TO BEGIN!



CHAPTER 2

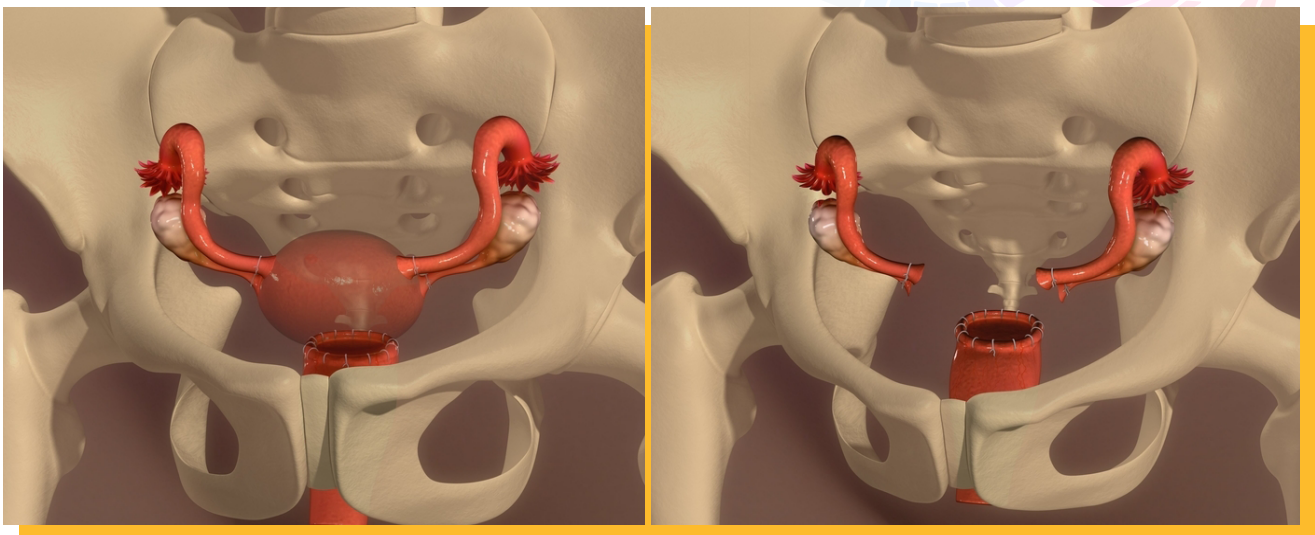
The Three Types of Menopause

UNDERSTANDING THE LINGO

Let's start with the vocabulary; it can be confusing. The word menopause comes from two Greek words for *month* and *cessation*. It is defined by a woman's last menstrual period. That can happen one of three ways - when a woman's ovaries are:

1. *Removed by surgery* (**surgical** menopause)
2. *Destroyed by radiation treatments, chemotherapy, or the use of some other drugs* (**induced** menopause), or
3. *No longer naturally making enough estrogen to produce a menstrual cycle* (**natural or spontaneous** menopause)

For induced or natural menopause, it takes one year of waiting after the last period to confirm that it's menopause and not just a very irregular period. *Post-menopause* refers to all the years beyond menopause.



Before hysterectomy

After hysterectomy

Having a hysterectomy (surgical removal of the uterus) will stop menstruation, but it does not cause menopause unless the ovaries (the white ovals in the images above) are also removed (*oophorectomy*). It is important to know that after a hysterectomy, even if your ovaries are left in, you will most likely lose some of your ovaries' hormone producing ability during the first few years after surgery, and likely experience an earlier onset of menopause. This happens because the surgery causes the ovaries to lose some of their blood supply.

Although women are living longer than ever before, the age of natural menopause hasn't changed much over the past few centuries – 51.4 years.

But menopause any time between ages 45 and 55 is within the normal range. It often occurs around the same time as one's mother or sister.

Perimenopause means *around menopause* and is the 10-year window leading up to menopause +1 year post menopause. It's a little confusing because perimenopause is when symptoms start so some call it "being in menopause." Perimenopause is also the time when for many women the symptoms associated with menopause (see Chapter 3 below) are most intense, particularly in the three or so years leading up to menopause.

GEN X CATCHES UP...AND MILLENNIALS AT THE DOOR

Can you hear the roaring sound in the distance? It's the baby boomers, and they're making an impact; six thousand women and six thousand men each day from those of us born between 1946 - 1964 are reaching their mid 50's fast and furiously. The same people who wanted to change the world in the 1960s are themselves changing.

And now Generation Xers, born between 1965 - 1984, are entering perimenopause and menopause, with the Millennials right behind them. There were an estimated 28.7 million women older than 55 in 1990, 31.2 million in 2000, and a projected 52 million by the year 2020. Another 35 million women are currently going through perimenopause. Menopause is not a silent passage any more. You are definitely not alone.

CHAPTER 3

The Symptoms of Perimenopause & Menopause

Remember when you went through puberty? Things began to get a little strange. Your body started to change, your mood was up and down, you had your first period and wondered when the next one was coming? There were also changes in your breasts, your waistline, your skin, hips and hair. You may also have begun having thoughts about the birds and the bees... and romance.

All that happened because your hormones, mostly estrogen, progesterone and testosterone were taking you on a wild roller coaster ride. At first your hormones were totally unbalanced and working totally independently. You probably felt confused and worried and even a bit scared. Who knew what was coming next, or when? Breasts started developing, hips got curvy, hair grew in new places, periods began, skin changes occurred and so did mood changes.



Eventually, hormone levels evened out and became more balanced. And with that new found balance came regular periods, more consistent mood, better complexion, more energy and better sleep. For decades things seemed so much more dependable and constant ...

Until perimenopause opens another window of imbalance leading into menopause. And

guess what happens in perimenopause? Back on the rollercoaster! When perimenopause begins, it's just like puberty...your hormones become unbalanced again and take you on a wild ride.

Only backwards!



Angelina Jolie was thrown into early menopause when she had surgery to lower her risk of breast and ovarian cancer. She shared her story in a series of interviews in the New York Times.

“Every woman is different when they go through menopause, and... I didn’t know emotionally how I would feel.”

Angelina Jolie

Your hormones go from paired and balanced, to unpaired and unbalanced. Your periods go from regular to irregular, to further apart to finally stopping. Your mood gets more unbalanced too, so irritability, anxiety, depression and mood swings are common. So are changes in sleep, skin, weight, sex drive, energy, and a lot more. As you can see by the table below, a lot is going on. Most women do not experience all these symptoms, but nearly all women experience some.

TABLE 1:
Symptoms of Perimenopause & Menopause

<i>Acne</i>	<i>Facial hair</i>	<i>Leg cramps</i>
<i>Anxiety</i>	<i>Hair loss/ thinning</i>	<i>Low sexual desire</i>
<i>Backache</i>	<i>Headaches</i>	<i>Migraines</i>
<i>Bloating</i>	<i>Heart palpitations</i>	<i>Memory problems</i>
<i>Bone loss</i>	<i>Hot flashes</i>	<i>Mood swings</i>
<i>Breast tenderness</i>	<i>Hypothyroidism</i>	<i>Urine loss</i>
<i>Crying</i>	<i>Insomnia</i>	<i>Vaginal dryness</i>
<i>Depression</i>	<i>Irregular periods</i>	<i>Weight-gain</i>

Many women have a difficult time believing they are in perimenopause or menopause. It doesn't seem possible. Maybe that happened to you. If perimenopause caught you by surprise, don't be hard on yourself. Most people are caught off guard when perimenopause strikes.

Oprah talked about this as part of her personal story on her website Oprah.com. Here is a short excerpt:



"Then one morning when I was out running, I mentioned the palpitations to my trainer, "I think it's the big M," he said. "The big M what?" I shot back. "I think it's menopause," he said. I stopped and stared at him.

*"Of course it's not menopause!" I said.
"I'm still having my periods. Regular as rain!"*

But her trainer was right on!

And because the symptoms are so varied, many women end up going to see a cardiologist for their palpitations, a psychiatrist for their mood swings, a sleep doctor for their sleeplessness, and a gynecologist for their abnormal bleeding... a fragmented approach that does not connect the dots to the line pointing towards menopause. Many of my patients and the women I coach have seen two, three or more doctors before they finally see me. It's comforting for them to work with someone who understands the issues, can guide them and put all the pieces together.. Here's what one patient said about her experience:

"I'd been to a number of doctors before seeing Dr. Mache. He's an amazing doctor who has helped me in many, many ways. I have more energy; I'm sleeping well; my overall health feels so much better."

Judy (Patient)

Menopausal symptoms can be very troubling if left untreated. And some of the symptoms that are most likely to be bothering you deserve special mention. Let's start with hot flashes.

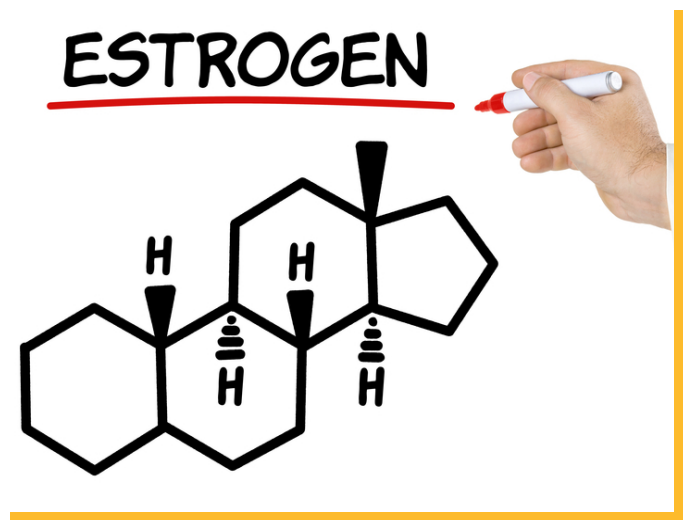
Hot Flashes are waves of heat that can last from a few seconds to up to 10 minutes. Different women experience hot flashes differently. For some it's a mild sensation of warmth that passes quickly, and for others hot flashes can be extreme. You may feel like your skin is on fire and you start to drench the sheets and sometimes have to change your clothes and the bedding. Although your core temperature stays at 98.6 degrees fahrenheit, your skin temperature can increase by 5 to 7 degrees. That's why you feel so hot!

There are a number of things you can do to improve hot flashes. Drinking lots of water (not coffee and soda), exercising earlier in the day, adding yoga and tai chi, or cognitive behavioral therapy (CBT) are all helpful for some women. Avoid foods that trigger hot flashes. Common triggers include spicy foods, alcohol, coffee and chocolate. Try foods like soy and flax seeds. Some over the counter remedies are also helpful such as soy and black cohosh.



Estrogen is FDA approved and the most effective treatment for hot flashes. It can be taken orally, through the skin (transdermally), or vaginally. There are

also non-estrogen prescription medications that can help. The list of non-FDA approved medications is quite long and many work for some women, but there is as of now only one FDA approved non-estrogen medication for hot flashes. It is called Brisdelle® and is a low dose of the antidepressant medication paroxetine.



To fully discuss treatment approaches to hot flashes with my patients and coaching clients generally takes up to an hour. There is so much to go over it is beyond the scope of this book, but I do want you to have this important information if hot flashes are your primary concern. That's why I compiled the questions and answers most women are looking for into a one hour online course called **Hot Flash Rescue Kit**. It offers you a complete overview of how to cool hot flashes so that you can begin making changes immediately, and discuss your next steps with your healthcare provider. It will save you a ton of time figuring things out. If hot flashes are a major issue for you, visit HotFlashRescueKit.com to find out more. You'll get a lot from it.

Low Mojo, Vaginal Dryness and Painful Sex are three other common symptoms of menopause. I'm talking about them here because they are topics that almost never get talked about even though about half of women will have problems with loss of desire, vaginal dryness and/or painful sex. And only about 7% are getting any treatment.

That's terrible! I see this over and over. Why? Because most doctors don't ask about these problems and most patients don't tell their healthcare professionals about them. So millions of women suffer in silence.

A typical story is my patient Dorothy, who said, "I love my husband but I just don't have any desire. It's like that part of me died. I'd rather be shopping."



Or Susan who told me, “It feels like razor blades down there. Every time he approaches I feel like screaming. I tried lubricants and they help a little. But I’m afraid if I don’t have sex with him, he’ll get it somewhere else. I’m almost at the point of telling him that would be OK.”

The partners have a rough time too. Sam told me, “It seems like I just hurt her.

Whenever I suggest having sex, she’s either not in the mood or seems like she just wants to get it over with. I know one thing; I can’t make her happy. I’m wondering if she’s not interested in me any more.”

So it’s hard on relationships because sex is an important part of most relationships. Sexual intimacy also helps people to feel good about themselves.

Once again, there is good news...

There’s a lot you can do to improve all these symptoms.

For low libido and painful sex, it does require a good medical evaluation. Let’s face it, it’s hard to feel sexy if your thyroid is low, your blood sugar is out of control, your heart isn’t working just right, you have a vaginal infection, your medication is zapping your sex drive, or your stress, anxiety, depression, etc. are taking away your interest. Sometimes the relationship is a little rocky and lack of interest is a byproduct of that. And there are many more reasons.

Treatment depends on cause. So getting a workup is essential to getting to the root cause. Then treatment can be tailored appropriately.

There are some great treatments for vaginal dryness and painful sex.

You can always start with OTC lubricants and moisturizers.

Most of the time vaginal dryness and painful sex is due to low estrogen levels. So local vaginal estrogen can make a huge improvement for most women. There is also a new vaginal medication called Intrarosa which is a form of the hormone DHEA.

The DHEA breaks down to estrogen and testosterone in the vagina and is minutely absorbed into the body. Both estrogen and DHEA are usually better than most over the counter (OTC) products for treating the problem.



Recently there has been a new medication called *Addyi*[®] (flibanserin) approved for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD). In other words, this is low sexual desire that causes marked distress or interpersonal difficulty and is NOT due to any other medical or relationship problem beside low desire. Addyi has to be taken daily and requires that you do not drink alcohol while you're on the medicine. It usually works by two months if it's going to work.

Like hot flashes, a full discussion in my office about low mojo, vaginal dryness and painful sex can easily take up to an hour. In order to make this important information easily accessible to you, I created an easy to use online program called **Better Sex Blueprint** that will walk you through the different problems and what to do about them.

Getting familiar with the causes and treatment approaches in the privacy of your home may solve the problem for you, and will definitely make you more comfortable and prepared to have an otherwise difficult discussion with your healthcare provider.

And you can keep reviewing the information as much as you need before or after your appointment. If sexual problems are affecting your life, I strongly encourage you to check out this program soon. To find out more visit [Better-SexBlueprint.com](https://www.bettersexblueprint.com). There's no better time to act than now!



CHAPTER 4

Three Untrue Myths You Must Know About

Perimenopause and menopause are filled with wives' tales and untrue myths. But there are three that you really must know about because in my opinion, they cause women a lot of harm and unnecessary suffering.

UNTRUE MYTH #1

Menopause Happens When You Are Older

As I mentioned above, the mean age of menopause in the United States is 51.4 years. But that isn't everyone's reality.

Early menopause refers to menopause before age 45 and that happens to between 5-10% of women. *Premature* menopause means it occurs before age 40 and that happens to about 1% of women. This percentage will likely increase as more women facing hereditary breast and ovarian cancer choose to have preventive surgery between the age of 35 and 40. And one in one thousand women enter menopause before age 30. I've taken care of a number of these young women and they have special concerns.

And for most women the symptoms typically begin up to 10 years before that. As you can see, menopause is *not about age*, it's about *transition*.

So if you are starting to experience any of the symptoms in Table 1 above, or if something doesn't seem right to you, it *could be* a symptom of perimenopause.

Don't wait to figure this out. There is a window of opportunity to make important life decisions. If you want to have another baby, or a first baby, it's time to push for that. If you want to minimize the impact of perimenopause or menopause symptoms or start taking steps to make your life healthier and happier, work with someone who can help you sooner than later.

UNTRUE MYTH #2

Estrogen is Unsafe and Causes Cancer

Some myths are so ingrained that it's hard to believe they aren't true. One of those myths involves whether or not estrogen is safe. What do you think?

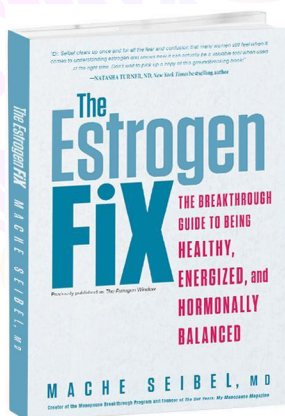
When I speak to audiences of women around the country about how to get back in balance with or without hormones, I often begin by asking these three questions. Raise your hand if...

- You believe that estrogen is a reasonable choice for treatment of menopausal symptoms
- You believe that estrogen is unsafe and causes breast cancer and heart disease
- You are unsure what to believe

So far, in every talk I've given, the audience response is divided into roughly thirds. And there are always those who raise their hands for all three questions.

Here's what's important. Whether or not you choose to take estrogen, it's possible to age gracefully. We'll discuss that more a little later on.

Estrogen does have some real benefits for women going through menopause, and whether or not you choose to take it, It's important to make that decision based on accurate information and not myths.



The problem is that the information about estrogen has been so confusing and so frightening for so many people for so long that women just want to avoid it. My best selling book, *The Estrogen Window*, and the paperback update, *The Estrogen Fix*, set the record straight. If you haven't read that book, you should. It has so much easy to understand information about estrogen and estrogen alternatives that the book has been recommended by the North

American Menopause Society as a must read for patients *and* their doctors. To learn more about the Estrogen Fix, [click here](#).

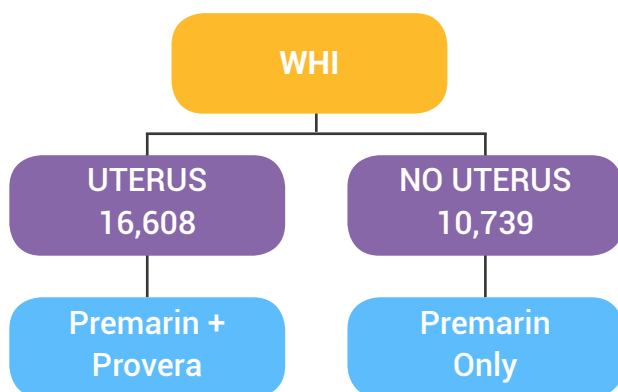
I want to give you some information here to help you understand how one major study got is so wrong and affected so many women.

The 2002 study was called The Women's Health Initiative or WHI. Up until that time, estrogen was the number one prescribed medication in the United States. Everyone was prescribing it for midlife women - primary care doctors, inter-nists and gynecologists. Many studies showed it not only improved symp-toms, it also helped to prevent the risk of heart disease.

But no study had ever compared estrogen or estrogen plus progesterone to a placebo. So a large study was designed to do that.

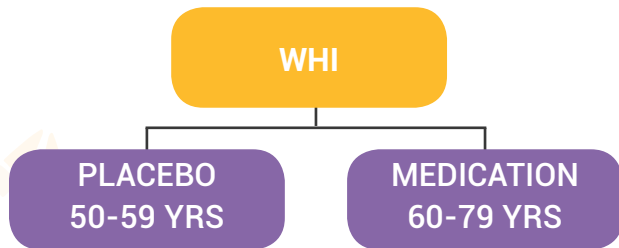
The study was divided into two parts. Women who had a uterus and women who had their uterus removed (had a hysterectomy).

Why? If you have a uterus and take estrogen (in this study Premarin), you need to add bioidentical progesterone or a synthetic progesterone (in this study Provera) to protect the uterine lining from developing uterine cancer. When both estrogen and progesterone or synthetic progesterone are used together, estrogen virtually never causes uterine cancer.



So there were two groups of patients; one taking either a placebo or Premarin, the other either a placebo or Premarin + Provera, depending on whether or not they had a uterus. And as you will see in a minute, there were other major differences in the groups that affected the results.

When the first of many WHI studies was published in 2002 it incorrectly reported that hormones increased the risk of breast cancer and heart disease as well as some other conditions. But the study got it wrong. Here's why.



At the time of the study, so many women were already taking hormones that they couldn't find equal numbers of women in every age group to enroll into the study.

Although the women in the study were between the ages of 50 and 79, it turned out that 75% of the women who took the hormones were between the ages of 60 and 79 while 75% of the women who got the placebo sugar pill were between the ages of 50 to 59. So they compared younger women taking a sugar pill with older women taking hormones.

And to make matters worse, many of the women who received the hormone medications were smokers, overweight, and had diabetes and high blood pressure, which are risk factors for breast cancer and heart disease. The women who took the placebo were not only younger, they also didn't have those risk factors. It wasn't a very good study because older women with risk factors are much more likely to develop breast cancer and heart disease than younger healthy women, right? Right! And that is what the study found.

But it took well over a decade to figure out this important simple fact. When **the same study data was reanalyzed** years later and the both groups were **matched for age**, almost *all* of the **negative findings went away**, and the **women who took estrogen without the progestin had less breast cancer and heart disease** than the placebo group.

The major point here is that there is a **window of opportunity** when it is safe for most women to begin estrogen. If women *begin* taking estrogen between the ages of 50 to 59, or within 10 years of the start of menopause if menopause happens before age 50, estrogen or estrogen plus progesterone type medica-

tions are a very safe and reasonable choice to treat menopausal symptoms for most women. Of course you always have to individualize. That's a key point.

Debunking the estrogen myth will enable you to make wise health decisions for yourself. Jessica, one of my [Menopause Coaching](#) clients said to me,

I was suffering so much trying to avoid estrogen and hormones all together that I was miserable. I was too confused to do anything. After you explained things to me I could make a decision for myself. I feel so much better! And feeling better is worth everything to me.



UNTRUE MYTH #3

There's nothing that's really both safe and effective

This myth has kept more women from seeking assistance and getting the help they need than almost all others. **Fact: for almost every symptom, there is a solution, and often more than one.**

After speaking around the country to thousands of women and to many of their doctors, I know that in spite of debunking Untrue Myth #2, many women still choose not to take hormones. And others cannot take them for specific medical reasons.

I get it. But this next sentence is one you must remember...

*With or without hormones, there are **still a lot of things that you can do** and many you must do, if you want to feel better and enjoy the life you want to live. Life's about change, and your body is changing. **The huge mistake is to do nothing.***

Taking hormones is one of the most effective treatments for perimenopause and menopause symptoms. Systemic hormones go to every cell in the body and can improve most of the symptoms that you're experiencing, and even help the silent ones you may not be aware of. If you decide not to take estrogen, that's OK. But you need to have a plan to take care of your whole body, not just the one or two most bothersome symptoms that may be selectively helped with alternative treatments. Makes sense to take care of your whole self, right?

I know from personal experience that when my wife went into early menopause, no one discussed with Sharon how to take care of the SUM of her, not just SOME of her. What should she be doing to maintain her health after abruptly being thrown into surgical menopause? Her immediate decision was hormones or no hormones. But what about exercise? Stress reduction? Nutrition? Mindfulness? Sleep? I've made it my mission to develop a system that provides women like my wife a framework for maintaining health and vigor. A system to help women around the world cut through the confusion surrounding menopause.

One thing that I know is true: to optimally get through menopause, you've got to take care of the SUM of You, not just SOME of You.

What do I mean by that? Some of your symptoms are "loud." They really get your attention. Hot flashes are a prime example. You know when they happen and you want them to stop so you seek treatment. Sensitive bladder is another, though most women wait years before seeking medical attention because they're embarrassed or think there's no treatment.

But other changes are also going on silently. Some of the HUGE silent ones are

prediabetes /diabetes, heart disease, high blood pressure, osteoporosis, and possibly even Alzheimer's disease. You usually don't realize they are affecting your body until it is too late. By the time you start getting symptoms, you may already have early stages of these diseases.

The best approach to maintaining your health and wellbeing so you can get back in balance is to take care of the SUM of You. How? I do it by dividing YOU into 5 parts or 5 steps to make it easier to understand. The first letter of the 1-4 spells H-E-L-P. They HELP life and Life Balance.

H → Hormone Balance

E → Emotional Balance

L → Lifestyle Balance

P → Physical Balance

+

LIFE BALANCE

The secret to getting back into balance is to improve each of the 5 parts of your life at least a little, because they're all interrelated. Making even small changes in each of these areas has a huge impact because they amplify each other. When you do that, you are treating the SUM of you and helping to prevent both the "loud" and the "silent" diseases that can rob *years from your life and life from your years*.

Not surprisingly, this can be difficult to do without a systematic approach. So many women have asked me for help getting through menopause, I realized there was a real need to develop a system that could reach more than the limited number of patients I can see in the course of a day; a system to get back in balance by taking care of the Sum of You, not just Some of You.

Only taking care of parts of you leaves other parts at risk. It's like having a car with three inflated tires and one flat tire. You can't effectively move forward

even though only one thing isn't right. And eventually the one flat tire makes everything come to a standstill.

When you embrace this mindset by taking action now, you are positively impacting your entire journey through menopause and beyond. You are positively impacting the rest of your life.

As I've said, everything is interrelated. That's why I'm so passionate about you taking care of the Sum of You, and I'm hoping that by now, you feel that way, too.

You may be curious about the system I developed so let me tell you about it briefly here and then in more detail in Chapter 5. The five steps are called the **Menopause Breakthrough System**. It's the best systematic approach to getting through menopause I'm aware of and it's the framework I use for both my patients and menopause coaching clients. It contains tools, worksheets, checklists, process visual diagrams, and explanations that you can put to use immediately and begin making progress on your own. For more information about it, visit MenopauseBreakthroughSystem.com.



CHAPTER 5

Figure It Out So You Don't Have to Tough It Out

By now you're getting a better understanding of the changes during the change. So far, we've talked about understanding menopause. What is it? When does it happen? Why are all those changes happening? What are the most common symptoms? There's a lot going on. With all your hormones out of balance, it's no wonder your life also feels out of balance.

Suzanne Somers made a joke about all these changes by calling them the "Seven Dwarfs of Menopause: Itchy, Bitchy, Sweaty, Sleepy, Bloated, Forgetful and Psycho." The symptoms aren't funny, but the names are and seem appropriate to many women who laugh when they hear them. But when you are feeling tired, foggy, forgetful, hot, anxious, sad, moody, bloated, and feeling like your mojo is a no show, it's definitely not a laughing matter. If you're like most women I help, you want to feel better, and preferably sooner than later. That's definitely possible.

Then we talked about three untrue myths that throw so many women off their dime.



Before reading this book, if you thought that because you're 35 or 40, your symptoms couldn't be perimenopause or menopause, or you wouldn't even consider taking estrogen because of an inaccurate, scary study, or you thought there was nothing you could do that is both safe and effective, it's no wonder you may have been feeling helpless, hopeless, confused and just plain out of balance.

You now know that whether or not you choose to take estrogen, you have to take care of the SUM of you. Why? Because if you only take care of the "noisy" symptoms, you may feel better for a while, but you won't be preventing some of the most dangerous "silent symptoms" that are leading to heart disease, diabetes, high blood pressure, diabetes, and possibly even dementia. Not taking care of the SUM of you will negatively impact the quality and potentially, the length of your life.

I'm not saying this to worry you; I'm saying this to motivate you to figure this out so you don't have to tough it out. How?

- Find a knowledgeable healthcare provider you connect with and trust
- Get clear about your family medical history as well as your own
- Identify the "noisy" symptoms that you really, really want to treat
- Figure out the "silent" symptoms that need attention
- Realize how much it will improve your life once you figure it out
- Realize how much it will affect you life and work if you don't
- Find out what's standing in your way to take action
- Apply the Menopause Breakthrough System to reach your goals
- Get to work - and yes, it will require some work on your part

When my wife Sharon had surgery that threw her into early menopause and I transitioned from being a leading infertility doctor to becoming a leading menopause expert, I had to figure it out too. It took time, persistence and research. And because there is so much confusing and inaccurate information on midlife and hormones and other forms of treatment, lots of doctors are still confused because they haven't been able to devote the time to figure it out. You may have noticed this when you've tried to get answers or solutions in the past.

That's why I developed this strategy to work with my patients and one-on-one coaching clients. Having a system makes it so much more likely to achieve a lasting impact.

STEP I: HORMONE BALANCE.



Whether or not to use hormones to treat symptoms of perimenopause/menopause is one of the most important midlife decision you will make. And to make the right decision, you really have to know the truth. Then you can answer: Do you need hormones? Do you want to use them? How much, how long, what dosage, what form? Are they safe? When do you start them? When do you stop them? Are they right for you? What are the alternatives?

If you decide you don't want them or can't take hormones, that's OK. Then what are your treatment options? There are non-estrogen FDA approved medications, alternative treatments, and lifestyle changes that you need to know about for some menopausal symptoms. All these questions have to be sorted out for you because every person is different. And what I've learned from my years of practice is that everything works for some, and nothing works for everyone.

The good news is, by working closely with with someone knowledgeable who

can help you, it is very likely that there is a plan and a strategy that will get you into better hormone balance, even if you don't take hormones.

STEP II: EMOTIONAL BALANCE.



This involves understanding the level of anxiety, depression, mood swings, brain fog, and irritability you're dealing with and your risk for clinical depression or other conditions. The perimenopause transition can be a particularly challenging time for women with a history of clinical depression, postpartum depression or bad PMS.

I ran the Complicated Menopause Program and also worked in the Department of Psychiatry at the University of Massachusetts Medical Center for a number of years helping perimenopause patients with their transition. What became clear is that perimenopause can tip the balance, causing some women to express emotional challenges, and others with preexisting mental health conditions to relapse. This can be prevented or helped by realizing the risk and coordinating care with your healthcare and mental health providers. Quiet, reflective time working on **mindset, mindfulness, and meditation** are essential elements for maintaining emotional balance as well as stress reduction that is discussed below.

STEP III: LIFESTYLE BALANCE.

These 5 lifestyle factors need to be in balance.

Lifestyle Factor 1: Nutrition. What foods should you eat? What foods should you avoid? *When* should you eat? How much sugar and fiber do you eat? Is your "gut" balanced? Inflammation from poor food choices affects your microbiome, and that can in turn affect your mood, behavior, sleep, other symptoms, and even how your gut metabolizes hormones.



Lifestyle Factor 2: Stress Reduction. Stress is not only a risk factor for heart disease, but also for dementia and other illnesses. So stress reduction is key, and there's a lot you can do to lower your stress. No, we can't make your life stress-free, but we can discuss healthy habits and ways you can respond to stress so it has less impact on you.



Yoga, Tai Chi, Cognitive Behavioral Therapy (CBT), mindfulness, meditation and exercise are all stress busters. Nutrition and gut balance also play a role here. It's all about staying in balance so all the cells in your body communicate in harmony.

Lifestyle Factor 3: Sleep. Is the Sandman skipping your house? Poor sleep is a very common complaint at this time of life. Getting up to go to the bathroom, waking up from hot flashes, restless leg, sleep apnea, anxiety and depression are all robbing you of sleep. But it doesn't have to be that way. There are things you can do to stop these thieves.



Begin by getting a sleep diary at dr mache.com/sleep-landing/. Practice good sleep hygiene, which includes going to bed each night at the same time, using room darkening shades, and avoiding exercise and electronic screens like smart phones, computers or television at least two hours before bedtime. It's also important to review your medications to be sure none you take are interfering with your sleep. What are you currently doing to improve your sleep?

Lifestyle Factor 4: Exercise. To maintain a healthy body, women need to do about 30 minutes of moderate aerobic exercise like brisk walking 5 days a week, and muscle-strengthening exercises that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) two or more days a week. Are you doing that? If not, what is preventing you?



Sometimes things as simple as a workout schedule and an exercise buddy can make a huge difference.

Lifestyle Factor 5: Weight Control. Are your jeans getting too tight? Do you have a closet full of clothes that no longer fit? Everything is interrelated, and weight gain is a byproduct of being out of balance. All of the lifestyle factors above, as well as hormones, impact one of the most common and annoying symptom of menopause - **weight gain**.



It's much more than cutting calories, though calories play a role. Weight control depends on a holistic approach, taking care of the SUM of You.

STEP IV: PHYSICAL BALANCE.



Physical balance includes the noisy symptoms and what can be done to improve them i.e., hot flashes, bladder control, weight, sleep, and sex life. In addition to hormones and many other things, balancing the microbiome (bacteria that normally live there) of your “gut” also plays an important role in balancing your physical symptoms (see Lifestyle Factor 1 above). We also discuss how much the *silent* symptoms may be affecting the body and the testing needed to figure that out.

And you know what? We usually find them early before they have taken a major toll on the person, and discuss what they should be doing differently.

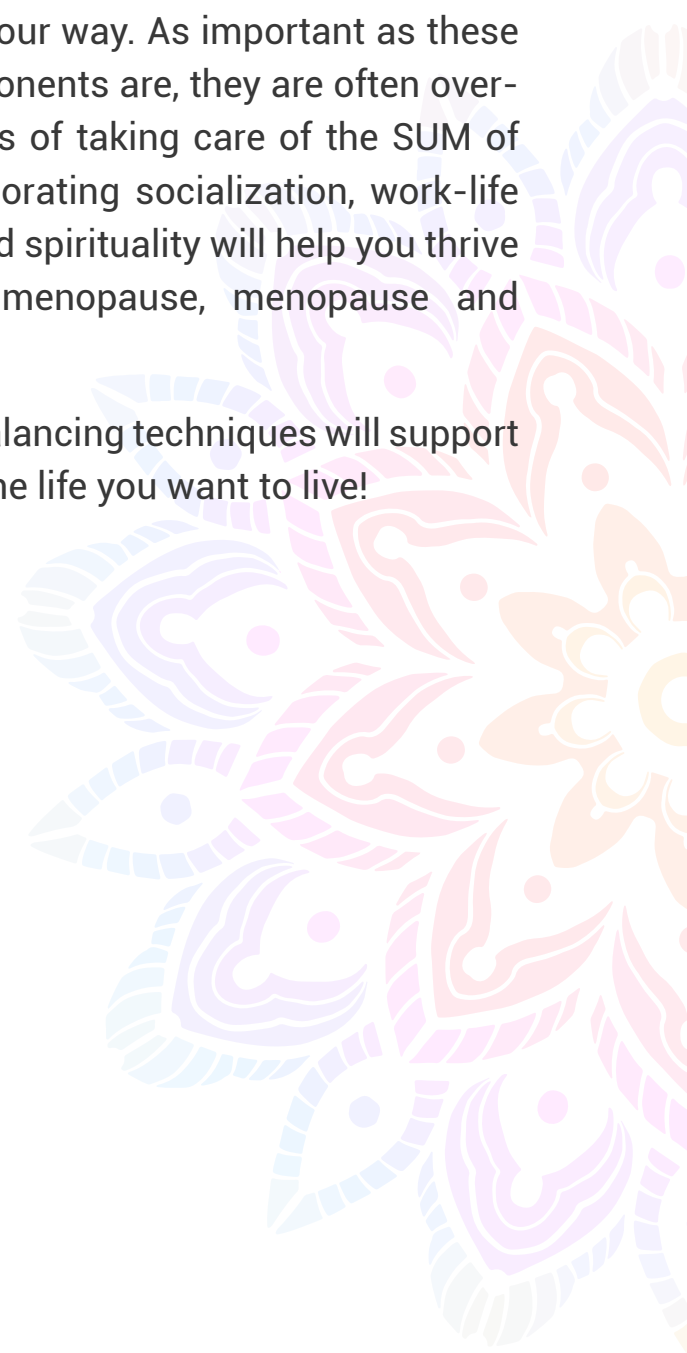
STEP V: LIFE BALANCE.

For our discussion, I've divided life balance into three parts: **Socialization, Work-Life Balance, and Spirituality**. It's the last part of the Menopause Break-through System. Women are often so busy taking care of everyone else they don't take time for themselves. I often ask, “Who nurtures the nurturer?”



These key components of life balance provide essential support, friendship and nurturing, as well as sufficient time to balance a hectic and often stressful life and help counter many of the challenges life sends your way. As important as these three components are, they are often overlooked parts of taking care of the SUM of You. Incorporating socialization, work-life balance, and spirituality will help you thrive during perimenopause, menopause and beyond.

Life's about balancing change, and these life balancing techniques will support your efforts to get back in balance and enjoy the life you want to live!



CHAPTER 6

Your Next Steps

THANKS FOR READING THIS BOOK!

I really hope the new ideas you got will inspire you to work on finding new ways to transition through perimenopause and menopause so you can get back in balance. I also hope that it gave you some helpful tools that you will put into practice right away.

If you haven't already, make sure you check out the bonus gifts I've included at the end of the book - Menopause Quiz, The Hot Years Magazine, and Chapter 1 of my best selling book, *The Estrogen Fix*.

The most important thing to realize is that there definitely are things you can and should be doing that will help you. Figure it out, don't tough it out!

I hope you are feeling excited about the possibility of feeling better and more in control. In my experience, a lot of people initially feel motivated and can't wait to start taking action so they can make menopause better.

What happens after that? The biggest mistake people make after the initial excitement is they invest in a book or program or product and never even look at it, so they can never really start applying the information.

Here's what happens. They're so excited they think that after taking action and buying a book or program or joining a group, they hope that by just doing that it will somehow dramatically change their life.

But they don't go through the necessary steps to make changes happen.

Or...they get overwhelmed. They read this book, or hear me on a Facebook Live or an interview, and they know that I can help them feel better, but they don't know where to start. And as you'd expect, for most people, the goal is to get the biggest results in the shortest amount of time.

I definitely don't want overwhelm to happen to you!

You can always start on your own today. Begin your journey by following me on [Facebook](#) and [Twitter](#) and sign up for my regular HouseCall® mailings. I'm always offering helpful tips and suggestions and updating you with new information. And you can read [The Estrogen Fix](#) as a beginning point to help you know what to discuss at your next visit with your healthcare provider.

There is a lot of information to read through and digest and it will take some time to do this.

Don't be discouraged if sorting through things on your own takes longer for you to figure it out, make a plan, and get results. That's not surprising. As I've mentioned, knowing how to get back in balance is challenging, even for many doctors. Many are still confused about best practices and lack clarity about the latest information and what really works for menopause, or how safe and effective the various treatments are.

If you would like to get a jumpstart to the results you desire, let me help you with that right now.

I can't make you study, but I can help prevent you from feeling overwhelmed. Here's how.

By creating three major programs that you can choose to invest in that will help you take this book to the next level.

All three of these programs will be extremely helpful to you individually. And each one allows you to work with me in an increasingly closer way. Put them together and you have all the pieces of the puzzle you need to make menopause better and help you get back in balance.

Here's a little bit of information about each one...

#1: THE BETTER SEX BLUEPRINT

It's time to **enhance the romance** and get back on track to **enjoying the pleasure of great sex**. It's possible, and it's doable.

The answers are inside my [Better Sex Blueprint!](#)



Intimacy is important. Don't go another day without the tools and resources you need to bring the spark back into the bedroom.

When you use my Better Sex Blueprint **you'll have an easy-to-use, step-by-step plan to improve your relationship.**

Learn more at [HERE](#) .

#2: GET BACK IN BALANCE COACHING

This is an opportunity open to a limited number of women from around the world to work **one-on-one** with me to co-create a personalized plan to remedy your most challenging symptoms over **the next 90 days**.

This option is your best choice if...

- You're not clear what to do or how to go about it and need help ASAP
- You are finding work increasingly challenging
- Your marriage/relationship has suffered due to menopause symptoms
- Your quality of life is not the quality you desire
- Your healthcare providers don't get you or don't get menopause
- You need guidance and a strategy to get you back in balance

The one-on-one coaching program is totally tailored to you and your symptoms so that you can start feeling better and get back in balance.

The best way to discover if this is a fit for you is to apply for a *Get Back In Balance* discovery session at: MenopauseCoaching.com

#3: INVITE DR. MACHE TO MAKE A HOUSECALL® TO YOUR NEXT EVENT TO SPEAK TO YOUR AUDIENCE

When your group, organization or business is looking for a memorable speaker who will serve your audience and make a lasting impact, invite Dr. Mache to make a HouseCall. His presentations provide up-to-the-second information sprinkled with stories, humor and common sense so your audience will get out of their chairs and take action.

Visit <https://drmache.com/speaking/> to learn more and to inquire about availability.



**YOUR LIFE IS IN A TIME OF CHANGE.
NOW'S THE TIME TO CHANGE YOUR LIFE.
NOW'S THE TIME TO *GET BACK IN BALANCE!***

CHAPTER 7

Perimenopause Checklist – Physical Symptoms

Check all the symptoms that apply. If you have additional symptoms, please add them in the spaces below and bring to your next doctor's visit.

Hot flashes or night sweats

Sleep problems either falling asleep or waking up

Irregular menstrual problems

Vaginal dryness or discomfort during sex

Bladder problems – leakage or more frequent urination

Symptoms similar to PMS

Rapid heartbeat or palpitations

Joint and muscle aches

Weight gain

Skin changes

Dry eyes

Hair changes – either thinning hair or more facial hair

Increasing tiredness

Headaches

Leg cramps

Increasing dental or oral cavity problems

ABOUT *The Author*

Mache Seibel, MD is a leading women's health authority who helps women suffering with the symptoms of perimenopause and menopause figure it out so they can enjoy the life they want to live. He's co-author of *A Woman's Book of Yoga*, and author of the best selling books, *The Estrogen Window* and *The Estrogen Fix* as well as 12 other books.

He's been featured on Inside Edition, People Magazine, Discover Magazine and appeared on PBS, NPR, MSNBC, Fox, ABC, NBC and CBS. He's also been interviewed by multiple print media including the NY Times, Wall Street Journal, Washington Post and many others.

Dr. Mache is a member of the Harvard Medical School faculty and has treated thousands of patients in his work at the Beth Israel Deaconess Medical Center. His expertise includes infertility, perimenopause and menopause. He's provided coaching advice to some of America's top women executives and entrepreneurs and to women around the world. Ever since his wife entered early menopause and her doctors never asked how to take care of the sum of you, not some of you, he's been on a mission to help as many women as he can enjoy the life they want to live by helping them figure it out, so they won't have to tough it out.

Dr. Mache lives in Boston, Massachusetts with his wife. Find him here:



www.DrMache.com



www.HotYearsMag.com



[/doctorseibel](https://www.linkedin.com/in/doctorseibel)



www.DrMache.com/EstrogenFixCh1



[/MyMenopauseMagazine](https://www.facebook.com/MyMenopauseMagazine)



www.MenopauseQuiz.com



[/DrMacheSeibel](https://twitter.com/DrMacheSeibel)



www.MenopauseCoaching.com