

# Five-Point Strategy For PMS

*“ By providing core nutritional factors, many of the warning lights that we call “symptoms” disappear.”*

It is estimated that 70-90% of women of childbearing age experience PMS and that 20-40% of these women experience severe symptoms. Symptoms can begin on ovulation and intensify as menses approaches. Since women are a high percentage of the clientele for most practices, are we missing or even dismissing PMS symptoms perhaps calling them something else? Common premenstrual symptoms are irritability, cravings, anxiety, weight gain, depression, fluid retention, breast swelling and pain, bloating, headaches and acne flare ups. If you think about it, that means women are in discomfort 1-2 weeks a month for most of their adult life.

Upon reviewing much of the literature, you'll find there are no clear cut answers for PMS. Many studies showed the value of magnesium. Quite a few other studies found B6 to be a major factor. Vitamin E was shown to be effective in various doses. Even calcium and vitamin D showed great promise. What was interesting



in reviewing the studies was that some nutrients like B6 and magnesium were effective even in double blinded placebo controlled formats. Yet a few other studies using B6 or magnesium revealed no major statistical differences. Why the contradiction? It's really very simple. Each person has their own biochemical individuality.

If a patient is low in magnesium, B6, or vitamin E, etc. and they are given the nutrient the body needs, the body responds with healthy cell repair and hormonal balance. Similarly if a patient is given a nutrient

and they are not deficient in that nutrient, nothing will happen. But we are still left with a challenge, how do we know what is best for the patient?

Lab testing can be costly and neuro-lingual testing takes a lot of time. Dr. Alex Vasquez addressed that concern in his Five-Part Nutritional Wellness Protocol. By providing what he calls the core nutritional factors, many of the warning lights that we call “symptoms” disappear. You can see an article he wrote below on this subject and the references behind his thinking.

Here is Dr. Alex Vasquez's Five-Part Nutritional Wellness Protocol. His big five are “a modified Paleolithic diet; a comprehensive bio-available multiple vitamin/mineral (like ProMulti-Plus); a blend of Omega-3, 6 and 9 oils (Optimal EFAs); an active multi-strain probiotic (BioDoph-7 Plus); and vitamin D (Bio-D-Mulsion Forte). By using these core nutrients as a foundation so many conditions will resolve on their own.

Dr. Vasquez suggests that clinicians use core nutrients and then modify the program for a given condition. Pertaining to PMS, let's substitute a multivitamin mineral that is foundationally geared for the premenstrual patient. This allows us to be a little more patient specific. PMT is a unique supplement that was designed specifically for patients struggling with premenstrual tension, hence the name PMT. PMT contains the core nutrients of a comprehensive multiple vitamin mineral plus therapeutic levels of B6, magnesium and vitamin C in a base of Dong Quai.

Let's take Dr. Vasquez's protocol and think outside the box for a second by adding some botanicals that we know are effective for PMS. One herb in particular, “chaste tree,” has been studied extensively. A prospective, randomized, double-blind, placebo-controlled design published in the prestigious British Medical Journal in 2001 is particularly impressive. 178 women with PMS received either chaste tree extract, 20 mg/day (which is equivalent to around 180 mg of the dried herb), or placebo for three menstrual cycles.

The trial participants completed a self-assessment of typical PMS symptoms using a visual analogue scale. By the end of the trial, the chaste tree group had a significantly lower average score than those in the placebo group. To be considered a “favorable response” subjects had to have at least a 50-percent reduction

in symptoms. 52 percent responded favorably using chaste tree compared to 24 percent for the placebo. The attending doctors rated the chaste tree as superior.

Chaste tree or agnus-castus is contained in a formula by Biotics Research Corporation called BioPause-AM. Chaste tree is used characteristically for women suffering with menopause, hence the name Bio-Pause. But what is interesting about this formula is that the chaste tree is actually a secondary botanical; the primary herb is called rhodiola which has been highly touted as an adrenal adaptogen.

Many of the symptoms that are attributed to PMS are also attributed to excess cortisol. Rhodiola reduces fatigue, restores mental and physiological function even in stressed out individuals that may be considered “burned out.” Rhodiola is also a powerful weapon against anxiety and has even been shown to reduce food cravings and support blood sugar regulation.

Our goal as clinicians goes beyond diagnostic nametags. We want to encourage a comprehensive program that not only treats the symptoms of PMS but supports healthy cellular function and homeostasis. Supporting basic physiological functions with solid nutrients like PMT, reducing toxins by consuming a clean diet free of processed foods, taking advantage of phytochemicals like chaste tree and adding adaptogenic compounds like rhodiola can have life building effects.

So listen carefully to your patients and inquire if their symptoms increase after ovulation and stop at menstruation, and then use the handouts below to open discussions on building health by following a wellness protocol.

Thanks for reading this week's edition. I'll see again next Tuesday.