

Understanding PMS



Let me start by saying straight out the gate that for most of us/you, premenstrual syndrome or PMS can be a thing of the past. Seriously, there is a lot we can do for PMS and it responds well to natural treatment and fast.

It's very common for me to hear clients say they were surprised when their period just arrived with no symptoms or that their PMS and menses was much improved compared to previous months. No irritability. No headaches. No real food cravings. No discomfort or pain. And sleep was uninterrupted.

I know that surprises a lot of women, but it's true, your symptoms of PMS can be improved and even reversed.

Did you know about 20% of women experience symptoms severe enough to seek medical help?

The concept of premenstrual syndrome (PMS) emerged in the early 20th century, with Robert T. Frank's 1931 paper on "Hormonal Causes of Premenstrual Tension". And the term PMS was coined by Dr. Katarina Dalton in 1953. It has since become a hot controversial topic of discussion ever since. But despite the controversy, PMS is very real.

The most commonly reported emotional symptoms are irritability, depression, anxiety, and weeping. **The most commonly reported physical symptoms are** sleep, disturbances, fluid retention, bloating, heart, palpitations, joint aches, and pains, headaches and migraine, brain fog, food, cravings, breast swelling and pain/tenderness, and skin breakouts/acne. To qualify as PMS, symptoms will occur during the 7 to 10 days before your period and then disappear during or shortly after your bleed.

If your symptoms are a temporary worsening of symptoms you already tend to experience, then it's not PMS but... the PMS is magnifying the issue. This is sometimes called "premenstrual magnification".

Premenstrual magnification is different from premenstrual syndrome, in that your best strategy is to treat your underlying condition. That way you will not be aggravating the symptoms by the natural shift to inflammation that occurs at the end of your luteal phase.



What causes PMS?

Your hormones themselves are not to blame for PMS. Neither estrogen nor progesterone is inherently the problem. But their levels can definitely influence the severity of your symptoms. There is a huge aspect of PMS that is influenced by nutrition and lifestyle choices, and inflammation.

During your cycle, estrogen rises. Some estrogen is great, but too much estrogen is overstimulating and highly problematic. It can increase systemic inflammation, cause breast swelling and pain, increase histamine, fluid retention, irritability, mood disorders, headaches, and migraines. The higher, your estrogen, the further your fall when estrogen drops before your period.

To offset this increasing estrogen, progesterone should be coming to your rescue. If you can make enough progesterone, it will soothe you and shelter you from the ups and downs of estrogen.

Progesterone is made during your cycle at ovulation from the corpus luteum. If you don't ovulate, you will not make progesterone. So then you will have a continuing rise in estrogen and all of its negative effects, and no progesterone to oppose it. Even if you do ovulate and make progesterone, then there is the consideration of; if you are making enough progesterone, if your progesterone is being utilized for other demands in the body, or if you have altered sensitivity to progesterone.

Progesterone is our safest hormone. It is the hormone of youth, fertility, and vitality. It is our calming hormone that supports our central nervous system and sleep quality. It also helps us to manage and regulate the symptoms of PMS.

So basically you need progesterone to help off set the negative effects of estrogen and manage PMS. And if you don't make enough progesterone yourself, you will need to supplement with it.

A bit on PMDD.

PMDD, which is premenstrual dysphoric disorder is a condition of severe premenstrual depression, irritability or anxiety, and it affects about 1 in 20 women. The cells of women with premenstrual dysphoric disorder, respond differently to hormones compared to women without condition. People with PMDD are a prime candidate for progesterone therapy.



In general, if you are suffering with PMS or PMDD you can support your body and cultivate hormonal resilience with;

- Bioidentical progesterone therapy
- GABA
- Stabilize, metabolize and detoxify estrogen properly
- Reduce inflammation to calm your hormone and neurotransmitter receptors

Note; hormonal birth control can also cause symptoms, but they are drug side effects not PMS.

The role of inflammation in PMS.

Inflammatory cytokines put you at greater risk of PMS. Inflammation impairs both the manufacturer of progesterone and responsiveness of progesterone receptors, so you end up needing more progesterone just to be able to feel it's soothing effects. Inflammation also down regulates GABA receptors, which further impairs your response to progesterone and worsens PMS. Inflammation interferes with estrogen detoxification and hyper sensitizes you to estrogen. And lastly inflammation increases estrogen production, which further exacerbates all the issues.

Some of my top tips to reduce inflammation;

- Prioritize sleep. Aim for 8 to 9 hours of sleep at night.
- Use bioidentical progesterone
- Thyroid therapy
- Pure krill oil (2000-4000mg a day)
- High dose vitamin d (the research shows vitamin D's anti-inflammatory doses are at 10,000iU + per day)
- Magnesium (300-500mg per day)
- Iodine
- Molecular hydrogen
- Avoid inflammatory foods (especially polyunsaturated fats - vegetable oils, fried foods and "greasy foods")
- Avoid high Histamine foods
- Reduce alcohol (alcohol has been show to effect the livers ability to detoxify estrogen)
- Reduce stress (I know - easier said than done!)



Supplements and herbal medicine that help with PMS;

- Bioidentical progesterone
- Vitex or Chasteberry
- Antihistamines (OTC and more natural antihistamines like vitamin C and Quercetin)
- Magnesium
- Zinc
- Vitamin B6 (select p5p form)
- Selenium (is a key nutrient for progesterone)
- Iodine (is needed for ovulation and is the best treatment for breast pain)
- SAM-e
- Calcium d-glucarate
- St. John's worth
- Rhodiola
- Reishi
- Holy basil or Tulsi
- Melatonin (outperformed conventional migraine medication in one clinical trial PMID: 27165014)
- Royal Jelly and evening primrose oil may be helpful for some older women

Checklist to manage and reduce PMS;

- ☐ Prioritize sleep
- ☐ Manage inflammation
- ☐ Maintain good nutrition
- ☐ Prioritize protein (the research shows that a protein deficient diet impairs the liver's ability to detoxify estrogen)
- ☐ Reduce alcohol and inflammatory foods
- ☐ Avoid high Histamine foods
- ☐ Manage stress
- ☐ Support detoxification pathways
- ☐ Utilize some of the recommended supplements and herbs above

With the help of the treatments above, your PMS should improve pretty fast, reach out to me if you need specific direction. Every once in a while, your PMS will return. It's not because the treatment has stopped working, but because something else has changed with you and your environment. If anything will influence your hormones and PMS it will be stress.

Remember your period is the best indicator of your health. And your PMS helps to shine a light on what's happening there.

Chemaine xo

