

AFRICAN WOMEN EXPERIENCING PERIMENOPAUSE: HOT FLASHES

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A series of papers will be present that focus on women in the poorer nations, such as in Africa, who experience and are coping with perimenopause. Perimenopause is a condition involving changes in the hormones that impact women in their 20s, 30s, and 40s lasting 4-10 years (“American Society for Reproductive Medicine,” 2008; “Perimenopause Symptoms,” n.d.). During perimenopause, women often experience insomnia, headaches, stress, mood swing, and hot flashes (“Perimenopause Symptoms,” n.d.). Although several symptoms of perimenopause emerge, this paper will focus on hot flashes applied to African women and natural approaches to help women who experience this symptom.

Conditions and Causes of Hot Flashes

Hot flashes are the most common menopausal (vasomotor) symptom (Freeman & Sherif, 2007; Lucas, Asselin, Merette, Poulin, & Dodin, 2009; Thurston, Mathews, Hernandez, & De La Torre, 2009). “Hot flashes [hot flushes] are rushes of heat primarily to the head and neck region occurring when blood vessels near the surface of the skin dilate . . . accompanied by a red, flushed face, and sweating” (Gibney & Peper, 2003; Hope, 2014, para. 2; Nihira, 2012, para. 1). When hot flashes occur at night accompanied by perspiration, hot flashes are characterized as night sweats (Nihira, 2012). “Hot flashes also result from “thyroid disease, epilepsy, infection, insulinoma, pheochromocytoma, carcinoid syndromes, leukemia, pancreatic tumors, autoimmune disorders, and mast-cell disorders” (The Board of Trustees, 2004, p. 14). From a natural stance, women who experience hot flashes may either lack or have an abundance of some form of hormones (Gibney & Peper, 2003).

Women may experience fast heart rate or chills while experiencing a hot flash (Nihira, 2012). Hot flashes may last a few minutes up to an hour (Hope, 2014). Although individuals

may cannot prevent hot flashes, triggers, such as stress, heat, spicy food, caffeine, cigarette smoke, alcohol, and tight clothing, need to be avoided (Nihira, 2012).

Many studies on hot flushes and night sweats consider ethnicity and culture relationship (Freeman & Sherif, 2007). Two-thirds of North America women have experienced hot flashes (Nihira, 2012). The symptoms can be influenced by different factors, such as life style, food consumptions, roles of women, the environment, and behaviors associated with handling the end of reproductive life and aging (Freeman & Sherif, 2007). Magnesium, potassium, and Vitamins B and C are common nutrients in the body depleted by hot flashes (Hope, 2014). Women in non-Western cultures are less common to experience hot flashes because of high soybean consumption, which stimulates estrogen production (Hope, 2014).

Experiences of Women in Developing Countries

Two native African women and 1 native African man (June 10, 2012), all currently holding a Doctorates degree, living in the United States emailed, menopause was never discussed with them as a child. Another research scholar who is a retired medical doctor (MD) emailed, “In the Philippines, poor women go to the nearest Community Health Center and they would receive professional counseling from doctors and nurses who work there. They also get free medicines for menopause as this is funded by the Philippine government.” Research has shown that women in Africa who experience hot flashes and night sweats consume soy extract to approach the symptoms (Ronbinson et al., 2014).

Suggestions to Approach Hot Flashes

The following suggestions aim to help women, to include women in Africa or other nations, who experience hot flashes associated with perimenopause and are not aimed to diagnose, prescribe, treat, or cure. Natural techniques discussed in this paper aim to enlighten

women on lifestyles and healthy living. Women who believe their condition results from a medical disease are recommended to seek assistance from an MD and naturopathic doctor (ND).

Using sternal skin conductance has been recognized in the medical industry as a means to classify hot flashes (Thurston et al., 2009). A newer means, the support vector machine (SVM) is being used to classify complicated pattern recognition problems associated with hot flashes (Thurston et al., 2009). The SVM algorithms model parameters that show the conductance change of the skin by the shape of the hot flash concludes if the high dimensional spaces are hot flashes or non-hot flash skin conductance patterns (Thurston et al., 2009).

Natural remedies are available to help reduce the symptoms and effects of hot flashes. Biofeedback, which detects the “structural biological problem,” has been successful to approach the disorder of hot flashes (Gibney & Peper, 2003). Before night flashes occur, women may experience a sign of discomfort while habitually breathing thoracically (Gibney & Peper, 2003). Slower breathing diaphragmatically helps reduce hot flashes (Gibney & Peper, 2003). Biofeedback in conjunction with respiratory training involves monitoring the chest, abdominal movement, and the heart rate. Biofeedback, which also involves training patients to deploy diaphragmatic breathing, aims to help detect the first sign of discomfort (Gibney & Peper, 2003).

Taking chickweed tincture, ginseng, and vitamins, exercising, and doing slow abdominal breathing may help reduce hot flashes (Hope, 2014). Vitamin C in conjunction with the flavonoid (Vitamin P) may help reduce hot flashes (Bruno, 2002). Fruits, such as oranges, contain Vitamin C and bioflavonoid and are grown in South Africa (Philp, 2006).

Botanical and herbal therapies may help relieve hot flashes, to include soy, black cohosh, evening primrose oil, and flaxseeds (Nihira, 2012). Flaxseeds (linseeds/*Linum usitatissimum*), which are newly grown in the Western Cape Province of South Africa, are rich in magnesium

and potassium (AmeriFlax, 2006; Republic of South Africa, 2012). Because supplements may cause harmful side effects when consumed with medications, consulting a doctor prior to taking supplements will be an effective approach (Nihira, 2012).

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