

The Causes of Pain Relating to PMS

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Premenstrual Syndrome is a pain (either moderate or severe) that two thirds of women suffer from. The exact cause of this pain is unknown. More specifically pre-menstrual syndrome refers to a range of physical and psychological symptoms linked to monthly hormonal changes. This occurs a few days or week before menstruation and one or two days of menstrual as well [1]. The exact cause of PMS is not known, but genetic factors could be a cause. Researchers have found that the central nervous system is effect by sex hormones and that this is linked with serotonin. "Low levels of serotonin (an important chemical produced by the brain) may in fact be the major cause of PMS. Serotonin helps to regulate sleep and carbohydrate metabolism and influences the regulation of estrogen and progesterone [2]." The low levels of serotonin can cause an increase in appetite for sweet foods, chocolate and carbohydrates. It also results in a shortened temper, insomnia, mood swings, exhaustion, and fatigue. Constipation is a cause of increased pain resulting from PMS. The sex hormone increases constipation. Low levels of calcium and vitamin D in ones nutrition increase the risk of PMS. A Vitamin B6 deficiency will also cause PMS depression. Energy level disturbances may be cause by stimulants such as caffeinated beverages, drugs, and alcohol. "Smoking during adolescence and young adulthood were also associated with a higher risk of PMS. Smoking especially in adolescence and young adulthood, may increase risk of moderate to severe PMS [3]." Stress affects the immune system, increasing PMS. The "College of medicine in Houston found that women with PMS had significantly lower levels of zinc in their blood during the Luteal phase of the menstrual cycle. A zinc deficiency might result in decreased secretions of progesterone and endorphins [4]." On average almost 80% of all women suffer from abdominal cramps, pelvic pain, back pain, headache vomiting or nausea beginning in menarche, and ending in post menopause [5].

The most common symptoms of PMS include:

1. Mood swings
2. Anxiety and stress

3. Irritability
4. Dizziness
5. Breast tenderness and swelling
6. Acne
7. Abdominal Bloating
8. Tiredness/ fatigue
9. Sex drive changes, loss of sex drive or disinterest in sex
10. Lack of control or impulsivity
11. Feel temporarily antisocial, avoiding friends and rejecting invitations
12. Low self-esteem, tend to have negative, sad thoughts
13. Stiff neck
14. Headaches/migraines
15. Depression
16. Crying spells
17. Sadness, feelings of "fogginess"
18. Difficulty concentrating
19. Indecisiveness
20. Forgetfulness
21. Weight gain from water retention
22. Appetite changes and food cravings for carbohydrates
23. Insomnia or difficulty in falling asleep
24. Muscular or joint pain
25. Unable to concentrate
26. Mild fever
27. Social withdraw
28. Allergic and infection problem may worse
29. Irregular heartbeats, palpitations
30. Chest pains
31. Swelling of ankles, feet, and hands

32. Backache
33. Abdominal pain
34. Recurrent cold sores
35. Nausea
36. Constipation or diarrhea
37. Decreased coordination
38. Less tolerance for noises and lights
39. Painful menstruation
40. Confusion
41. Poor judgement
42. Hostility, or aggressive behaviour
43. Increased guilty feelings
44. Slow, sluggish or lethargic movement
45. Decreased self-image
46. Paranoia or increased fears
47. Low self-esteem

Case Study

A 32 year old woman had been referred to me by another doctor. Her height was 167 cm, and she weighed 42 Kg. Her blood pressure was 90/76. Her occupation was a high school teacher.

Subjective

She stated that she suffered from severe pain in her pelvic, back and abdomen three to four days before her period every month. She could not tolerate this pain, and her pain medication did not seem to help her either. Her pain also caused her to get severe nausea and constipation. As a result of the pain she would also faint, at which point her family members would take her to the hospital. This would occur every month. While at the hospital she would be given IV and morphine. Her condition would improve after two to three days, and after about a week she would return home from the hospital. She continued to feel exhausted, and said that every afternoon she would get a headache. In addition, she also said that she was

short tempered, suffered from broken sleep and a loss of appetite. As a result of the later she would only drink coffee for breakfast, have a few salty crackers for lunch and eat a few spoons of food for supper. She said that she had multiple cysts on the (left) side of her ovary.

Objective

The patient was:

- Pale in colour
- Very worried, and cried easily
- Not able to finish her sentences
- Very thin and weak
- Holding her left side (pelvic region) with her hand, and her body was in a bent position
- Deficient nutritionally

Findings in Iridology:

- Severe radii solaris
- No ANW
- Intestine wall was thick and black
- Low iron
- Many tension rings
- Left eye open lacuna in ovary
- Central toxaemia

Findings in Sclera:

- Advanced red line present in both eyes between from the colon area until the iris
- Advanced red line present after 5 O'clock in the left eye
- Congestion line present in the spleen area
- Stress line present in the kidney and adrenal

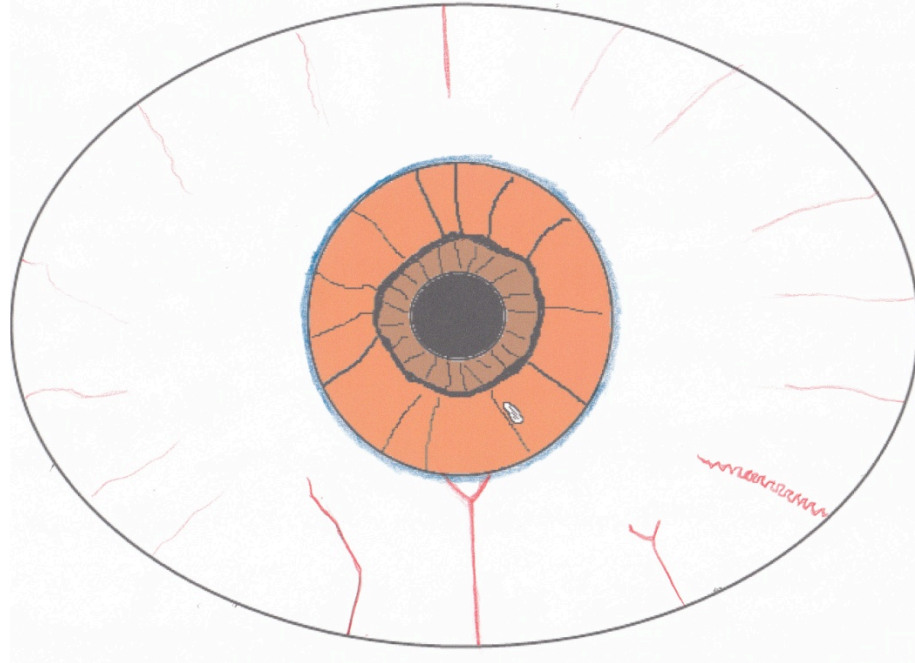


Fig. 1 Severe Constipation, Low Iron, Spleen Lymphatic Congestion, Central Toxaemia and Ovarian Cyst as seen in the left eye

Cause:

1. Severe constipation
2. Low hemoglobin
3. Nutrition deficiency
4. Severe stress (anxiety)
5. Sluggish circulation
6. Sluggish Lymph System
7. Hormone unbalance

It is recommended that:

- The patient should consume a high fibre diet rich in calcium, vitamin B zinc and vitamin D
- The patient should also be prescribed cleansing remedies for the liver and lymph systems as well as the remedy for iron and spleen
- A foot bath should also be used to increase circulation
- The constitution remedy (for nerve, stress, and hormone balance) should also be prescribed

- Regular work, good rest and three days of exercise with a duration of at least thirty minutes be undertaken by the patient
- The patient should eat three meals, and two snacks per day

Results

After a month of treatment the patient had daily bowel movements. Her back pain had improved. She reported that she regained her energy and the colour of her complexion was normal. She also did not complain about broken sleep any longer. The lacuna in her ovary had just one side. Stress lines could be seen in the colon but they were shorter than they were previously. The effect of the **Moschus** remedy was successful and she was able to have a period without pain. She went to work during her period and didn't report any problems.

Foods rich in minerals, and vitamins				
Calcium	Magnesium	Iron	Zinc	Vitamin B6

<ul style="list-style-type: none"> • Banana • Orange • Beans • Blueberries • Whole Wheat • Brussel Sprouts • Carrots • Cauliflower • Cheese (Cow, Goat, Swiss) • Cranberries • Cucumbers • Dandelion • Endive • Grapefruit • Honey • Pecans • Peas • Leeks • Lemons • Lettuce • Mangoes • Parsley • Peaches • Pineapple • Strawberries • Turnips • Watermelon 	<ul style="list-style-type: none"> • Almond Nut • Apples • Beans • Beets Greens • Blackberries • Blueberries • Celery • Chayote • Cherries • Chinese Cabbage • Coconuts • Dandelion • Figs • Grapes • Lemons • Oats • Orange • Papaya • Peas • Plums • Pomegranate • Potato • Prunes • Radishes • Squash • Walnuts 	<ul style="list-style-type: none"> • Apricots • Artichokes • Asparagus • Beans • Beets Greens • Blackberries • Casaba • Cherries • Chervil • Chicory • Chinese Cabbage • Cucumber • Egg • Lettuce • Parsley • Raspberries 	<ul style="list-style-type: none"> • Meats • Poultry • Vegetable • Dairy • Nuts • Beans • Peas • Lentils • Seafood • Egg • Rice 	<ul style="list-style-type: none"> • Beef • Lamb • Poultry • Fish • Whole grain cereals • Most vegetables
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Fig. 2 Foods that will improve nutritional deficiencies for PMS [6]

References

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