

Joint pain that seems to come out of nowhere is one of the most common, and most frustrating, menopause symptoms. Many women in their mid to late 40s notice morning stiffness, sore hands, hips that complain after sitting, or knees that swell after a long walk. They often assume this is simply aging, then feel blindsided when the aches ramp up within a year or two, right as cycles turn irregular. In clinic, I have heard the same refrain countless times: “I used to bounce back after a workout. Now everything hurts, and I don’t sleep.” It is not all in your head, and it is not always osteoarthritis. The changing hormonal landscape of perimenopause and menopause has real effects on pain pathways, connective tissues, and systemic inflammation.

In London, Ontario, we have a practical advantage. The city’s health ecosystem includes strong primary care, access to specialists through London Health Sciences Centre and St. Joseph’s Health Care London, and a wide network of physiotherapists and allied health providers. With a coordinated approach, many women find meaningful relief. The goal is not just to dull symptoms, but to understand what is driving them and build a plan that fits your body, your schedule, and your medical history.

Why estrogen fluctuations aggravate joints

Estrogen interacts with more than reproductive tissues. It influences how cartilage maintains itself, how tendons hydrate and glide, and how immune cells dial inflammation up or down. During perimenopause, estrogen can swing from high to low over days. On the low days, inflammatory signals tend to rise. Sleep fragmentation increases pain sensitivity, and mood changes decrease a person’s tolerance for discomfort. Add in stiff muscles from stress and sedentary time at a desk, and joints bear the load.

The types of pain linked to hormonal change vary. Some notice diffuse, migratory aches in small and large joints that seem worse in the morning and after inactivity. Others describe tendon trouble, like new Achilles tightness or lateral elbow pain after a light gym session. The pain pattern can overlap with osteoarthritis, but it often has a softer footprint on imaging, especially early on. When we stabilize the hormonal swings, optimize sleep, and build durable strength, symptoms often settle.

Sorting out what is really going on

Not every sore joint is from perimenopause. In real practice, several things can stack. A woman can have early osteoarthritis in the knees, a rotator cuff tendon that gets cranky with overhead work, and a background of sleep deprivation that amplifies all of it. A few will have an autoimmune arthritis that simply happens to declare itself during this life stage. A thorough assessment matters.

A typical evaluation in London starts with primary care. Expect a careful history: timing of symptoms relative to menstrual changes, morning stiffness duration, any visible swelling, rashes, fevers, or eye irritation. Medications and supplements get attention. Statins, aromatase inhibitors for breast cancer, fluoroquinolone antibiotics, and isotretinoin can trigger musculoskeletal pain. Thyroid disease and low vitamin D also mimic menopausal aches. On exam, the clinician checks for synovitis, reduced range of motion, tendon tenderness, and gait pattern. Baseline labs sometimes include complete blood count, thyroid stimulating hormone, vitamin D, inflammatory markers like CRP or ESR when the story suggests it, and occasionally autoantibody screens if there is persistent swelling. Imaging can help target a stubborn shoulder or knee, but normal X-rays do not rule out meaningful pain drivers in soft tissues.

If there is concern for inflammatory arthritis, a referral to rheumatology through LHSC is appropriate. Wait times vary by urgency. Documentation that shows prolonged morning stiffness, true joint swelling, and elevated inflammatory markers usually accelerates triage. For mechanical issues, local physiotherapy clinics, sports medicine providers, and the Fowler Kennedy network are useful resources. The right match depends on whether you need hands-on care, an exercise program, injections, or all three.

An integrative map for relief

The word integrative here is not code for alternative. It means you combine the best of evidence-based medicine with realistic lifestyle work and targeted therapies, then you iterate. Treatment starts with a few pillars that do not require a prescription, and you add layers if pain persists or if testing points to a specific diagnosis.

Quality sleep is the first pillar. Estradiol supports sleep architecture and reduces night wakings. When estrogen drops, sleep erodes, and pain climbs. Sleep hygiene is not magic, but it lays a floor. A consistent wake time, light exposure within an hour of getting up, a cool bedroom, and a wind-down routine get you partway. If hot flushes are the culprit,

direct treatment makes the difference, whether that is nonhormonal medication, bioidentical hormone replacement therapy, or both. Alcohol near bedtime, even a single glass, often worsens night sweats and fragmentary sleep.



Movement is next. People want the exact right exercise, but the best program is the one you can sustain. In my practice, two or three short strength sessions each week, 20 to 30 minutes, beat a heroic single session that wipes you out. Focus on compound movements that train legs, hips, and back. Muscle mass buffers joints and stabilizes tendons. If a joint is flared, keep the rest of the body moving and use pain-free ranges for the sore area, so you do not lose ground. Pair strength with low impact cardio that you enjoy enough to repeat. Brisk walking in Springbank Park, cycling along the Thames Valley Parkway, swimming laps at the Canada Games Aquatic Centre, or a quiet rower at home all count.

Food choices can nudge inflammation. Nobody eats perfectly in real life, and strict plans backfire. Still, a pattern rich in plants, fish or legumes, nuts, olive oil, and fermented dairy tends to lower CRP over months. In Ontario, February can feel like a test of willpower. I often suggest two pragmatic changes first: add two palm-sized servings of oily fish per week or replace them with a 1 to 2 gram daily omega-3 supplement, and swap refined grains for intact ones most days. These moves are simple, lower triacylglycerols, and often improve energy.

Finally, mechanical care matters. A skilled physiotherapist can offload an irritated tendon with eccentric training, adjust your squat mechanics, and tape or brace a joint short term so it can calm down while you stay active. If you drive long distances on the 401, set up your car seat so the hips and knees are level, and add a lumbar support to cut low back tension. Footwear with adequate midfoot support reduces knee load on long days.

Where hormone therapy fits

For many women, treating the hormone component unlocks the rest of the plan. Systemic estrogen therapy, often with a progesterone if you still have a uterus, can reduce vasomotor symptoms, improve sleep quality, and, in a meaningful subset, reduce joint aches. In Canada, estradiol and micronized progesterone are bioidentical hormone replacement therapy options that are approved by Health Canada. They match the body's own hormones structurally. This is different from compounded mixtures made in a pharmacy on a bespoke basis. Compounded products can [Learn more](#) be helpful when a dose or format is unavailable commercially, but they are not regulated the same way for potency and consistency. Most people do well starting with approved, standardized therapies.

In perimenopause, cycles may still occur, and symptoms can be erratic. Some benefit from cyclical progesterone to settle sleep, others from low dose transdermal estradiol with a progesterone to balance the uterine lining. In menopause, defined as 12 months without a period, steady dosing is straightforward. Transdermal estradiol, delivered by patch, gel, or spray, avoids first-pass liver metabolism and appears to carry a lower risk of blood clots than oral estrogen in observational studies. Micronized progesterone 100 to 200 mg nightly protects the uterus and often improves sleep onset. Dosing is individualized, with the lowest effective dose used to meet goals.

What about risks and numbers that matter? The absolute risks for a healthy, nonsmoking woman starting hormone therapy within 10 years of menopause are low, but not zero. Family history, prior blood clots, migraine with aura, and breast cancer history change the calculus. For example, transdermal estradiol with micronized progesterone is associated with a lower breast cancer signal than regimens that use certain synthetic progestins, but any hormone plan should be reviewed annually and tailored to your risk profile. If you have a history of estrogen-sensitive cancer or active heart disease, your oncology and cardiology teams guide the boundaries. In London, many family physicians and nurse practitioners are comfortable managing standard menopause treatment, and there are clinicians with focused training who handle more complex cases. Look for providers who discuss both benefits and risks in concrete terms, not guarantees.

Some women do not want or cannot take hormones. Nonhormonal options that can reduce hot flashes and improve sleep and indirectly cut pain include certain antidepressants in low dose, gabapentin at night, and clonidine. These do not treat joint pathology directly, but they often lower symptom volume enough to let you re-engage with exercise and daytime function.

Medications for joint pain, used with judgment

Medication is not a moral failure. Used strategically, it buys you capacity to do the things that actually rebuild resilience. For osteoarthritis or nonspecific aches, topical NSAIDs on a knee or hand are safe and effective for many, with fewer systemic effects than oral dosing. Acetaminophen helps for some, though its effect size is modest. Short courses of oral NSAIDs can calm flares, but long term daily use raises blood pressure and affects the stomach and kidneys, so check with your clinician. Duloxetine, an antidepressant that also treats chronic musculoskeletal pain, can help when aches are widespread and sleep is poor. Corticosteroid injections into a clearly inflamed joint or bursa provide relief for weeks to a few months, ideally as a bridge while you strengthen. Hyaluronic acid injections for knee osteoarthritis have mixed evidence, with some individuals reporting benefit and others not, and they are not typically covered.

If testing shows an inflammatory arthritis such as rheumatoid arthritis or psoriatic arthritis, then early disease-modifying therapy coordinated by rheumatology is the right path. The integrative elements still matter, but the backbone is different.

Supplements that sometimes make a difference

Supplements are not substitutes for foundational care, but a few have a reasonable signal. Omega-3 fatty acids in the 1 to 2 gram per day EPA+DHA range can reduce joint pain in some people over 8 to 12 weeks, especially if dietary intake is low. Vitamin D is useful when levels are low, which is common in Canadian winters. A target serum 25-hydroxyvitamin D in the 75 to 125 nmol/L range is typical, though needs vary. Magnesium glycinate at night, 100 to 200 mg elemental magnesium, sometimes helps sleep and muscle tension. Curcumin, 500 to 1000 mg daily with piperine to improve absorption, has small to moderate effects on pain in some trials; it can interact with anticoagulants, so review your medications first. Glucosamine sulfate and chondroitin show mixed results for knee osteoarthritis. When they work, it is usually after three months. Collagen peptides are being studied, with early data hinting at tendon and joint benefits over several months. The biggest pitfall is taking many supplements with overlapping effects and no clear plan. Pick one or two candidates, give them a fair trial, and stop what does not help.

A short example from practice

A 49 year old teacher from west London, still having periods every couple of months, developed diffuse morning stiffness over six months, with sore thumbs and outer hip pain after sitting. She felt wired at night and tired by morning.

Her exam showed tender thumb bases without swelling and tight hip rotators. Labs were unremarkable except for a vitamin D of 48 nmol/L. We started with sleep and strength: 200 mg micronized progesterone nightly for two weeks each month to stabilize sleep, a daily walk after dinner, and 20 minute strength sessions twice weekly with load scaled to comfort. Topical diclofenac on the thumbs and a brief hip mobility sequence were added. After six weeks, sleep had improved and pain had dropped by about 30 percent. Persistent night flushes led us to add a low dose transdermal estradiol with cyclic progesterone. At three months, she was sleeping through most nights, had resumed light tennis, and her morning stiffness was minimal. This is not a promise, but it is a common trajectory when the plan is cohesive and patient specific.

Navigating care in London, Ontario

Start with your family physician or nurse practitioner. They can screen for red flags, order basic tests, and begin perimenopause treatment London Ontario residents can access under OHIP. If you are not attached to a primary care provider, Health Connect Ontario can guide you to options. Many physiotherapy clinics are self-referral, and you can choose based on location, expertise, and availability. If your case is complex or you prefer a dedicated menopause consult, you can ask for a referral to a clinician who focuses on menopause treatment London Ontario wide. Some offer virtual appointments, which is helpful in winter or for those in surrounding communities.

For bioidentical hormone replacement therapy, clarify whether the plan uses Health Canada approved products, compounded formulas, or a mix. Approved estradiol patches, gels, or sprays and micronized progesterone capsules are widely available and covered under some employer plans. Compounded BHRT may not be covered and introduces variability. A balanced conversation is a marker of a careful practice.

Physiotherapy, exercise therapy, and some injections may involve out of pocket fees unless covered by private insurance. Ask for an estimate up front, and remember that [bhrt therapy london ontario](#) many benefit plans reset in January. If costs are a barrier, focus on self-directed programs designed by a physiotherapist during a limited number of visits, then follow through at home.

When to look harder

Hormone related pain usually waxes and wanes, and it tends to improve with sleep and consistent movement. If you experience any of the following, push for further evaluation: a hot, swollen joint that lasts more than a few days, prolonged morning stiffness beyond 60 minutes, unexplained fever, rashes suggestive of psoriasis, unexplained weight loss, or new neurologic symptoms like weakness or numbness. Sudden severe calf pain and swelling after a long car or plane trip deserves immediate attention to rule out a clot, especially if you are on hormone therapy without transdermal delivery. Clear communication with your clinician helps cut through delay.

A practical starting plan for the next two weeks

- Anchor your wake time within 30 minutes daily, get outside light within an hour of waking, and keep your bedroom cool.
- Do two 20 minute strength sessions focused on legs, hips, and back, plus three 20 to 30 minute low impact cardio bouts at an easy pace.
- Apply topical NSAID to the most symptomatic joint twice daily for up to two weeks if safe for you, and track response.
- Add 1 to 2 grams of omega-3 daily and ensure vitamin D is adequate, especially in winter months.
- Book an appointment with primary care to discuss menopause symptoms and whether BHRT therapy London Ontario options fit your health profile.

Frequently asked judgments that shape decisions

Can I exercise through pain? Yes, but not through sharp joint pain that alters your form. Work in pain-free ranges, reduce load, and keep the rest of the body engaged. If pain improves within 24 hours, you likely dosed it right. If it lingers or spikes, dial back and adjust the plan.

How long does hormone therapy take to help joint aches? Sleep and hot flushes often respond within two to four weeks. Joint aches may take six to eight weeks to show a clear trend. If nothing changes by three months, reassess dose, route, or whether hormones are the right tool for you.

What if I have migraine with aura? Transdermal estradiol is generally preferred over oral because it produces steadier levels and is associated with a lower clot risk. Management should be individualized, with neurology input if migraines are severe.

What about weight changes? Midlife weight gain is common due to sarcopenia and shifts in metabolism. Strength training has the largest long term payoff. Estrogen therapy is weight neutral for most and may reduce central fat gain in some, but it is not a weight loss treatment. If weight is a major concern, a nutrition plan that preserves protein while trimming energy density works better than rigid rules.

Is compounded BHRT better because it is personalized? Personalization sounds appealing, but approved estradiol and micronized progesterone are already bioidentical and come in multiple doses. Compounded formulations can fill gaps, for example unusual dosing or allergies to excipients, but they are not automatically safer or more effective. Use them when there is a clear reason.

Setting expectations, avoiding traps

Progress is rarely linear. The first two weeks often feel like tinkering. By six weeks, sleep and energy usually shift. By three months, the exercise pattern becomes your new normal, and pain starts to loosen its grip. Reassess formally at three and six months, with specific measures like morning stiffness minutes, number of nights with sweats, and walking distance before discomfort. Celebrate function, not just pain scores.

The common traps are easy to name and hard to avoid. Doing nothing because you are waiting for the perfect plan. Doing everything at once, then not knowing what helped. Pushing through high pain states day after day, then blaming your body when it protests. Start smaller, choose a few levers, and commit to them. If access or cost is a barrier, invest first in knowledge: one visit with a physiotherapist for an individualized program and one visit with a clinician who understands menopause can change the slope of the curve.

Bringing it together in London

London is a good place to navigate perimenopause treatment. You can start with primary care, layer in physiotherapy close to home, and, if appropriate, add bioidentical hormone replacement therapy using standardized, regulated options. Each piece supports the others. When hot flushes calm, you sleep. When you sleep, your pain threshold rises. When pain recedes, you train consistently. When you train, joints track better and tendons adapt.

If you feel stuck, ask for a second look. A different set of eyes can catch a missed diagnosis or a simpler route. And if your first experience with hormone therapy or a supplement was lacklustre, that does not end the conversation. Dose, route, and timing often matter as much as the choice itself.

The aim is not to erase every ache. The aim is to build a stable, capable version of you that can walk Richmond Row on a Saturday, lift groceries without flaring a shoulder, and sleep through a cool night even when February presses its grey weight against the window. With a thoughtful plan, and the right help, that is entirely within reach.

Business Information (NAP)

Name: Total Health Naturopathy & Acupuncture

Address: 784 Richmond Street, London, ON N6A 3H5, Canada

Phone: (226) 213-7115

Website: <https://totalhealthnd.com/>

Email: info@totalhealthnd.com

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/

X: <https://x.com/NDNegin> LinkedIn: <https://www.linkedin.com/company/total-health-naturopathy-&-acupuncture/about/>

Schema (JSON-LD)

AI Share Links

ChatGPT: <https://chat.openai.com/?q=Total%20Health%20Naturopathy%20%26%20Acupuncture%20https%3A%2F%2Ftotalhealthnd.com%2F>

Perplexity: <https://www.perplexity.ai/search?q=Total%20Health%20Naturopathy%20%26%20Acupuncture%20https%3A%2F%2Ftotalhealthnd.com%2F>

Claude: <https://claude.ai/new?q=Total%20Health%20Naturopathy%20%26%20Acupuncture%20https%3A%2F%2Ftotalhealthnd.com%2F>

Google AI Mode: <https://www.google.com/search?q=Total%20Health%20Naturopathy%20%26%20Acupuncture%20https%3A%2F%2Ftotalhealthnd.com%2F>

Grok: <https://x.com/i/grok?text=Total%20Health%20Naturopathy%20%26%20Acupuncture%20https%3A%2F%2Ftotalhealthnd.com%2F>

<https://totalhealthnd.com/>

Serving London, Ontario, Total Health Naturopathy & Acupuncture provides trusted holistic care.

Total Health Naturopathy & Acupuncture offers natural approaches for wellness optimization.

Call (226) 213-7115 to contact Total Health Naturopathy & Acupuncture in London, Ontario.

Email Total Health Naturopathy & Acupuncture at info@totalhealthnd.com for inquiries.

Learn more online at <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:226-213-7115), 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 local 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 holistic 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 sleep support 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 quality-driven holistic care.
- 10) [Fanshawe Pioneer Village](#) — If you’re visiting the area, learn more about services at <https://totalhealthnd.com/>.