Change of Life - Change of Direction

The Beginning of the End or a New Beginning?

by Karin Ritter, Naturopath
The Law of Time-Structures
There is no place for menopausal complaints in a society which believes in eternal youth, and in the delusion of surgical and pharmaceutical feasibility. Not only that, but the practice of medicine is still dominated by men, whereas these symptoms occur only in women. The change of life has become a disease which must be fought because of the menace of lost youth, health and vitality.

The change of life is of great industrial interest, since anything will sell well, if it promises to delay hormonal change or to suppress the symptoms.

The general trend of wanting to look young and attractive for ever distorts our view of natural, prescribed time-structures, and yet the law of time-structures affects all the processes of life.

In antiquity, it was self-evident that a human being was regarded not as a functional unit living in isolation, but as part of an all-embracing world context of time and rhythm; that his life-span followed so-called ages of man, each of which covered a period of seven years. Seven was a significant ordinal number, represented by the seven planets in the sky - Neptune and Pluto had not been discovered - and by the four phases of the moon, each of seven days. Thus, it was logical that the Principle of Sevens should be adopted for the division of the human life-span. *

Philo of Alexandria, a Jewish philosopher living at the beginning of our calendar, described these phases in conjunction with physical signs. Following his findings, this means:
- At the end of the first seven years comes the second dentition; ready for schooling.
- 14 years: puberty; adolescence begins.
- 21 years: skeletal growth is concluded; entry into adulthood.
- 28 years: the mind has caught up; one takes on responsibility.
- 35 years: as a rule, family planning is concluded; ‘womanhood’ or motherhood can be enjoyed; the ageing process sets in very gradually.
- 42 years: the time of critical appraisal begins: at this point, many women change their personal life-circumstances and/or risk a change of job and bid a final farewell to their fertility.
- 49 years: often a time of uncertainty on account of the struggle for a new bodily equilibrium; the first physical changes make their presence felt.
- 56 years: a new stage of life begins, the subsequent stages of development are determined by maturity.
- 63 years: the hormonal change is complete, there is space for wisdom.

It may be seen that physical changes, such as second dentition or puberty, accompany mental-emotional development. These times of transition to a new stage of life do not always run smoothly or peacefully but are sometimes characterised by violent emotional turbulence.

And it is just the same at the climacteric period: the next stage of development is indicated by physical changes. Women spend about two seven-year periods in this developmental stage. The process may be easy, or it may assume crisis proportions, depending on one’s personal life-circumstances and one’s attitude to change, or fear of it. The breakaway and leave-taking from biological fertility begins some time between the ages of 42 and 49. From about the mid-fifties, a new equilibrium is established within the organism. What many women initially experience as loss also brings with it a new kind of freedom: independence from the fertility cycle with all its restrictions and fluctuations in well-being, both physical and emotional.

The decisive factor is one’s personal attitude. The new developments may be greeted with curiosity, or only the negative aspects of the change may be perceived. In the latter case, the woman is only aware of the incipient degenerative processes and feels old, helpless and unattractive.

Admittedly, the change of life sees the woman entering the stage of life when physical energy declines, but it also sees the peak of mental

* Present-day findings confirm the observations of the old physicians. In numerous life-processes the dominance of a heptadic period may be clearly demonstrated.

On this subject, Prof. G. Hildebrandt M.D., whose book "Chronobiology in Natural Medicine" appeared in 1992, says: "Of course, the question arises as to how the time structure of circa-seventh periodicity (heptadic rhythm), obvious as it is, could possibly have been forgotten over the course of time, to the extent that it actually had to be rediscovered."
maturity and life experience. It is a wonderful feeling finally to be able to determine the course of the next developmental stages oneself and in full self-consciousness. Mature women who know their own value and make use of their strong points are frequently very successful at work or socially, as well as within their family.

Sadly, many women who feel uncomfortable when they think of the approaching change are plagued by anxiety about loss. Here are the therapist’s answers to some of the relevant questions:

- **Loss of fertility?**
  Nature has cleverly arranged for fertility to disappear before the woman is too old to bring up children.
  *Desire and joy in one’s sexuality remains.*

- **Loss of youthful appearance?**
  Nature has cleverly arranged things so that characteristics, which might signal a ‘readiness to mate’ disappear when the time for that is past.
  *The new attractiveness is characterised by maturity and experience.*

- **Loss of the maternal role?**
  It’s good that children are able to find their own way in life, when it is their mother who taught them to walk and run.
  *At long last the woman has some time for her own needs.*

- **Loss of vitality?**
  The time for ‘labouring in the fields’ is past. Now the harvest can be enjoyed. Part of this also involves a conscious manage-ment of one’s own physical energies.
  *Inner rest and composure are indicated.*

The theme of the change of life is not loss, but letting go, so as to recognise one’s own needs and to create space for new things. Those cultures which value the wisdom of old age, especially that of mature women, are not troubled by menopausal complaints.

**Position of the Hormones in the Female Organism**

Hormones are materials which are produced in defined structures within the body (the endocrine organs), and which in most cases are transported to their target organs via the blood. Even in only very slight concentrations, they influence and regulate all the activities, which are necessary for the life of the organism - metabolism, growth and reproduction. The specific action of the hormones is transmitted via hormone receptors. Production sites for hormones are: the brain, thyroid and parathyroid glands, adrenal glands, the spleen, ovaries and testicles. Even the gastrointestinal tract is capable of producing hormones.

In the teenage years, the hypothalamus begins to secrete a hormone which causes the pituitary gland to produce a follicle-stimulating hormone (FSH), which acts on the ovaries. Oestrogen is formed in the follicles which are growing there. When a certain concentration is reached, the production of FSH ceases, and in its place LH - luteinising hormone - is secreted. One or two days later the follicle bursts, liberating the ovum; ovulation then occurs. Now, instead of oestrogen, progesterone is produced, in order to prepare the womb for pregnancy. If fertilisation does not take place, the ovary ceases to produce progesterone, the lining of the womb is shed, menstrual bleeding occurs, and the cycle recommences. Oestrogen builds up the lining of the womb - the endometrium, and progesterone ripens it.

During the menopause, this cycle gradually comes to a halt, the supply of stimulating hormones dwindles, until finally their production ceases altogether.

Nature has set up these processes on a completely natural and problem-free basis; our grandmothers and great-grandmothers usually experienced their menopause in that way, but nowadays, many women experience it differently.

The change begins differently for different women. For many of them, the rhythm of the female cycle, which in most cases has remained relatively constant, changes around the age of 40; for others it is nearer 50.

Often, the menstrual rhythm disintegrates and, for a time, becomes unpredictable under the chaotic influence of hormonal fluctuations, until a new rhythm is established. However, there are also women whose periods simply disappear at a stroke, and who suffer no complaints apart from a few sporadic hot flushes. Sadly, these are very much the exception.
There is no one single pattern of change, anything is possible: protracted bleeding or rare bleeding, erratic bleeding with occasional flooding or bleeding at long intervals, and also phases with a completely normal menstrual cycle. At some point towards the end of the forties ovulation ceases completely. One or two years later the last menstruation occurs, and after that we speak of the menopause. Not until the periods have been missed for a year can we assume that menstruation is terminated and no further menstruation will occur.

As a result of the hormonal chaos nerve cells are activated which are responsible for regulating body temperature and the heart. The monthly cycle can also be disturbed by thyroid over- or underfunction.

As already mentioned, hormones influence all the essential bodily functions; nor are these in isolation, but as a totality.

It was believed for many years, and some still believe, that oestrogens play a decisive role in the building of bones. It was assumed that, as the concentration of oestrogens declined, a deterioration of the bones would take place, making the lack of oestrogen responsible for osteoporosis, cardiovascular diseases and elevated cholesterol levels.

It is true that oestrogens play a part in all "constructive" activities of the organism, for that is their job within the female organism. However, it does seem dubious to infer from this that their decline after the change of life is the sole cause of such a wide variety of illnesses as osteoporosis, myocardial infarction, etc.

If we pause to consider that there is little or no oestrogen present in the female body before puberty or while lactation is taking place, we are bound to wonder why this shortage should suddenly achieve risk status during the menopause.

**Action of Oestrogen and Progesterone**

**a. Oestrogen**
- builds up the endometrium
- stimulates the cells in the breasts
- increases fatty tissue
- promotes fluid retention in the tissues
- may predispose to headaches and depressive states
- reduces the oxygen level of the cells
- leads to stronger clotting of the blood
- slightly inhibits the action of osteoclasts (cells which break down bony tissue)
- inhibits the assimilation of zinc (leading to an excess of copper)
- relaxes the blood vessels
- reduces the action of thyroid hormone
- is suspected of increasing the risk of endometrial and mammary cancer

**b. Progesterone**
- modifies the endometrium
- ensures the healthy development of the embryo
- protects the mammary tissue from changes (nodules, tumours)
- supports the breakdown of fatty tissue
- has a diuretic action (elimination of fluids)
- normalises the blood-sugar level
- supports the thyroid gland
- normalises the zinc level, and thus also the copper level
- supports oxygenation of the cells
- stimulates osteoblastic activity, thus promoting bone formation
- tones the blood vessels
- has an anti-depressant action
- reduces the risk of endometrial and mammary cancer

A perfect provision of Mother Nature, and yet, sadly, all too often lasting damage is inflicted on it by environmental effects, unnatural lifestyle (including diet) and many medicines, including synthetic hormones.

So, for instance, the consumption of synthetic hormones for contraception, treatment of acne, and other gynaecological complaints, causes a hormonal imbalance, which in most cases adversely affects progesterone, frequently leading to a predominance of oestrogen.

This relative surplus of oestrogen is reinforced by the many chemical substances which have an oestrogenic action on our organism. Many of these alien oestrogens are synthetics of industrial origin, which are produced as a result of decomposition in furniture, carpets, paints, plastic artefacts and many others. These substances bond with our bodies’ oestrogen receptors and there they trigger a much stronger reaction than oestrogen itself would do. These bonds which they form are very stable, so that the substances remain in our bodies for a very long time.
Symptoms of oestrogen predominance

- Sensitivity of the breasts
- Allergies
- Acceleration of the ageing process
- Thyroid dysfunction with cold hands and feet
- Falling of hair
- Anxiety and inner restlessness
- Increased deposits of fatty tissue on abdomen, hips and thighs
- Exhaustion
- Frequent headaches
- Mood-swings, maybe to the point of depression
- Myoma formation
- Fluid retention in the tissues
- Sleeplessness
- Disturbances of concentration

Symptoms of the Menopause

- Tension and pains in the breasts
- Hot flushes with perspiration
- Restlessness, disturbed sleep
- Disturbances of memory and concentration
- Mood-swings, melancholia
- Weeping frequently for no obvious reason
- Tinnitus
- Palpitations
- Fluid retention in the tissues
- Weakness of the bladder
- Vaginal flora disturbed, with fungal infections
- Venous problems
- Mucosal dryness in the oral and vaginal areas

It will be seen that there is a clear similarity between the symptoms of oestrogen predominance and those of the menopause.

Possibilities of hormone substitution

1. Hormone Replacement Therapy (HRT)
   
   Orthodox medicine very frequently recommends hormone replacement therapy for menopausal complaints, and as a prophylactic measure against osteoporosis, cardiovascular illnesses, Alzheimer’s and other conditions. Opinion is divided regarding the benefits and risks of such treatment.

   Use is made of low doses of oestrogen/gestagen preparations in a wide variety of administrative forms: tablets, injections, creams, gels, plasters, etc.

   This is a very convenient form of treatment for women who are not prepared to change their diet or lifestyle, or to accept the natural ageing process, and who are used to popping pills in order to suppress every little discomfort.

   The most recent results of the study carried out by the Women’s Health Initiative (WHI) and the Million Women Study expose the disadvantages of HRT. Contrary to expectations, there was even a slightly increased risk of cardiovascular illness. There is also an elevated risk of developing thromboses or breast cancer. The present assumption is that one woman in every hundred who take hormones for more than five years will suffer from one of these serious conditions.

   Positive findings included a lowered risk of osteoporosis and intestinal cancers. It is suspected that there may also be a prophylactic action against Alzheimer’s and Parkinson’s.

   Statistically, the risks of hormone replacement therapy outweigh the advantages. For this reason, the Federal Institute for Drugs and Medicinal Products (BfAM) only recommends HRT for use in very severe menopausal complaints. As well as this, the lowest effective dose is to be given over as short a period of time as possible, not exceeding 1-2 years. Certainly, there may be medical indications for HRT, but these must be balanced by a risk assessment.

2. "Natural" Progesterone and Wild Yam

   This description is misleading, since it is actually a synthetic hormone produced in a laboratory, although admittedly from naturally occurring plant derivatives.

   The name of the basic substance is diosgenin, and it occurs in the root of the Mexican wild yam. Structurally, the hormone is identical to the progesterone found in the body. The American physician, Dr. Lee, has been using this "natural" progesterone for over 20 years, noticeably alleviating menopausal problems, and he reports great success with osteoporosis. There are no known side-effects.

   In Mexican Alternative Medicine, the root of the wild yam is employed in the treatment of various gynaecological afflictions and for cramps. Extracts of the wild yam root (diosgenin) are also available, either pulverised in capsules or in creams.

   Without side-effects diosgenin compensates for an oestrogen predominance; it occupies the pro-
gesterone receptors, has the same effect as progesterone, and restores harmony to the hormonal economy. Diosgenin also stimulates the production of DHEA (DeHydro-EpiAndrosterone) in the adrenal glands. DHEA is considered a "rejuvenator", i.e. it slows down the ageing process. A synthetic hormone treatment can be avoided by using the Mexican wild yam root.

Ideal complements are found in borage or oenothera oil (e.g. Biofrid Plus® capsules), a vitamin complex supplement and hop therapy.

The gentlest form of intervention in the hormonal economy is by means of diosgenin cream. In Germany, the over-the-counter sale of diosgenin creams or capsules is permitted, whereas all Progesterone preparations are prescription-only.

Helpful for men, too

Change in the hormonal metabolism occurs in both men and women, only in men, the physical and emotional manifestations are known as the "mid-life crisis". One sign of a hormonal dysbalance in men may be an enlargement of the prostate gland. Diosgenin cream proved successful in our male patients.

3. Phytohormones (soya, hops, cress seeds, etc.)
Phytohormones are plant substances with a structure similar to that of oestrogen, and having a similar action on the human organism. However, their effectiveness is many times less that of synthetic oestrogen. We may conclude from this that the risk of cancer must be smaller by the same factor, particularly since it has been established that, in Asian countries where large quantities of soya products are consumed, the incidence of breast cancer is four times less than in the USA.

4. Homoeopathic hormones
Hormone homoeopathic preparations (oestrogen and progesterone) are extremely suited in the treatment of menopausal problems.

The most important things are Nutrition and Movement
When menopausal complaints put in an appearance, then, at the very latest, it is time for a critical appraisal of one's life-style and dietary habits. As the years go past, our need for calories decreases and our bodies cease to tolerate dietary indiscretions.

Courses of de-acidification and cleansing, or fasting cure, cause an astonishingly large number of symptoms to disappear, such as tachycardia, hot flushes, stiffness of the bones, sleep disturbances, depression, and so on. After this, it will be possible to correct those negative nutritional habits which one can so easily slip into.

Fruit juices, coke, coffee, nicotine, alcohol, animal fats heated for too long, lack of movement, tranquilizers, more than 20g. of sugar a day: these are real "calcium thieves", since they are strongly acid-forming. However, negative emotions too, such as hatred, anger and envy, now have a doubly deleterious effect.

Until the change of life sets in, women have the possibility of ridding themselves of a proportion of their metabolic waste via the monthly blood-loss. Pre-menopausally and post-menopausally, because of the hormonal chaos, metabolic and eliminative disturbances take place. The body is increasingly under attack from acids, which the body can only excrete by neutralising them with alkaline minerals. But precisely these minerals are now in increasingly short supply, and as an emergency measure the body falls back on its own constituent minerals: primarily the calcium from teeth and bones. Demineralisation occurs, and osteoporosis is the result.

The simplest and most effective measures against osteoporosis are a diet rich in calcium of vegetable origin and adequate vitamin D, along with regular physical activity and the avoidance as far as possible of the risk factors already mentioned. A purposeful de-acidifying treatment will bring about the prompt disappearance of many complaints.

Young people and adults require a daily calcium intake of 1000-1500 mg. This amount is contained in a litre of milk, but is mostly not processed in milk found on general sale. Reliable sources of calcium are green vegetables (e.g. cabbage, broccoli, leeks), wholewheat products and many freshly pressed fruit juices.

Vitamin D is contained in sea-fish, margarine and butter. The human organism can produce this vitamin itself from adequate exposure to sunlight - too much of the latter can result in hyperacidity.
Regular physical activities support the development of the bones, help to prevent putting-on of weight, and combat circulatory disorders, shortness of breath, stiff and painful joints, easy fatigue, incontinence of urine and depression. With sports too, the important thing is to enjoy yourself without overly serious training. Jogging, cycling, regular brisk walks, swimming, dancing or keep-fit exercises are good ways of getting movement, and the guiding principle is regularity, rather than quantity. People who reach the age of 50 without taking exercise, and who then suddenly discover the joy of power training in a fitness centre, can do their body more harm than good. As in everything, the correct dosage is important. One can become active at any age. However, one should move in a way which is suited to one’s age and state of health.

There is a strong case for early re-thinking and re-structuring of old habits in eating and life-style. A positive outlook on life, satisfaction at work and in one’s family life, good friends and contentment are the best remedies for most complaints.

Change of Direction?
The change of life confronts women with much greater clarity than it does men of the same age. It requires a lot of courage to square up to the fact of increasing age, for this is often associated in our minds with illness, decline, need of long-term care, and death. These are all subjects which we like to regard as taboo, although the proportion of elderly people in our society is on the increase.

We may offer women treatments designed to make the change of life more tolerable by taking hormone replacement therapy for years, although this is nothing else but an attempt at artificially slowing down or preventing biological changes. We live at a time of substantial intervention in all life processes. Gene technology and fertility technologies are just two examples. Medication of whole phases of life also plays a significant role, and it is primarily women who are affected.

At the present time, hormones are recommended for the whole period from puberty to the grave: it starts with a pill for contraception, to treat acne, for pain relief in PMS, and goes on up to the preparations for pre- and post-menopausal phases, which are almost taken for granted now. By using these, women are permitting the manipulation of their organism for years and decades on end.

A not insignificant role in all this is played by the economic factor. Women are portrayed in the darkest shades of how things will turn out for them without the blessings of hormone treatment. OLD, STOOPED, WRINKLED and SENILE are the magic words which women unprotestingly swallow or embrace.

In the short term, the results are tempting, but what about the long term?
The liver, overburdened as it is with environmental toxins and food supplements, now also has to break down these artificial hormones. This leads to tiredness and exhaustion, and to a gradual but inexorable weakening of the organism.

Women need to face up to this development much more consciously. They must be much more pro-active in deciding what is the right thing for them. This is not about a refusal of hormone substitution in general, but about developing individual criteria for decision-making and disregarding external norms. Women should not allow decisions to be made for them. From a holistic point of view, the menopause is a message from nature: "The turbulent times are over, prepare yourself for calmer times to come."

With the change of life, other changes also occur, which offer many age-related advantages:
• I know who I am and what I am capable of; I have the self-confidence to stand up to the boss, to my partner, and so on.
• It’s not a sex partner I need, but a life partner, with whom I can discover new qualities in myself.
• Bringing up the children is over and done with; grandchildren can be enjoyed and handed back.
• I can think about myself and enjoy life; I don’t need to be a slave to trends and fashion, since I’ve discovered my own style.

The controversy regarding the pro’s and con’s of hormone substitution arises from another basic aspect which has already been touched on. Should biological/physical changes and complaints be considered in principle as disturbances and eliminated, or can they also be regarded as necessary experience and an impetus for
change? Can bodily changes be necessary preconditions for emotional and mental development? When do complaints need treating, and when do we need to accept them? For women, the danger in uncritical acceptance of hormone therapy - quite apart from the danger of side-effects and risks - consists in missing out on this important developmental stage.

I should like to encourage every woman to ask herself these questions and to take a totally individual decision of her own; I should also like to challenge every therapist not to follow trends but to enlighten people.

In our society, we lack the wonderful, wise grandmothers, who self-confidently enjoy their own lives and build bridges between the generations in a balancing, loving and tolerant fashion.

On the subject of calcium and milk

In manuals on the subject of calcium supply and osteoporosis, again and again we read that milk, being rich in protein and calcium, is highly desirable for women over 40, in order to prevent osteoporosis. And the advertisers would have us believe that milk is a portion of "vital energy" and a pure aspect of nature.

Fresh milk contains growth hormones, so that little calves can increase their weight exponentially in a short space of time; they require a much higher degree of stimulation by proteins and hormones than, say, infants or small children. In this respect, the potency of cow’s milk is much too high for small children.

For adults, milk is quite unsuitable; the pioneer in the biological treatment of cancer, Dr. Karl Windstosser noted: "Adults must not drink any growth hormones. For them, nothing more can grow, apart from a cancerous tumour."

Hormones are not contained in soured milk products (yoghurt, quark, soured cream, cheese). Nor do butter and cream contain them, since their main constituent is fat and there is hardly any milk-protein left in them.

Pasteurisation and homogenisation interfere in its structural processes and turn the original "vital substance", milk, into nothing more than a "foodstuff" and source of calories. In the case of long-life milk, the changes are even more serious. Milk in its natural state contains dextro-rotatory lactic acid, which strengthens our vital energy, whereas after the denaturing processes only laevo-rotatory lactic acid remains, which inhibits our vital energy.

Compared with mother’s milk, which is suited to the human metabolism, cow’s milk contains three times the quantity of protein, calcium and sodium, five times the quantity of phosphates, and only half as much lactose and fat.

In the gut, the abundant quantities of calcium bind with the phosphates to form Calcium phosphate. Untreated milk contains enzymes and vitamins which, in a healthy gut, are able to break down the phosphate compounds, enabling the calcium to pass into the bloodstream via the intestinal wall. In the case of pasteurised and homogenised milk, this is not possible, and the Calcium phosphate is excreted in the faeces. Thus, in spite of the high calcium content in milk, it is possible to drink it and still have a calcium deficiency, whilst at the same time high blood pressure may result from the high sodium content.

I will not comment here on milk protein intolerance, the high level of pollution and veterinary medicinal residues in milk, since these are equally applicable to other products.

Generally speaking, too much protein is consumed, especially animal protein (meat, eggs and milk). These macromolecular, complex proteins are only partially broken down into amino-acids, whilst the larger part of them are stored on the walls of blood vessels, within organs, in intercellular tissue, in connective tissue structures and in the joints.

In the experience of the nutritional scientist Prof. Wendt, animal protein "fodder" is responsible for the flourishing of rheumatism, fibromyalgia, allergies, arterial occlusion, osteoporosis and many other conditions.

Sugar

Sugar is a whole chapter in itself. Prof. Yudkin, a nutritional scientist, has identified it as a factor in 50(!) different diseases. Anyone wishing to reduce their sugar consumption will not find it easy, for sugar is skulking in most convenience foods, canned foods, even in frozen foods;
it is not always declared as such on the labels, but is simply included under "carbohydrates". In industrialised countries, its consumption is rising steadily. From a nutritional point of view, an intake of 60g daily should be the upper limit. The average person consumes 125g!!

The refined sugar which we eat is a pure industrial product, devoid of minerals and vitamins, and has a totally acidifying action on our organism. Nor is brown sugar any better, since it merely contains empty calories. Since processed baby foods contain sugar, the taste for "sweet stuff" is grafted on, even in infancy. Sugar substitutes for calorie reduction are not the right answer, since they do not bring about any change in eating habits.

**Suggestions for treatment**

a. For hot flushes:
SANUVIS drops, 1/2 tsp. 2-3 times daily.
Sage tea (Salvia officinalis) - for hot flushes with night sweats.
Sanguinarea canadensis 12X (Canadian blood-root) - for hot flushes, especially around the head, with headaches or migraine (mostly right-sided), vertigo or nervous heart problems with coldness, dryness of the skin and mucosa.

b. For tendency to osteoporosis:
Test for and correct food allergies; if necessary follow this with a hypoallergenic diet and:
1. Colon cleansing:
   EXMYKEHL 3X suppositories, once daily in the evening for 10 days, followed by
   FORTAKEHL 5X, one tablet twice daily for 10 days.
   Thereafter
   MUCEDOKEHL 4X, one capsule in the morning, and
   NIGERSAN 3X, one suppository in the evening.
2. Progesterone 6X (Staufen Pharma) 2 x 3 globules and
   Schüssler’s Biochemic Tissue Salts as follows for at least 3 months:
   No.1 Calc. fluor.
   Surface and hardness of the bones.
   No.2 Calc. phos.
   Building up the inner structure of the bones.
   (1 + 2 alternating daily).
   No.3 Ferrum phos.
   Circulation to the bones.
   No.5 Kali phos.
   Building up of tissues.
   For further support:
   MAPURIT 1-2 capsules a day
   ZINKOKEHL 3X, 10 drops a day.

c. For copious bleeding (flooding):
- with gastrointestinal symptoms: CALVAKEHL 3X, 6 drops 3 times daily.
- with headaches: USTILAKEHL 5X, 5-8 drops daily, taken or rubbed in.
- Progesterone 6X (Staufen Pharma) during the second half of the cycle.

d. For all symptoms of oestrogen predominance (see above):
   Progesterone 6X, 3-6 globules daily.

e. For mood-swings and depression:
   MUCEDOKEHL 5X ampoules and
   CHRYSOCOR 5X ampoules, to be injected
   Ignatia 12X (St. Ignatius’ Bean) strong mood-swings, nervousness and weepiness, sensitivity to cold, tendency to headaches and migraines.
   Pulsatilla 12X (Pasque flower) severe highs and lows, exaggerated reactions, tears without obvious reason.

f. The following combined injection has proved its worth as an impetus for body and soul:
One ampoule each of:
   CHRYSOCOR 5X
   MUCEDOKEHL 5X
   Vitamin B12 (high dosage)
   Procain 2%
   SANUVIS
   CITROKEHL
weekly or fortnightly
g. For vaginal dryness:
Biochemic tissue salt No.8 (Nat. mur. 6X) for at least 3 months;
Melissa (Melissa officinalis), the leaves have a general strengthening, calming and antispasmodic action, as well as lubricating the mucosa. It is likewise well-suited in sleep disturbances, irritability and nervousness.

tiredness, physical and mental exhaustion, to calm the autonomic nervous system
Whole-body bath (internal and external tension, stimulation of the autonomic nervous system and the metabolism).

h. Pruritus genitalis:
ALBICANSAN 3X ointment, applied morning and evening, for vaginal mycoses, EXMY-KEHL 3X, 1 suppository daily, locally as an ointment, PEFRAKEHL 3X

i. Herbs with an oestrogenic action:
Cimicifuga - black snake-root
Agnus castus - chaste tree
Humulus lupulus - hops
Rosmarinus officinalis - rosemary

In Remembrance
(This is a blank verse translation of the German poem "Stufen", by Hermann Hesse)

Steps
Each flower's bound to fade, and every youth
Must yield to ageing; so each stage of life,
Each wisdom blossoms too, and every virtue
In its own time, and cannot last forever.
At every call to life the heart must quicken,
Set out for pastures new, some new beginning.
No time to mourn, new bonds await to form.
Courageously move on to greet the future.
Each new beginning casts its magic spell,
Which gives protection, helps us fully live.

Space upon space we pass through, full of joy,
Clinging to none as if it were our home.
The World-Spirit's loth to fetter and confine us,
To raise us step by step is its desire.
Scarce have we put down roots and settled in
To one place, than our energy is waning.
Only a readiness to renew our journey
Spare us the palsy of habituation.

Even the hour of death may yet revive us
To pass in search of further unknown spaces.
Life's rousing call to us is all unceasing,
So come, brave heart, in farewells find your healing!

Source of original:
(Hermann Hesse, Poems, Vol.II, here: From the years 1929-1941, pub. Suhrkamp, Berlin.)