

PMS TYPES – CAUSES & DIET SOLUTIONS

Four Keys to Kick PMS

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If you ask a woman if she has PMS, she might reply by saying, “No, but I’m sure my husband would say I do.”

Similarly, if you ask her if she experiences breast tenderness, irritability, cravings, water retention, weight gain, headaches, sleep disruption, acne breakouts, fatigue or other symptoms prior to her period, she might say, “Yes, I do, but isn’t that normal?”

Countless women have no idea that their period should come and go, without symptoms, except the obvious — blood loss, each month. Some women even believe that PMS refers only to mood changes prior to their period, while others think the symptoms of water retention, sore breasts and irritability are normal.

These symptoms are not normal! Chronic symptoms prior to your period are not only troublesome, they’re also detrimental and a clear indication of hormonal imbalance. This common misconception identifies two issues. Not only have we become so accustomed to hormonal imbalance that we are perhaps no longer able to identify balanced wellness, we are also out of touch with our bodies. This causes subtle messages conveyed by our symptoms to be missed and as a consequence, we also miss the opportunity to achieve better health.

What is PMS?

PMS (premenstrual syndrome) involves many different symptoms lasting a few days to weeks prior to the onset of menses. The symptoms, along with their intensity, can vary from month to month, but usually end after the first or second day of bleeding when the follicular phase of the menstrual cycle begins. The time before the menstrual flow, coinciding with PMS, is called the luteal phase. It begins at ovulation and continues until the first day of bleeding.

We know about 75% of women have PMS and that it’s most likely to affect those between their late 20s and early 40s. Out of these sufferers, about 8 to 10% require medical intervention to manage their mood and behavioral changes. Some women with premenstrual syndrome experience premenstrual dysphoric disorder (PMDD). PMDD is a form of premenstrual syndrome associated with severe depression, hopelessness, anger, anxiety and low self-esteem.

Recognizing PMS

The symptoms of PMS are both mental and physical.

Physical Symptoms:

- Headaches or migraines
- Water retention
- Swelling of ankles, feet and hands
- Backache, abdominal cramps or heaviness
- Abdominal fullness and bloating
- Breast tenderness
- Weight gain
- Insomnia or sleep disruption
- Acne or pimples
- Nausea

Bloating
Constipation or diarrhea

Mental symptoms:

Food cravings
Anxiety or panic
Poor concentration and/or memory
Poor judgment
Depression
Irritability, hostility, or aggressive behavior
Fatigue
Sex drive changes, loss of sex drive
Paranoia or increased fears
Low self-esteem and poor self image

Although most women do not experience the same symptoms, there are five types of PMS. They are characterized by distinct symptoms related to their underlying cause(s). But still, the manifestation of PMS varies greatly because presentation with one or more PMS types is possible.

PMS Types and their Symptoms:

- 1) **PMS A (Anxiety)** - Anxiety, tension, paranoia, crying, emotionally labile, mood swings and nervousness.
- 2) **PMS C (Cravings)** – Cravings especially for chocolate or sweets, increased appetite or insatiable hunger, fatigue, headaches, blood sugar abnormalities like hypoglycemia. This commonly occurs with PMS A.
- 3) **PMS H (Heaviness, Hydration, Headaches)** - Water retention, swelling, breast tenderness, bloating, weight gain. This may also occur with PMS A.
- 4) **PMS D (Depression)** – Confusion, forgetfulness, clumsy, depression, confusion, withdrawal, insomnia and in severe cases, risk of suicide.
- 5) **PMS P (Pain)** – Pain especially in the joints, lower back, abdomen or headaches because of pro-inflammatory chemicals called prostaglandins.

Causes of PMS

Although we don't know a single definitive cause, many contributing factors for PMS have been identified. These include:

Improper diet – Excess sugar, salt, unhealthy fats, caffeine, or alcohol along with insufficient protein, healthy fats, fiber and complex carbohydrates can contribute to PMS. An improper diet results in hormonal imbalance, inflammation, weight gain and nutrient deficiencies that may cause PMS.

Progesterone Deficiency – Stress causes a depletion of the hormone progesterone as its production is limited while increasing the long-term stress hormone cortisol. Progesterone, naturally highest in the luteal phase of the menstrual cycle, works wonderfully to prevent many PMS symptoms such as anxiety, headaches, sleep disruption, water retention and breast tenderness.

Stress - Stress also depletes serotonin and dopamine, two mood-enhancing hormones involved in the

prevention of PMS symptoms such as breast pain, digestive upset, cravings, depression, anxiety, poor concentration and lack of motivation. Stress also raises the hormone aldosterone that contributes to water retention and magnesium loss.

Estrogen Dominance - When we take the birth control pill or other forms of medications containing estrogen, estrogen dominance arises. Excess estrogen is linked to PMS as well as to uterine fibroids, ovarian cysts and risk of breast cancer. Abnormally high levels of estrogen in the luteal phase may cause emotional symptoms such as irritability and aggression in addition to many physical PMS symptoms.

Nutrient deficiency – Magnesium, vitamin B6, calcium, folic acid and essential fatty acids are essential for the prevention and treatment of PMS. Vitamin B6 and magnesium are especially helpful for breast pain, water retention, cravings, tension headaches, depression and anxiety.

Toxicity of the liver and/or digestive tract – Yeast overgrowth, low fiber or beneficial bacteria in the digestive tract compromises estrogen breakdown and elimination. Poor liver function or limited bile flow will also cause estrogen dominance because bile is high in estrogen metabolites.

Excess Prolactin – Some women with PMS have abnormally elevated amounts of prolactin. Prolactin, a hormone naturally produced when we breast-feed, also increases with stress (stress depletes dopamine and dopamine keeps prolactin in check) or with a prolactin-secreting tumor. High prolactin causes infertility, menstrual abnormalities and PMS symptoms including breast tenderness and swelling, anxiety and irritability.

Underlying mental disorder – As many as 50 to 60% of women with PMS have an underlying mental disorder such as depression or chronic anxiety. These mental conditions are usually associated with an increase in the production of stress hormones and depleted dopamine or progesterone setting the stage for PMS.

Hormonal changes - Puberty, pregnancy, menopause, hormone medications or surgery involving the uterus or ovaries can cause hormonal changes which in turn may lead to symptoms of PMS.

Hypothyroidism – Underactive thyroid disease should be considered as a possible cause of PMS symptoms. Progesterone, the same hormone that if deficient causes PMS, is also necessary for healthy thyroid gland function.

Four Keys to Create Hormonal Balance and PMS Relief

Key 1: Detox!

Remove alcohol, caffeine, sugar, processed flours and inflammatory fats such as those found in full-fat dairy products, red meats, peanuts, margarines, shortening, and hydrogenated oils from your diet. Limiting salt can also help. Eat a balance of lean protein (organic chicken, turkey, tempeh, nuts, omega-3 eggs), healthy fats (olive oil, avocado, nuts, etc.) and complex carbohydrates (kamut, beans, rye, oats, fruits, vegetables) every three to four hours during the day. This will stabilize blood sugars and avoid undue stress and hormonal imbalance because of skipped meals. Use herbs to promote the flow of bile such as milk thistle, dandelion root, beet leaf, and artichoke. Probiotic supplements like _will establish healthy bacterial balance in your digestive system and support the breakdown and elimination of estrogen. Address constipation (less than one bowel movement per day) quickly. It significantly contributes to toxicity, hormonal imbalance and future risk of disease. For constipation and to help PMS symptoms, have 3 tablespoons of ground flaxseeds daily for

fiber, lignands and phytoestrogens.

Key 2: Take the right supplements daily.

- A high potency multivitamin with breakfast and dinner. This prevents nutrient deficiency, maintains metabolism and improves energy.
- Calcium/magnesium citrate in a 1:1 ratio with vitamin D3. Magnesium helps fluid retention, breast tenderness, anxiety, fatigue and bloating while calcium assists with cramping and other PMS symptoms.
- Vitamin B complex (preferably higher in vitamin B6). This can reduce water retention, breast tenderness, irritability and depression symptoms.
- Essential fatty acids: Fish oil (EPA/DHA) and Evening primrose oil taken daily may reduce breast tenderness, mood changes, weight gain, abdominal pain, and cravings associated with PMS. These fats influence the production of prostaglandins that regulate pain and inflammation in the body as well as aid hormonal balance.
- Mixed vitamin E. Taking a vitamin E supplement containing all the types of vitamin E reduces the production of prostaglandins that contribute to cramps and breast tenderness.

Key 3: Get specific; address your PMS type.

PMS A – A deficiency of progesterone is the underlying cause of PMS A. Progesterone can be replaced with daily use of the herb Chaste tree (*Vitex agnus castus*) or by using a compounded natural progesterone cream from ovulation to the first day of bleeding. Breast tenderness, anxiety, sleep disruptions, headaches, and menstrual irregularities such as spotting, infertility or a shortened cycle can improve with these treatments. Chaste tree, in addition to raising progesterone, reduces prolactin and raises dopamine to further assist with the hormonal imbalances of PMS. Indol 3 carbinol and calcium d glucarate are also recommended to assist with related estrogen dominance.

PMS C – Treat PMS C by aiding blood sugar regulation. This reduces cravings, hypoglycemia and appetite. Frequent, balanced meals as described in step 1 will help while supplements of chromium, magnesium, zinc and green tea may also be beneficial. You may also consider using TrueCRAVE to stabilize blood sugars and your mood.

PMS H - Treatment for PMS A, with additional emphasis on sodium and potassium balance for fluid regulation works best for PMS H. Dandelion leaf tea and potassium-rich foods (bananas, avocados, apricots, cantaloupe and broccoli) increases potassium and reduces water retention. Progesterone, improved with PMS A treatments, is also a natural diuretic.

PMS D- Low estrogen and/or serotonin contribute to PMS D. Foods high in phytoestrogens should be emphasized (soy, flax seeds and fennel). Herbal medicines such as black cohosh, licorice, red clover and angelica improve deficiency symptoms of estrogen. Include foods high in tryptophan or supplements of 5 HTP to raise serotonin.

PMS P- Manage inflammation and reduce pain via favorable prostaglandin production to resolve PMS P. The step 2 supplements along with the recommendations outlined in steps 1, 4, and 5 can tackle PMS P. Anti-inflammatory herbs such as turmeric, white willow bark, feverfew or devil's claw are also useful.

Key 4: Use exercise, relaxation and sufficient sleep to manage stress.

Improve hormonal balance and stress recuperation by sleeping 7.5 to 9 hours each night, in pitch black.

Exercise 20 to 30 minutes at least three times per week to reduce stress and tension and to improve mood. Aerobic exercises such as cycling, walking or running are improve moods and reduce pain. Practice progressive relaxation exercises, meditation, yoga or deep breathing to help stress-related symptoms such as headaches, anxiety or sleeping troubles.

Pay close attention to your monthly menstrual symptoms. Self-care and awareness will allow the process of improved hormonal balance for life.

Reference website: <http://www.truestarhealth.com/members/archives.asp?content=14ml3p1a97>