Menopause Protocol

Description:

At menopause, the typical female fat distribution gives way to storage of fat around the waist and an inability to lose weight using tactics that were successful before the hormonal shift.

Relevant science:

Estrogen is a potent insulin-sensitizer and estrogen and progesterone together are anti-cortisol agents. So, the female hormone profile (estrogen and progesterone balance) is key in decreasing weight gain, making weight loss easier and maintaining the hourglass shape. Menopausal women are more insulin resistant, more stress responsive, and in addition to the decreased levels of estrogen, the ratio of estrogen to progesterone the ratio is often even more out of balance (more estrogen relative to progesterone compared to what it was).

Protocol:

Diet: A low-carb diet must be emphasized over low calorie since estrogen no longer buffers against insulin. Less than 100g daily of total carbs from starch and fruits is recommended.

Supplements:

1) Vitex (standardized to .5% agnusides): 200mg daily
2) Black Cohosh (standardized to 2.5% triterpenoids): 100mg daily
3) Rhodiola: 200-400mg daily
4) DIM: 100 to 200mg daily
5) Green tea Extract: 300mg/day (standardized to 45% EGCG or more)
6) Magnesium: 300 to 600mg (magnesium glycinate)
7) Vitamin D: dose 2,000IU to 5,000IU daily (> if serum D is not 50 to 100ng/ml)
8) Possible pregnenolone, progesterone or bio-identical HRT therapy (speak to an integrative physician)

Exercise:

- Avoid excessive cardiovascular exercise. Limit to 1 or 2 long moderate-intensity/aerobic zone workouts per week
- Leisure walking 30 to 60 minutes daily (Tai Chi OR yoga (only restorative can replace))
- Weight training: 3 times per week, full body: 5 sets of 10 with 10RM (Leg Press, Chest Press, Back Row, Shoulder Press)
- Interval training or mixed metabolic conditioning 1-2 times per week (20 to 30 minutes max)