

# Pre-Menstrual Syndrome

After Jeanne had her third baby, she noticed a change in the nature of her menstrual cycle. Seven to 10 days before, she'd begin suffering from water retention, heart flutter, breast tenderness and lower back pain. She felt irritable and depressed. The everyday problems she normally took in stride suddenly became overwhelming.

"How come you're so crabby, Mom?" her older children would ask, and her husband would observe, "You seem down." When Jeanne's menstrual period began, the symptoms disappeared – only to return the next month.

After consultation with her chiropractic doctor, Jeanne realized that she was suffering from premenstrual syndrome (PMS). Ultimately, chiropractic held the key to her relief – she was able to eliminate the pain and mood swings by receiving spinal manipulation, performing stretching exercises and making changes in her diet.

## PHYSICAL OR PSYCHOLOGICAL?

First recognized in medical circles about 50 years ago, PMS has only recently begun to draw wide media attention. Although no precise figures are available, it is estimated that up to 90 percent of women experience at least one PMS symptom, with about 10 percent reporting severe suffering.

Controversy surrounds almost every aspect of PMS. Health experts disagree on whether it's mainly a physical problem or a psychological problem with physical manifestations. While many experts believe that PMS is caused by hormonal fluctuations and resulting deficiencies in vitamins and minerals, their theories are not universally accepted. Nor is there a single method of treatment advocated by all practitioners.

Fortunately, the days when a doctor would tell a woman suffering from PMS that her problems were "all in her head" are virtually over. "There is a feeling in the medical community that this really is a bona fide problem," says Dr. Marshall T. Lysne, the acting chief of staff at National College of Chiropractic in Lombard, Ill.

Chiropractic does define PMS as cyclical changes recurring in the seven-to-10-day period prior to menstruation. Symptoms include headache, backache, abdominal bloating, breast tenderness and swelling. Women suffering from PMS may experience severe mood swings and feel alternately anxious, depressed and irritable. They may have trouble sleeping and, in severe cases, develop feelings of unreality and panic.

In a 1983 study, Guy E. Abraham, M.D., doctor, divided sufferers of what he labels premenstrual tension syndromes (PMTS) into four subgroups:

- ?? PMT-A: Characterized by premenstrual anxiety, irritability and nervous tension, this is the most common subgroup. Dr. Abraham found that women who suffer from PMT-A consumed too many servings of dairy products and too much refined sugar. They had elevated estrogen and low progesterone in their blood, a hormone imbalance he believes could be alleviated by taking vitamin B-6.
- ?? PMT-H: This is the next most common subgroup. PMT-H is characterized by water retention, abdominal bloating, breast tenderness and weight gain. Dr. Abraham found a high level of aldosterone, a sodium-retaining hormone, in these women. He recommends vitamin B-6, vitamin E and curtailment of salt intake and smoking to relieve PMT-H symptoms.
- ?? PMT-C: Women in this subgroup report cravings for sweets and increased appetite, particularly for carbohydrates, in the premenstrual period. Indulgence can be followed by palpitation, fatigue, fainting, headache and shakiness. Dr. Abraham believes PMT-C may be associated with the deficiency of the prostaglandin PGE<sub>2</sub>, a hormone like substance. Magnesium supplements, he reports, can decrease PMT-C symptoms.
- ?? PMT-D: The least common subgroup identified by Dr. Abraham is PMT-D, whose symptoms are depression, withdrawal, insomnia, forgetfulness and confusion. PMT-D patients were found to have lower estrogen levels and higher progesterone levels in the blood than normal. Some also suffered from high lead levels. Treatment of PMT-D varies from person to person.

## NUTRITION: THE KEY

"I think the key to this is in the nutritional realm," says Dr. Lysne, echoing the feeling of many chiropractic doctors.

Chiropractic doctors treat PMS with vitamin supplements, herbal diuretics, dietary adjustments, exercise and changes in lifestyle. Where indicated, many also provide spinal adjustments. PMS sufferers may prefer to go to a chiropractic clinic where special attention is given to women's health problems.

Poor diet is a contributor to PMS, says Dr. Maxine McMullen, a chiropractic doctor in Davenport, Iowa. She finds that many of her women patients whose busy work schedules often preclude home cooking are eating too much “junk” food and the types of heavy foods offered in convenience restaurants. She recommends that her PMS patients quit smoking, eat a healthy, balanced diet with plenty of fresh fruits and vegetables, and take B-complex vitamin containing folic acid. The vitamin supplement is especially important for women on oral contraceptives, she adds.

Dr. Judy Lemieux, a Minnesota chiropractic doctor, concurs with these dietary recommendations, noting that caffeine and alcohol should also be avoided. Cutting back on salt, sugar and red meat can help too, she adds. In addition to a B-complex vitamin specially formulated for PMS sufferers. Dr. Lemieux also suggests supplements of vitamin C, calcium and magnesium for her patients.

A herbal diuretic to flush excess water from the body, thus relieving the “bloated feeling” experienced by many PMS sufferers, is another treatment the two chiropractic doctors have recommended. According to Dr. Lysne, one theory states that excess water retention could be the cause of headaches, so a diuretic might also relieve this symptom.

And to build up the low level of prostaglandin PGE in PMS sufferers who crave sugar, Dr. Lemieux advises a dose of evening primrose oil.

### A HANDS-ON APPROACH, TOO

McMullen and Lemieux both examine the spines of PMS patients for subluxations, or misalignments of vertebral segments, that might be affecting the cyclical pain. Chiropractic adjustive treatments are provided accordingly. Subluxations in the upper cervical (neck) region seem to correlate to hormonal interference, and subluxations in the lower thoracic and upper lumbar regions seem to correlate to problems with the reproductive organs and pelvis.

Massage of the adductor muscles found in the inner thighs has been known to relieve congestion of lymph drainage in that area, explains Dr. Lemieux. She works with the obese on weight reduction and with the tense on stress reduction, using yoga exercises and biofeedback.

Eighty percent of Dr. McMullen’s PMS patients report that after treatment they feel 100 percent, even 200 percent, better compared to their original states. She urges patients with apparent psychosomatic stresses to strive to replace negative feelings about their lives with more positive feelings.

Because of individual variations in PMS, and because some sufferers might wrongly attribute symptoms to PMS when there are other health problems, a woman would be

wise to consult her chiropractic doctor before undertaking any treatment aimed at alleviating premenstrual symptoms.

### WHAT IS PMS, AND IS IT VERY PREVALENT?

PMS, or premenstrual syndrome, is a chronic disorder among menstruating women. It involves both emotional changes – such as anxiety, depression and irritability – and physical symptoms that can include swelling and tenderness of the breasts, acne, headache and water retention. These symptoms usually appear a few days before the menstrual period and lessen with its onset. It is estimated that 80% to 95% of women suffer from at least one premenstrual symptom and that 30% to 40% have severe enough symptoms to interfere with their daily routines. We have recommended the following vitamin therapy for PMS as an inexpensive, well tolerated and safe treatment – before trying it yourself, however, be sure to consult your doctor. In the chart below, doses given should be taken only during the time when PMS symptoms are occurring.

IF YOU SUFFER FROM...	TAKE THESE SUPPLEMENTS
Anxiety/Irritability	Vitamin E.....800 IU/day
	Vitamin B1.....250mg/day
	Vitamin B6.....400mg/day
	Magnesium.....500mg/day
Headaches, dizziness, sweet cravings, weakness, retention	Vitamin E.....800 IU/day
	Vitamin B1.....250mg/day
	Vitamin B6.....400mg/day
	Vitamin C.....6grams/day
Painful, tender breasts	Chromium.....200mcg/day
	Vitamin B1.....250mg/day
	Vitamin E.....800 IU/day
	Magnesium.....500mg/day
Depression, confusion, fatigue, lethargy	Evening Primrose oil..... 6grams/day
	Vitamin E.....800 IU/day
	Vitamin B1.....250mg/day
	Vitamin B6.....400mg/day
	Zinc.....30mg/day
	*L-Tryptophan...1000mg/day

\*If you feel no response, or get headaches, switch to the same does of another amino acid. L-Phenylalanine.

- ☞☞ What foods and beverages to avoid.
- ☞☞ What foods to increase your intake of during premenstrual time.
- ☞☞ How do Vitamins B-6, E, C, Magnesium, Oil of Evening Primrose and Don Quai alleviate this syndrome?
- ☞☞ What role does exercise play?

### What is PMS?

This syndrome refers to a wide range of physical discomforts and mood disorders that affect millions of women for 2 to 10 days before the onset of menstruation each month. Symptoms such as increased irritability, bloating, depression, insomnia, and assorted aches and pains. Some women even experience uncontrolled rage, crying spells and suicidal depression.

### What foods and beverages should be avoided?

1. Eat less salt, salty foods (pickles, canned soups, processed cheeses, cottage cheese, soy sauce, etc.) Sodium (salt is sodium chloride) contributes to water retention.
2. Avoid licorice – it stimulates the production of aldosterone which causes further retention of sodium and water.
3. Avoid cold foods and beverages (iced drinks, ice cream, etc.). They adversely affect abdominal circulation and can make PMS worse, as well as contribute to menstrual cramping.
4. Minimize caffeine intake. Caffeine is found in coffee, over the counter pain relief preparations (Excedrin, Anacin), black tea, chocolate, cola drinks (including diet) and cocoa. Caffeine increases the craving for sugar, wastes B-vitamins, washes out potassium and zinc and increases hydrochloric acid (HCL) secretions which can cause abdominal irritation.
5. Avoid astringent tea (black tea is 13% to 15% tannin). Tannin binds important minerals and prevents absorption into the digestive tract. Adding milk to tea takes out most of the tannin, but not all.
6. Avoid alcohol – it affects blood sugar, depletes magnesium levels and can adversely affect liver function. Liver problems can aggravate PMS symptoms which lead to irregularities in the menstrual period.
7. Minimize spinach, beet greens, and other oxalate containing vegetable because oxalate makes minerals non assimilable (not absorbed).

#### What Foods Should Be Increased?

1. Increasing natural diuretic foods during premenstrual time is a good idea. Examples of food that will help relieve water retention are: strawberries, watermelon, artichokes, asparagus, parsley, and watercress.
2. Potassium rich foods are beneficial against water retention. Examples: raw sunflower seeds, dates, figs, peaches, bananas, potatoes, peanuts and tomatoes.

#### What Can Supplements Do To Help The Symptoms of PMS?

1. Vitamin B-6 in doses of 50 mg. to 300 mg. per day (work up gradually from 50 mg. daily) has shown to alleviate most of the symptoms of PMS in 84% of patients according to Dr. Guy Abraham. B-6 helps reduce water retention, calms nervous tension, and preserves higher blood levels of magnesium. It is best to take a complete multiple vitamin or B-complex supplement along with extra B-6.
2. Take twice as much magnesium (500 mg.) as calcium (250 mg.) per day. A deficiency of magnesium, as well as B-6, can cause many of the symptoms of PMS.
3. Vitamin E in 200 IU to 600 IU per day (dry form preferred) reduces breast pain and tenderness, associated with PMS.
4. Vitamin C and pantothenic acid (B-5) help to control allergic responses that can be more intense during premenstrual time. Dosage of 100 mg. (1 gram) or more of each daily is recommended in timed release form.

5. Oil of Evening Primrose taken one to three times a day for 2 to 3 months can soothe physical discomfort (pain) and mood disorders brought on by PMS in 60% to 80% of cases. Research in the United Kingdom has shown Oil of Evening Primrose to be a rich source of Gamma-Linoleic Acid (GLA). GLA is one of the building blocks from which the body creates prostaglandins (PGS). Low levels of prostaglandin E<sub>1</sub> (PGE<sub>1</sub>) can cause premenstrual tension. Dr. David Horrobin, director of the Efamol Research Laboratory in Halifax, Canada, has stated that “hormonal changes and stress associated with woman’s oncoming period can cause GLA deficiency”. Thus a GLA deficiency can cause low levels of PGE<sub>1</sub>.

#### What Are The Benefits Of Herbs In PMS?

The use of herbs in PMS focuses on:

1. Improving circulation
2. Nourishing the blood
3. Regulating liver function
4. Removing excess water from the system

#### Don Quai

1. Primary herb used with problems related to menstruation and the female reproductive system.
2. It is used to treat problems of restricted circulation, poor blood nutrition, hormonal imbalance, liver problems, skin ailments and vaginal infections.

#### Exercise

1. It improves abdominal circulation and thus aids in the function of the reproductive system.
2. Perspiration removes excess water.
3. A good release for anxiety, frustration and depression.
4. Fast walking for 30 minutes twice daily or swimming are the most recommended types of exercise.