

# OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Michiel Rorick

## Drug-Free PMS Relief

*Premenstrual syndrome (PMS) is a hormonal imbalance that affects more than half of the female population who are having menstrual periods. The symptoms of this disorder include mood swings, headaches, fatigue, cravings for certain foods, water retention and menstrual cramps.*

*PMS can significantly affect a woman's ability to perform daily activities. But women don't have to suffer through these often debilitating symptoms, and they don't have to resort to drugs with potentially harmful side effects. Dr. Rorick wants you to know that there are effective, all-natural solutions for PMS.*



In fact, a 2003 study in the *American Journal of Obstetrics and Gynecology* that looked at complementary and alternative medicine (CAM) approaches to premenstrual syndrome and a severe form of PMS called premenstrual dysphoric disorder (PMDD) found that for “therapies, including certain herbal and nutritional approaches, the use of exercise, and the use of mind-body approaches, there is substantial evidence of efficacy.” (*Am J Obstet Gynecol* 2003;188:S56-65.)

Read on for information on just a few of the alternative, drug-free approaches to alleviating PMS that Dr. Rorick often recommends.

### Chiropractic Care for PMS

Each year, more women turn to chiropractic for PMS relief. Why? Studies reveal that chiropractic care may alle-

viate this painful condition. Specifically, chiropractors correct dysfunctional areas in the spine (**vertebral subluxations**) through highly specialized and gentle maneuvers (**chiropractic adjustments**).

How are vertebral subluxations linked to menstrual pain? Research demonstrates that PMS sufferers are more likely to have spinal dysfunction than their PMS-free peers.

In one report, 54 subjects with PMS and 30 volunteers without PMS underwent a chiropractic examination. The chiropractors performing the assessment found that “a relatively high incidence of spinal dysfunction exists in PMS sufferers, compared with a comparable group of non-PMS sufferers.” Specifically, the PMS group had more tenderness in the neck and low-back regions, low-back muscle weakness and neck disability — compared with PMS-free subjects.

“This is suggestive that spinal dysfunction could be a causative factor in PMS and that chiropractic manipulative therapy may offer an alternative therapeutic approach for PMS sufferers,” concluded investigators (*J Manipulative Physiol Ther* 1999;22:216).

In another study, investigators divided 25 women with PMS into two groups.

They then administered spinal adjustments plus soft-tissue therapy to 16 of the subjects two to three times during the week before menses. The remaining nine volunteers received a placebo treatment. After three months of therapy, the chiropractic cohort enjoyed a significant drop in PMS symptoms, compared with the placebo group.

Researchers concluded that “within the limitations of the study, the results support the hypothesis that the symptoms associated with PMS can generally be reduced by chiropractic treatment consisting of adjustments and soft-tissue therapy.” (*J Manipulative Physiol Ther* 1999;22:582-5.)

### Additional Alternative Therapies for PMS

If you suffer from PMS, in addition to correcting vertebral subluxations, the doctor will discuss other alternative therapies that may provide additional relief from PMS symptoms.

### Supplements

Several dietary supplements have shown promise in easing premenstrual syndrome. Below are a couple examples the doctor may recommend, depending on your specific situation. Remember: Always speak with your doctor of chiropractic before adding any supplements to your diet.

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### *Calcium/Magnesium*

Scientific studies suggest that blood calcium and vitamin D levels are lower in women with PMS — and that calcium supplementation may reduce symptoms.

A recent analysis looked at 1,057 women with PMS and 1,968 PMS-free women. Subjects with the greatest intake of calcium from food sources had the fewest PMS symptoms (*Arch Intern Med* 2005;165:1246-52).

Another recent double-blind, placebo-controlled investigation of 466 women with PMS reported that calcium was effective in reducing emotional, behavioral and physical premenstrual symptoms (*J Clin Psychiatry* 2000;12:22-7).

Many experts recommend always taking calcium with magnesium, as they require each other to work optimally. And magnesium has also been proven to fight PMS. In fact, one 2007 study concluded that “modified-release magnesium was effective in reducing premenstrual symptoms in women with PMS in this preliminary study.” (*Clin Drug Investig* 2007;27:51-8.)

### *Chaste Tree*

Chaste tree (also known as Vitex, Vitex agnus castus, Agnus castus, chaste tree, or monk’s pepper) is a plant found in Asia and Mediterranean countries. The dried fruit of the plant is used medicinally.

A recent article published in the journal *Phytomedicine* states that “Double-blind placebo-controlled studies indicate that one of the most common premenstrual symptoms, i.e. premenstrual mastodynia (mastalgia) [breast pain] is beneficially influenced by an AC [vitex agnus castus] extract.” (*Phytomedicine* 2003;10:348.)

Another study published in *BMJ* (*British Medical Journal*) looked at 170 women. Researchers gave the women agnus castus (one dry extract tablet) daily or a placebo for three consecutive menstrual cycles. The women given the extract showed greater improvement in symptoms compared to the control group.

The researchers concluded: “Dry extract of agnus castus fruit is an effective and well tolerated treatment for the relief of symptoms of the premenstrual syndrome.” (*BMJ* 2001;322:134-7.)

### **Massage**

One recent study in the *Journal of Psychosomatic Obstetrics and Gynaecology* found that massage therapy may be effective in alleviating premenstrual symptoms.

The study looked at 24 women with a severe form of PMS known as premenstrual dysphoric disorder (PMDD). Researchers assigned the women to a massage therapy or a relaxation therapy group. “The massage group showed decreases in anxiety, depressed mood and pain immediately after the first and last massage sessions. The longer term (five week) effects of massage therapy included a reduction in pain and water retention and overall menstrual distress.” (*J Psychosom Obstet Gynaecol* 2000;21:9-15.)

### **Meditation**

A 2006 literature review in the *Journal of Alternative and Complementary Medicine* found that meditation lessens symptoms of premenstrual syndrome. After reviewing 82 studies regarding meditation’s influence on various disorders, the researchers concluded that “the strongest evidence for efficacy was found for epilepsy, symptoms of the premenstrual syndrome and menopausal symptoms (*J Altern Complement Med* 2006;12:817-32).

### **Acupuncture**

Acupuncture may also provide relief for PMS sufferers. A 2002 report in the journal *Archives of Gynecology and Obstetrics* compared two groups of women — one that received acupuncture for PMS symptoms and one that received placebo treatment. “The success rate of AP [acupuncture] in treating PMS symptoms was 77.8%, whereas it was 5.9% in the placebo group.” The researchers concluded: “The initial positive results of PMS symptoms with a holistic approach are encouraging and AP should be suggested to the patients as a method of

treatment.” (*Arch Gynecol Obstet* 2002;267:23-6.)

### **Avoiding Alcohol and Smoke**

A wealth of research illustrates that diet and lifestyle factors contribute to the severity of premenstrual symptoms. Now a new 2007 study adds to this mounting evidence. The study, which comprised 3,302 women, concluded that “alcohol intake was positively associated with premenstrual anxiety and mood changes, and active and passive smoke exposure was associated with a number of [premenstrual symptoms].” (*J Womens Health (Larchmt)* 2007;16:641-56.)

### **Stress Management**

Finally, learning to better manage stress may quell PMS symptoms. Several studies have linked stress and premenstrual syndrome. For instance, a 2004 analysis that included 6,026 women found that “premenstrual symptoms were reported by nearly 2 of every 3 reproductive age women.” The study also found that “The greatest risk factor [for premenstrual symptoms] was a high level of job stress, with an almost 3-fold increase in risk relative to those without symptoms.” (*J Womens Health (Larchmt)* 2004;13:812-21.)

Another 2004 study that looked at 114 females aged 18 to 33 years found that “women with high PMS had significantly more stress ... than women with low PMS.” (*Women Health* 2004;39:35-44.)

Winning stress-management approaches include T’ai Chi, yoga, meditation, prayer, cognitive therapy, exercise and an array of other techniques. Ask the doctor for specific recommendations geared to fit your particular situation.

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