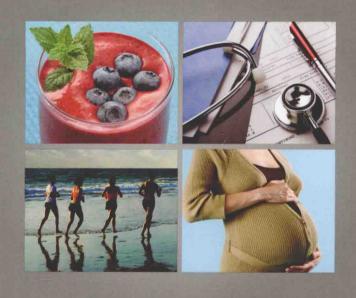
INTEGRATIVE WOMEN'S HEALTH



VICTORIA MAIZES, MD AND TIERAONA LOW DOG, MD

Integrative Women's Health

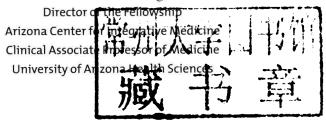
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Oxford University Press, Inc., publishes works that further Oxford University's objective of excellence in research, scholarship, and education.

Oxford New York Auckland Cape Town Dar es Salaam Hong Kong Karachi Kuala Lumpur Madrid Melbourne Mexico City Nairobi New Delhi Shanghai Taipei Toronto

With offices in

Argentina Austria Brazil Chile Czech Republic France Greece Guatemala Hungary Italy Japan Poland Portugal Singapore South Korea Switzerland Thailand Turkey Ukraine Vietnam

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Published by Oxford University Press, Inc. 198 Madison Avenue, New York, New York 10016 www.oup.com

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Library of Congress Cataloging-in-Publication Data
Women's integrative health / [edited by] Victoria Maizes, Tieraona Low Dog.
p.; cm. — (Weil integrative medicine library)
Includes bibliographical references and index.

ISBN 978-0-19-537881-8

Women—Health and hygiene.
 Integrative Medicine.
 Maizes, Victoria.
 Low Dog, Tieraona.
 Series.

[DNLM: 1. Women's Health. 2. Integrative Medicine. WA 309.1 W8728 2010]

RA778.W773 2010

613'.04244—dc22
2009020487

3 5 7 9 8 6 4 Printed in the United States of America on acid-free paper In honor of my mother Hannah Maizes (of blessed memory) and father Isaac Maizes whose love and support are the foundation for this work and everything else I do.

-Victoria

I dedicate this work to the women who have shaped my life, my grandmothers Jessie and Josephine, my mother Vivian, and Kiara my daughter. From you I have learned the magic, mystery and wonder of being female. I feel your strength and love flow through me, inspiring all that I do. Yours is the sweetest of debts and one that I will never be able to repay.

—Tieraona

FOREWORD

ANDREW WEIL, MD

Series Editor

s the only male contributor to this excellent volume on *Integrative Women's Health*, I feel both honored and intimidated.

Throughout history, medicine was a fraternal guild that excluded women. As recently as 1964, when I entered my first year at Harvard Medical School, my class of 125 included only 12 women. Even into the 20th century, women were considered unfit for the profession, and very few were allowed to become doctors. Of course, times have greatly changed, with female students now often outnumbering males in colleges of medicine. But the influence of centuries of tradition lingers in medical thinking and practice.

Ancient Greek physicians, the godfathers of Western medicine, thought female patients were peculiarly prone to disorders that simulated genuine dysfunction of internal organs. They called this class of ailments "hysteria," from their word for uterus (*hystera*), believing that the womb could detach from its moorings and travel elsewhere in the body, pressing on the diaphragm, throat, or other structures to cause symptoms. In their view, the probable cause of uterine wandering was that the organ became light and dry as a result of lack of sexual intercourse.

It is now 2,000 years later, and here is the definition of *hysteria* in a contemporary edition of Webster's Revised Unabridged Dictionary:

Hys*te"ri*a\, n. [NL.: cf. F. hyst['e]rie. See Hysteric.] (Med.) A nervous affection, occurring almost exclusively in women, in which the emotional and reflex excitability is exaggerated, and the will power correspondingly diminished, so that the patient loses control over the emotions, becomes the victim of imaginary sensations, and often falls into paroxism or fits.

Note: The chief symptoms are convulsive, tossing movements of the limbs and head, uncontrollable crying and laughing, and a choking sensation as if a

ball were lodged in the throat. The affection presents the most varied symptoms, often simulating those of the gravest diseases, but generally curable by mental treatment alone.

In fact, even into our times, male physicians have tended to dismiss the somatic complaints of female patients as hysterical, especially when symptoms are generalized, vague, and difficult to diagnose.

When the first anti-anxiety drugs came on the market in the middle of the past century, they seemed just right for managing the disordered emotionality of women that was believed to be the cause of their headaches, listlessness, and various aches and pains. I have one pharmaceutical advertisement from the period in my files that shows a clearly hysterical woman—just the sort of patient you would not want to have to deal with—under the banner, "Emotional Crisis? Calm her immediately with injectable Valium (diazepam)!" In the 1960s, the manufacturer of Ritalin (methylphenidate) targeted women in a noteworthy series of ads in leading journals. On the left-hand page of each two-page spread was a black-and-white photograph of a depressed housewife contemplating a sink full of dirty dishes, a messy living room, or some other household disaster. "What can you do for this patient?" the physician-reader was asked. "Write 'Ritalin' on your prescription pad!" was the answer on the adjoining page this over a full-color photograph of the same woman, now cheerful and energetic, standing proudly by spotlessly clean dishes or an ordered living room. The unwritten subtext was clear: Here is an easy way to get rid of complaining female patients, who take up your time, probably have nothing really wrong with them, and are so emotionally unbalanced that they are likely not even doing their housework.

The first oral contraceptive pills were becoming popular when I did my clinical rotations as a medical student. I remember a preceptor I had—a cocky, young internist—who urged us to prescribe them not just for contraception. "You know these women who just never feel right?" he told us. "You just put them on the pill, and they feel like a million bucks." In my OB/GYN rotation, I assisted in a lot of hysterectomies, many of them not necessary by today's standards. Hysterectomy was the "final solution" to female complaints.

How much have things changed? Today we experience a booming antidepressant industry; when we look back will we see it as any different from the Valium or Ritalin chapters? At the same time, there is growing acknowledgment that men and women are different and that the differences extend beyond reproduction to physiology and virtually every organ system. While female reproductive physiology is undeniably complex, it does not sufficiently explain why women are at greater risk for autoimmune disorders, process information differently in the brain, or react differently to pharmaceutical drugs than men. As the caregivers in our society, women experience particular forms of stress. Yet women throughout the world live longer than men; why they do is unknown. Gender-based medicine is a nascent field and it is growing.

Women have been vocal about their desire to be seen as more than just physical bodies. They have pushed for a broader view of health and wellness. Women are the major consumers of health care consumers and are also much more health conscious than men in our society. They take better care of themselves and are more likely to seek professional help for symptoms that demand attention. Women are the chief buyers of books about health and self-care, and women's magazines have been major outlets for information on these subjects. Over the past few decades, women have led the consumer movement for holistic and alternative medicine, because they are more open than men to natural therapies, mind/body interventions, and the healing traditions of other cultures. That consumer movement, which is still gaining strength, laid the foundation for acceptance of integrative medicine.

Integrative medicine, as this series of volumes from Oxford University Press demonstrates, has much broader goals than simply bringing alternative and complementary therapies into the mainstream. It aims to restore the focus of medicine on health and healing, especially on the human organism's innate capacity for maintaining and repairing itself; to foster whole-person medicine that includes the mental/emotional and spiritual dimensions of human life; to train physicians to attend to all aspects of lifestyle in working with patients; and to protect the practitioner/patient relationship as a key contributor to the healing process. Because integrative medicine stresses the individuality of patients and encourages real partnerships between doctors and patients, it is able to recognize and discard the limiting, paternalistic attitudes, and concepts that have dominated medicine for centuries and give women's health issues the attention and care they demand.

As women have moved toward equality with men in the medical profession, both in terms of numbers and status, the field of women's health has come into its own. I believe that integrative medicine and women's health are a perfect fit. Therefore, it gives me great pleasure to introduce this outstanding compilation of practical information on Integrative Women's Health. The editors are long-time friends and colleagues. Drs. Victoria Maizes and Tieraona Low Dog are leading voices in the emerging field of women's integrative health. Victoria Maizes, a pioneer graduate of the integrative medicine fellowship that I founded at the University of Arizona, has been the executive director of the Arizona Center for Integrative Medicine for the past decade. Dr. Tieraona Low Dog, one of the world's leading authorities on botanical medicine and dietary supplements, is director of the Arizona Center's Fellowship program. I congratulate them for the excellence of their editorial work and thank them for asking me to add my words to theirs.

PREFACE

VICTORIA MAIZES AND TIERAONA LOW DOG

est group of health care consumers, women have made it abundantly clear that they desire a broader, more integrative approach to their care. In response to this need, we have elected to cover both women's reproductive health and those conditions that manifest differently in women. Thus, in the chapters that follow you will find perspectives on aging, spirituality and sexuality, integrative approaches to premenstrual syndrome, pregnancy, menopause, fibroids, and endometriosis as well as specific recommendations for the treatment of cardiovascular disease, rheumatoid arthritis, HIV, depression, and cancer in women.

We honor the clinical experience and heartfelt connection with clinicians and their patients. We have intentionally designed this book to present the latest scientific evidence within a clinically relevant framework. Woven together are conventional treatments, mind-body interventions, nutritional strategies, acupuncture, manual medicine, herbal therapies, and dietary supplements. Careful attention is given to the art of medicine; clinical pearls include language that helps motivate patients, questions that enhance a health history, and the spiritual dimensions of care. Thus, unlike many primers on women's health that emphasize either an alternative or conventional approach—this text is truly integrative.

While gender-specific medicine is growing as a field, it tends to focus on the biological differences between men and women and, at times, turns normal life events such as pregnancy and menopause into medical problems that need to be managed. We have encouraged our authors to convey, in their chapters, care that addresses not only the medical issue at hand but also the woman's body, mind, and spirit; acknowledging the therapeutic relationship that exists between patient and provider, and making use of the best of conventional and complementary medicine. To this end, we have intentionally chosen only

female authors as a tribute to the growing influence of women providers and their unique perspective.

It has been a great joy working together to conceptualize, write, edit, and birth this text. We pass it on to you hoping that you will find a life-affirming perspective that honors the many paths to healing.

ACKNOWLEDGMENTS

for this book; your passion for the fields of integrative medicine and women's health is felt in every written word. We would like to thank all of the fellows, faculty, directors, and staff at the Arizona Center for Integrative Medicine who have served as partners in helping to transform our medical system. We are profoundly appreciative of our many wonderful teachers and mentors who have shared their stories, time, teachings, ideas, and wisdom with us throughout the course of our lives. To our families, we owe the deepest gratitude for all their love and support. And finally, we would like to honor Andrew Weil, MD, whose voice and vision initiated this field and inspired us all.

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