

Menopause is not a single moment. It unfolds over years, often beginning with perimenopause in the late 30s or early 40s, then settling into postmenopause after 12 months without a period. In London, Ontario, I meet women at every stage. Some breeze through with little more than warm cheeks after a glass of wine. Others sit across from me exhausted, sleeping in two hour bursts, snapping at people they love, and wondering what happened to their memory. Both experiences are normal. Neither needs to be endured in silence.

The centre of care, whether you lean toward conventional hormone therapy or a thoughtful blend of bioidentical hormone replacement therapy with herbal support, is the same goal: fewer symptoms and better long term health with the least risk. The right plan uses evidence, respects personal preference, and works in the texture of daily life in our city.

What is changing in perimenopause and menopause

Ovaries gradually produce less estradiol and progesterone. The decline is not smooth. In perimenopause, estrogen can spike high one month and dip low the next. Progesterone often falls first, especially when ovulation becomes irregular. That hormonal seesaw explains why some women describe weeks of irritability and breast tenderness followed by a stretch of hot flashes and night sweats.

Common menopause symptoms include flushes and sweats, sleep disruption, vaginal dryness and pain with sex, lower mood or increased anxiety, brain fog, joint stiffness, headaches, and weight shifts around the midsection. Some women notice palpitations or increased migraines. Beyond symptoms, estrogen's decline changes bone density and, over a longer horizon, influences cardiovascular risk.

If these changes remain mild, lifestyle and nonhormonal strategies may be enough. When symptoms start to affect work, relationships, or safety on the road after too many sleepless nights, treatment becomes not only reasonable but wise.

When treatment is worth it

I focus on three questions. Are symptoms impairing your daily function. Are there health goals that hormone therapy would help, such as protecting bone in someone with osteopenia. And are there reasons hormone therapy would be unsafe right now. The answers are personal. A nurse working 12 hour shifts may need night sweat control more urgently than someone with a flexible schedule. A woman with a strong family history of osteoporosis may consider low dose estrogen earlier. On the other hand, a history of estrogen receptor positive breast cancer points away from systemic estrogen and toward nonhormonal options.

In London, your starting point might be a family physician, a nurse practitioner within a family health team, or a gynecologist who focuses on perimenopause. Some patients choose to add a naturopathic doctor for herbal and lifestyle support. The best care is collaborative. It is completely possible to integrate BHRT with nonhormonal tools while keeping your primary care clinician in the loop.

BHRT, conventional HRT, and what “bioidentical” really means

Bioidentical hormone replacement therapy refers to hormones that match the molecular structure of the ones your body makes. Estradiol and micronized progesterone fall into this category. Many approved, regulated prescription products are bioidentical, such [bhrt therapy london ontario](#) as transdermal estradiol patches and oral micronized progesterone capsules. This point matters, because some marketing language suggests that “BHRT” is only available through custom compounding. That is not accurate.

Evidence from major bodies, including the North American Menopause Society and NICE in the UK, supports the safety and effectiveness of regulated bioidentical options for healthy women within 10 years of their last period or under age 60. Estrogen, particularly through the skin, reduces hot flashes and night sweats, improves sleep and vaginal health, and helps preserve bone density. Micronized progesterone protects the uterine lining in women with a uterus and can improve sleep quality for some.

Bespoke compounded formulations sometimes have a place, for example when a person truly cannot tolerate a regulated dose form, or needs a combination that is not commercially available. However, compounding introduces variability in dose and absorption. Health Canada and provincial regulators emphasize that approved products should be first choice when they meet the clinical need, because their dosing and safety are standardized.

When people search bhrt therapy London Ontario, they usually want three things. Clarity on risks, a plan that feels individualized rather than cookie cutter, and reassurance that the clinician will listen. Those are fair expectations.

Delivery routes and tailoring

I choose route and dose according to symptom profile, health history, and preference.

Transdermal estradiol, delivered as a patch, gel, or spray, keeps estradiol levels more stable and avoids first pass metabolism in the liver. That reduces risk of clotting compared with oral estrogen, which is a meaningful advantage in women with higher baseline risk for venous thromboembolism. Patches are practical for people who prefer less daily fuss. Gels or sprays suit those who dislike adhesives or who want finer dose adjustments. Oral estradiol still has a role, but I tend to choose transdermal first.

Micronized progesterone is the most widely used progestogen with transdermal estrogen in bioidentical hormone replacement therapy. It is usually taken orally at night. Many patients report improved sleep depth after the first week or two. For those who cannot take oral progesterone, a levonorgestrel IUD can protect the uterine lining while estrogen is delivered through the skin. A minority of perimenopausal patients benefit from cyclic dosing that mirrors the menstrual pattern for a time, though steady dosing often eases mood swings.

Testosterone at low doses can be considered for hypoactive sexual desire disorder after other factors are addressed. In Canada there is no approved female specific testosterone product, so prescribing is cautious, dosing is low, and monitoring is close. In many cases, improving sleep, vaginal comfort, pelvic floor health, and relationship context moves the needle more than testosterone.

I start low and reassess at 6 to 12 weeks. If hot flashes persist, we increase slowly. If breast tenderness or headaches appear, we adjust dose or route. Lab testing helps in specific scenarios, but routine blood levels are not needed to judge symptom control, especially once the plan is stable.

Safety, risks, and the timing window

Context keeps risk numbers meaningful. For a healthy woman in her 50s using transdermal estradiol with micronized progesterone, the absolute risks of clot or stroke remain low. Family history of breast cancer is not an automatic stop sign. The data suggest that duration of use and the type of progestogen matter. Micronized progesterone appears to have a more favorable breast profile than some synthetic progestins. That said, anyone with a personal history of estrogen dependent cancer needs an individualized discussion with their oncology and menopause teams. In those cases, systemic estrogen is usually avoided, and nonhormonal strategies take center stage.

Here are the situations where I either avoid or delay systemic estrogen until specialist input is obtained:

- A history of or current estrogen receptor positive breast cancer
- Active or recent venous thromboembolism, stroke, or known clotting disorder
- Undiagnosed vaginal bleeding
- Active liver disease with impaired function
- Migraines with aura combined with other vascular risk factors, which calls for careful route selection

The timing hypothesis is practical. Starting hormone therapy within a decade of the final menstrual period, or before age 60, appears associated with a better cardiovascular risk profile than starting later. For women who are well beyond that window and now considering therapy, the bar for symptom severity and the care around dose and route are higher.

Where compounding fits in London, Ontario

London has several compounding pharmacies that support clinicians who prescribe BHRT. They can prepare estradiol or progesterone in nonstandard strengths, combine hormones in a single cream, or provide suppositories for specific pelvic health needs. Compounding is valuable when allergies to adhesives limit patch use, or when someone with ADHD truly needs a once daily combination to stay on track. The trade off is variability. Quality compounding labs follow strict processes, yet compounded products are not evaluated in the same way as approved medications. I document the reasons for compounding, discuss the pros and cons, and revisit the plan once symptoms are controlled.

From a cost standpoint, many regulated products are covered under private drug plans, the Ontario Drug Benefit for eligible patients, or patient assistance programs. Compounded preparations vary in price. In my experience in London, a month of compounded estrogen and progesterone cream can range widely, often 60 to 140 dollars, depending on dose and formulation. Prices change, so it is worth asking your pharmacy in advance.

Herbal and nonhormonal supports worth considering

Herbal therapy is not a cure all. When used thoughtfully, it can smooth the edges of symptoms, especially in perimenopause or in women who cannot or prefer not to use hormones. I rely on herbs with reasonable safety profiles, known pharmacology, and some clinical evidence, even if modest.

Black cohosh has mixed data. Some trials show reductions in hot flash frequency, others show no difference from placebo. It appears generally safe in the short term when taken in standardized extracts, though sporadic case reports of liver issues argue for avoiding it in people with active liver disease and for choosing products from reputable manufacturers.

St. John's wort may help with low mood and irritability, particularly in mild cases. It has strong interactions with many medications through liver enzyme induction, including antidepressants, birth control, blood thinners, and transplant drugs. I screen carefully before suggesting it and often avoid it if the medication list is long.

Siberian rhubarb extract, known as ERr 731, has several placebo controlled studies showing improvement in hot flashes and related symptoms. It tends to be well tolerated. It is not a stand in for estrogen when bone protection is a goal, but it can be a good option for women who want a nonhormonal approach.

Chasteberry can help cyclical breast tenderness and premenstrual type mood swings in early perimenopause by acting on pituitary dopamine receptors. It is less useful once cycles have fully ceased.

Phytoestrogens from soy foods provide a gentle effect for some. The impact is mild compared with estradiol, but regular dietary intake of whole soy foods is reasonable for most, including women with a history of breast cancer, where many oncology groups consider moderate soy food consumption safe. Supplements are a different matter and should be reviewed individually.

Alongside herbs, I emphasize nonherbal therapies with strong data. Cognitive behavioral therapy for insomnia improves sleep quality and often eases hot flash related distress. Vaginal estradiol at ultra low doses remains an option for genitourinary symptoms even when systemic estrogen is off the table, because systemic absorption is minimal. Pelvic floor physical therapy can change the experience of sex and continence more than any pill. Targeted exercise prescription improves sleep architecture and stabilizes mood. Diet tweaks, like moderating alcohol and evening sugar, can reduce night sweats in many patients.

Integrating BHRT with herbal support

The best results often come from combining a stable hormone base with targeted herbal or nonhormonal layers. A composite example from my London practice: a 49 year old teacher with irregular periods, heavy flow, crushing premenstrual irritability, and new night sweats. We confirmed no contraindications, then started a low dose transdermal estradiol gel with nightly micronized progesterone. Because the first half of her [Look at this website](#) cycle remained estrogen dominant, we added chasteberry each morning for three months. Her irritability softened within two cycles. As cycles spaced out and bleeding lightened, we discontinued chasteberry and kept the BHRT steady. She kept soy foods in her diet and used paced breathing before bed. At six months, she was sleeping five to six hour stretches, could get through meetings without overheating, and felt like herself again.

Another case, a 56 year old accountant with a strong family history of clotting and migraines with aura. Systemic estrogen posed too much risk. We mapped a nonhormonal plan using ERr 731 for flushes, CBT for insomnia, magnesium glycinate at night, and pelvic floor work for dyspareunia paired with a nonhormonal vaginal moisturizer. Her hot flash frequency dropped by half within eight weeks, and sleep stabilized enough to avoid daytime energy crashes. It was not perfect, but it was safe and helpful.

The art lies in knowing when to add and when to subtract. I keep the regimen as simple as possible and make only one change at a time when troubleshooting.

How a clinician in London might structure your care

A good first visit takes 45 to 60 minutes. We review menstrual history, symptom timing, medical and family history, medications, sleep pattern, sexual health, mood, and goals. I examine blood pressure, BMI, and often do a focused breast and thyroid exam. If periods are far apart and irregular bleeding has appeared, a pelvic ultrasound can be useful. I do not order a battery of hormone blood tests unless there is a specific concern, like early menopause, thyroid disease, or hyperprolactinemia. Your symptoms usually tell the hormonal story better than a single estradiol number.

If hormone therapy makes sense, we choose a route and dose, review risks and benefits, and set a follow up at 8 to 12 weeks. If we are using herbal agents, we check for interactions and agree on a trial period with clear endpoints. For women using compounded BHRT, I document the rationale and the compounding pharmacy's plan.

London's healthcare network is varied. Some family health teams run menopause focused clinics. Gynecologists can help with heavy perimenopausal bleeding, fibroids, and endometrial protection plans. Naturopathic doctors offer herbal guidance and nutrition support. Pelvic floor physiotherapists are a treasure for many patients with pelvic pain or urinary symptoms. OHIP covers physician and nurse practitioner visits, imaging, and many labs. Naturopathic services, psychotherapy, pelvic physio, and compounded medications sit outside OHIP, though some employer plans reimburse a portion.

If you are preparing for a first appointment about menopause treatment London Ontario, a little planning helps:

- A two week symptom diary noting hot flashes, night sweats, mood, sleep, and triggers like alcohol or stress
- A list of medications and supplements, with doses and timing
- A brief menstrual timeline, including last period and any unusual bleeding
- Personal medical history, including migraines, blood clots, cancer, liver or gallbladder disease
- What you hope to change first, such as sleeping through the night or reducing daytime flushes

Arriving with your priorities makes it easier to build a plan you will follow.

Red flags and when to seek help quickly

Not all changes belong to menopause. New, severe headaches, chest pain, shortness of breath, calf swelling, or sudden neurological symptoms demand urgent care. Postmenopausal bleeding always deserves evaluation. Any breast changes should be examined. If mood drops to the point of persistent hopelessness or thoughts of self harm, that is an emergency, not a menopause footnote.

In the first three months of hormone therapy, mild breast tenderness, transient bloating, or spotting can occur. I advise patients to check in if bleeding is heavy, persists beyond three months, or arrives after a quiet period on a stable dose. Dose adjustments, switching progesterone schedules, or checking the uterine lining may be required.

Cost, access, and practical details in London

Wait times vary. Some family physicians can see you within weeks. Gynecology or specialized menopause clinics may book months out, especially in spring and fall. Telemedicine has made follow up easier. If you prefer to start with nonhormonal care or integrate herbal support, look for practitioners who are comfortable coordinating with your primary clinician.

Costs depend on the route. Transdermal estradiol patches and gels often run in the range of 30 to 80 dollars a month before insurance. Oral micronized progesterone might add 15 to 40 dollars a month. Many plans cover a portion. Vaginal estradiol for local symptoms can be inexpensive in ultra low dose forms, and because the dose is small, a single

prescription can last months. Herbal products vary widely. I advise starting one product at a time and buying from a source that provides lot testing or third party verification when available.

Special scenarios: surgical menopause and cancer survivorship

Women who enter menopause suddenly after oophorectomy often have more intense symptoms. Estrogen can be not only helpful but important for bone and cardiovascular health if started soon after surgery and used for a reasonable window under medical supervision.

For women with a history of estrogen receptor positive breast cancer, oncologists usually advise against systemic estrogen. That does not end the conversation. Nonhormonal agents, such as SSRIs or SNRIs at low doses, gabapentin at night, CBT for insomnia, and ERr 731 can improve symptoms. Vaginal estrogen at very low doses may still be considered for severe genitourinary syndrome of menopause after oncology input. It is essential to keep the oncology team in the loop.

Weighing trade offs with clear eyes

Perimenopause treatment London Ontario is not a single path. BHRT can be life changing for the right person at the right dose. Herbal therapies can bridge the gap in early perimenopause, fill specific niches like sleep or mood support, or stand in when hormones are not indicated. The trade offs are real. Hormones provide stronger hot flash relief than any herb, yet they carry risks that must be weighed against benefits. Herbs are gentler but less predictable and rarely move bone density or urogenital tissue health as much as estrogen.



The measure that matters is whether you feel more like yourself without courting avoidable risk. That measure is personal, and it evolves. Some patients use BHRT for a few years then taper as symptoms relent. Others continue longer as long as benefits outweigh risks. A subset find their rhythm with nonhormonal approaches and never use estrogen.

A steady, practical path forward

If you are considering bhrt therapy London Ontario, start with the basics. Clarify your goals. Check for contraindications. Choose regulated bioidentical hormone replacement therapy when it fits. Use compounding only when there is a practical need that approved products cannot meet. Layer in herbal or behavioral supports that address your top two symptoms. Adjust slowly. Keep your primary care clinician informed. Use follow ups to fine tune rather than to overhaul.

Menopause is a normal phase, but that does not mean you need to fight through every night sweat and foggy morning alone. With a careful plan that integrates BHRT and herbal support where appropriate, most women in London find steady relief. Work with your team, ask questions, and insist on a plan that respects both the science and the way you live.

Business Information (NAP)

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Hours

Monday: 11:30 a.m. - 5:30 p.m.

Tuesday: 8:30 a.m. - 3:00 p.m.

Wednesday: 9:30 a.m. - 3:00 p.m.

Thursday: 11:30 a.m. - 5:30 p.m.

Friday: 8:30 a.m. - 3:00 p.m.

Saturday: Closed

Sunday: Closed

Plus Code: XPWW+HM London, Ontario

Google Maps URL: <https://maps.app.goo.gl/pzSdRYMMcAeRU32PA>

Google Maps Embed:

Social Profiles

Facebook: <https://www.facebook.com/totalhealthnd>

Instagram: https://www.instagram.com/dr_negin_nd/

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<https://totalhealthnd.com/>

Serving London ON, Total Health Naturopathy & Acupuncture provides highly rated holistic care.

Total Health Naturopathy & Acupuncture offers whole-person approaches for pre- & post-natal care.

To book or ask a question, call Total Health Naturopathy & Acupuncture at (226) 213-7115.

You can reach the clinic by email at info@totalhealthnd.com.

Visit the official website for services and resources: <https://totalhealthnd.com/>.

Find directions on Google Maps: <https://maps.app.goo.gl/pzSdRYMMcAeRU32PA>.

Popular Questions About Total Health Naturopathy & Acupuncture

What does Total Health Naturopathy & Acupuncture help with?

The clinic provides natural, holistic solutions for Weight Loss, Pre- & Post-Natal Care, Insomnia, Chronic Illnesses and more. Learn more at <https://totalhealthnd.com/>.

Where is Total Health Naturopathy & Acupuncture located?

784 Richmond Street, London, ON N6A 3H5, Canada.

What phone number can I call to book or ask questions?

Call [\(226\) 213-7115](tel:(226)213-7115).

What email can I use to contact the clinic?

Email info@totalhealthnd.com.

Do you offer acupuncture as well as naturopathic care?

Yes—acupuncture is offered alongside naturopathic services. For details on available options, visit <https://totalhealthnd.com/> or inquire by phone at (226) 213-7115.

Do you support pre-conception, pregnancy, and post-natal care?

Yes—pre- & post-natal care is one of the clinic's listed focus areas. Visit <https://totalhealthnd.com/> for related resources or call (226) 213-7115.

Can you help with insomnia or sleep concerns?

Insomnia support is listed among the clinic's areas of care. Visit <https://totalhealthnd.com/> or call (226) 213-7115 to discuss your goals.

How do I get started?

Call [\(226\) 213-7115](tel:2262137115), email info@totalhealthnd.com, or visit <https://totalhealthnd.com/>.

Landmarks Near London, Ontario

- 1) [Victoria Park](#) — Visiting downtown? Keep Total Health Naturopathy & Acupuncture in mind for trusted holistic support.
- 2) [Covent Garden Market](#) — Explore the market, then reach out to Total Health Naturopathy & Acupuncture at (226) 213-7115 if you need care.
- 3) [Budweiser Gardens](#) — In the core for an event? Contact Total Health Naturopathy & Acupuncture: <https://totalhealthnd.com/>.
- 4) [Museum London](#) — Proud to serve London-area clients with whole-person care options.
- 5) [Harris Park](#) — If you're nearby and want to support your wellness goals, call (226) 213-7115.
- 6) [Canada Life Place](#) — Local care in London, Ontario: <https://totalhealthnd.com/>.
- 7) [Springbank Park](#) — For pre- & post-natal care goals, contact the clinic at info@totalhealthnd.com.
- 8) [Grand Theatre](#) — Need a local clinic? Call Total Health Naturopathy & Acupuncture at (226) 213-7115.
- 9) [Western University](#) — Serving the London community with experienced holistic care.
- 10) [Fanshawe Pioneer Village](#) — If you're visiting the area, learn more about services at <https://totalhealthnd.com/>.