



# Pre-menstrual syndrome

Premenstrual syndrome (PMS), the bugbear of most modern women, is a catch-all term for the mixture of different physical and emotional symptoms that occur in the 10 days or so before menstruation. Physical symptoms include fluid retention, breast tenderness, headache and backache, and emotional symptoms include tension, fatigue, irritability and depression. It's often seen as the bane of women's lives, and affects more than 90 per cent of fertile women at some time or other. In some women the effects of PMS disrupt their social and work lives, but there are many natural ways to relieve the symptoms.

PMS, also called premenstrual tension (PMT), is a syndrome of oedema (which can cause temporary weight gain), nervous tension, headache, breast pain, dysphoria (depressive anguish) and some loss of coordination that occurs during the last few days of the menstrual cycle before the onset of menstruation. Some well-controlled successful clinical studies have shown that seven different non-orthodox therapeutic approaches can help alleviate PMS:

- **Reflexology** (in nine weekly treatments) has been shown to improve both physiological and emotional PMS symptoms when compared with sham reflexology treatments (*Obstet Gynaecol*, 1993; 82: 906-7).

- **Biofeedback** (in 12 weekly sessions of vaginal temperature feedback) has been reported to alleviate both somatic and psychological symptoms (*Int J Psychosom*, 1994; 41: 53-60).

- **Homoeopathy** was shown to be highly effective in controlling PMS symptoms. In a study that included 105 patients monitored for three months, symptom scores were significantly reduced in the homoeopathy group. The treatment group also reported lower use of analgesics and tranquillizers and considerably fewer work days lost than in the placebo group (*Proceedings Annual Conference: International Homoeopathic League, Budapest, Hungary, May 2000*).

- **Chiropractic manipulative therapy** (two to three times premenstrually for three months) reported superior results to sham chiropractic therapy in a well-controlled study that involved 25 patients (*J Manip Physiol Ther*, 1999; 22: 582-5).

- **Nutritional supplementation** with 1200 mg calcium per day for three months has been shown to be highly effective, compared to placebo for most PMS symptoms, according to an impressive trial in terms of size (466 patients) and its absolute rigor (*Am J Obstet Gynaecol*, 1998; 179: 444-52). In my own practice I have found calcium supplementation to be more reliable than other supplements that have had less convincing, though successful, studies published. These include the standard anti-PMS nutrients, such as vitamin B6, magnesium or potassium.

- **Autogenic relaxation training**, carried out twice weekly for three months and aimed primarily at muscle relaxation, can alleviate physical symptoms of PMS. In a well-controlled trial autogenic training worked better than the control interventions, in which women were simply told to chart symptoms. For those women with severe symptoms, improvements in their emotional mood swings were also reported (*Obstet Gynaecol*, 1990; 75: 649-55).

- **Herbal medicine:** 80 mg of Ginkgo biloba extract twice daily can be beneficial in the treatment of PMS. In a double-blind, placebo-controlled, trial, 165 women between the ages of 18 and 45 years were selected who experienced congestive symptoms of PMS. These symptoms—consisted of oedema (water retention) of the extremities, pain in the breasts and abdominal and pelvic distension plus such emotional problems as irritability and aggression—were present in all the patients during seven days of the cycle.

Treatment with Ginkgo biloba extract or placebo was administered to the women for two menstrual cycles, and initiated from day 16 of the first cycle until day five of the next. A significant difference was found in the Ginkgo group in terms of alleviating or completely ameliorating symptoms, compared with the placebo group.

The best results occurred with breast tenderness and pain and water retention in the extremities. Those in the treatment group also reported significant improvements in their bad moods and aggression.

Ginkgo also proved to be easy to take. Those given the Ginkgo were mostly able to tolerate the herb without side effects (*Rev Fr Gynecol Obstet*, 1993; 88: 447-57).

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## The herbal standby

An extract of *Vitex agnus castus* fruit, also known as chasteberry, can reduce the symptoms associated with premenstrual syndrome (PMS) by at least 50 per cent, according to one study.

Researchers studied 170 women who took 20 mg daily of *V. agnus castus* in tablet form for three consecutive menstrual cycles, and compared them with a group taking a placebo. In the herbal group, five of six common symptoms—irritability, mood alteration, anger, headache and breast fullness—improved significantly. Bloating was unaffected by the treatment.

At least a 50 per cent reduction in symptoms was reported by 52 per cent of the treated women, compared with 24 per cent with the placebo (*BMJ*, 2001; 322: 134-7).