

What are Hot Flashes?

If you've had one, there's no mistaking it: the sudden, intense, hot feeling on your face and upper body, perhaps preceded or accompanied by a rapid heartbeat and sweating, nausea, dizziness, anxiety, headache, weakness, or a feeling of suffocation. Some women experience an "aura," an uneasy feeling just before the hot flash that lets them know what's coming. The flash is followed by a flush, leaving you reddened and perspiring. You can have a soaker or merely a moist upper lip. A chill can lead off the episode or be the finale.

What Causes A Hot Flash?

Hot flashes are mostly caused by the hormonal changes of menopause, but can also be affected by lifestyle and medications. A diminished level of estrogen has a direct effect on the hypothalamus, the part of the brain responsible for controlling your appetite, sleep cycles, sex hormones, and body temperature. Somehow (we don't know how), the drop in estrogen confuses the hypothalamus—which is sometimes referred to as the body's "thermostat"—and makes it read "too hot."

The brain responds to this report by broadcasting an all-out alert to the heart, blood vessels, and nervous system: "Get rid of the **heat!**" The message is transmitted by the nervous system's chemical messenger, epinephrine, and related compounds: norepinephrine, prostaglandin, serotonin. The message is delivered instantly. Your heart pumps faster, the blood vessels in your skin dilate to circulate more blood to radiate off the heat, and your sweat glands release sweat to cool you off even more.

This heat-releasing mechanism is how your body keeps you from overheating in the summer, but when the process is triggered instead by a drop in estrogen, your brain's confused response can make you very uncomfortable. Some women's skin temperature can rise six degrees Centigrade during a hot flash. Your body cools down when it shouldn't, and you are miserable: soaking wet in the middle of a board meeting or in the middle of a good night's sleep.

Beating the heat naturally

Hot flashes have a lot to do with the low levels of estrogen in your body, but other factors can cause your temperature control to go out of whack. Recent studies show that medication is not always helpful. Instead of estrogen therapy, look at less drastic measures first, partly because estrogen therapy is not known to be safe for women with a history of breast cancer—but also because you should always begin with the least aggressive approach to treating your menopausal symptoms.

Avoiding triggers

If you can identify the things that trigger your hot flashes, you've made the first step in getting the upper hand. Keep a record of when they occur and what you were eating or doing, or how you were feeling at the time. Many women find that stress tops the charts as a trigger. Was that hot flash in the boardroom a random hit, or were you feeling under pressure at the time? Was it a full day of pressure without a break?

Solution: Ease the pressure. Give yourself more time to plan your work, to rehearse your presentation, to deliver your assignments, to arrive where you're going. If you are doing a series of presentations, give yourself a chance to relax and cool off between sessions. And plan your schedule so you avoid meetings or decision making when you're most likely to be in a sweat.

Other hot flash triggers:

- alcohol
- caffeine
- diet pills
- spicy food
- hot food
- hot tubs
- saunas
- hot showers
- hot beds
- hot rooms
- hot weather
- smoking

Progesterone & Hot Flashes

A study published in the journal *Obstetrics and Gynecology* in 1999 found that natural progesterone cream significantly reduced hot flashes in about 80% of the women that were experiencing this "vasomotor symptom". This study included a small number of women but the results were significant. The women in the progesterone group experienced the disappearance of lumps and bumps in their breasts, were less depressed (experienced greater feeling of well-being), had less hot flashes. In the book *"The Wisdom of Menopause"*, Northrup says that natural progesterone skin cream works in about 85% of perimenopausal women. As little as 20mg of this real/natural progesterone per day can ease hot flashes.

Dr John Lee (author of *'What Your Doctor May Not Tell You About Premenopause'*) stated,

"So, I learned that every time I added progesterone to a woman already on estrogen I had to tell her to cut her estrogen at least in half. Then later she could cut it down even more because the progesterone was handling so many of her problems. She didn't need all that much estrogen. Then I had some ladies who kept cutting it down, cutting it down and pretty soon they weren't taking any, and they were doing fine. No hot flashes, no vaginal dryness, no problems, they were doing fine and I said, 'how can this be? I was taught in medical school estrogen goes to zero.' (However it only drops around 35% so a women still has over 60% of estrogen...estrogen that they had before menopause. Progesterone on the other hand drops significantly.)"

- [How many of these 50 symptoms are you experiencing?](#)
- [Where in Perimenopause are you?](#)
- [Frequently Ask Questions](#)
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