

YOU TELL THEM: IT'S IN THEIR HEAD

DR. JAMES SCALA, Ph.D.

PMS Premenstrual Syndrome

NAN'S STORY

"Hell came once a month," she said. Nan is a young woman under 30, with a great job, who lived with a common disorder that has no known cause and certainly no accepted cure. The disorder is called premenstrual syndrome (PMS).

"I call it 'hell' because I felt terrible, and I made sure everyone else around me felt terrible, as well." Nan explained exactly how she felt every month when she had PMS.

She would experience a dull ache in her abdomen about three days before her period. As the day approached, she would feel crampy, bloated, and sick. Although she often didn't realize it, she would be aggressively irritable and abrupt with family, friends, and co-workers. Invariably, Nan would miss at least one day of work each month. If she didn't miss work, it was because the "sick day" was on a Saturday, Sunday, or holiday.

"I would go to the doctor about it several times each year," she laughed. Nan tried all sorts of things recommended for PMS ranging from simple aspirin, stronger analgesics, and some steroid therapy, to PMS tea she bought in a health-food store, special herbs, and so on. Some relief would come, but things would get out of synchrony. Nan explains it well: "I'd feel terrible, call the doctor, and get to see her the next day. By then I'd feel miserable, so the doctor would try things to relieve the symptoms, but they never eliminated the disorder. They would usually work to some degree, but only to ease the symptoms."

Sometimes her PMS would skip a month or two, or it wouldn't be as bad, so Nan would escape the ordeal temporarily. But then it would return. After awhile you get desperate, and so do the people you live and work with. "Believe me, it was a dreaded part of the month and I just wished it would go away. After awhile I would warn my family and friends that it was that time of the month, so it was best to just avoid me. They didn't have to be told twice."

"Diuretics seemed to help if I started taking them about a week before my period." The diuretic her doctor prescribed kept her fluid retention down, so the bloating was milder and somewhat of a relief. But it didn't seem to stop the anxiety, irritability, and malaise that came.

JEAN'S STORY

Jean is a mother of two boys, now aged 23 and 21. That makes them men, but to her they'll always be boys. Jean had PMS since she can remember. When she was 17 her PMS was so bad that she tore a bed sheet lengthwise down the middle, while laying in bed trying to get past the cramps. You can imagine the intensity of the pain she must have experienced, as it's not easy to tear a bed sheet unless it's very old.

"My doctor thought the PMS would clear after my first child was born. It did until about six months after I stopped nursing," she said and continued. "It wasn't as bad after that, but I would still get it and everyone around me got it as well."

After her second son was born, Jean figured her PMS would finally go. Once again, she started getting PMS a few months after she stopped nursing. So much for her doctor's theory that childbirth was some kind of great equalizer. Jean had become convinced that she'd be dogged by PMS until menopause. And if her luck with childbirth was any indicator, she was wary of that as well. Besides, she had heard that after menopause, doctors prescribed steroids to avoid getting osteoporosis later in life. After all she had been through, she decided osteoporosis would be better than PMS.

NAN AND JEAN TRY REMEDIES

Both these women, though far apart in years, had tried the same things for their problem. They had never met each other; they had just read the same articles in newspapers and magazines, and the same books on the subject. Both women had tried taking B6, magnesium, and even black cohosh, an herb that looks, smells, and tastes gross. They would often believe they were onto something that worked, but success would vanish like the morning mist.

Like many other women, they independently tried a special diet for the problem. They felt better. It was a good diet and they lost a little weight, even if they didn't need to lose any. Many times they heaved a sigh of relief, thinking their life-long problem was solved. Not so. The curse of the devil always returned.

Jean even found an exercise group for women who had menstrual problems. She felt better about herself for exercising and was convinced it helped. Both women exercise regularly today. However, at that time, they usually had to skip a few days of exercise during that time of the month.

NUTRITION

Independently, each woman came to use Shaklee products. Jean went to a nutrition seminar with a friend and Nan heard about it from a girl at work. They both went on a full nutrition program that included protein, Vita-Lea, B-Complex, vitamin E, calcium-magnesium, Herb-Lax, and other supplements.

After several months of freedom from PMS, they were both stuck in a dilemma. Was it one product or several products that were making the difference? They experimented by eliminating various products, with the exception of Vita-Lea.

Several products seemed to have a definite influence on them, but two seemed to be outstanding: B-Complex and vitamin E, which they took in addition to Vita-Lea. They know that if they eliminate either one for a month, the PMS returns. Even though they take the products, they both seem to get some symptoms every month.

Since Nan and Jean started using Shaklee products, some new products have appeared: beta carotene and EPA. Now they use both of these products regularly. However, both women insist that vitamin E and B-Complex are their standbys.

Over the years these women have learned that Herb-Lax and Fiber Blend help relieve the bloating, and they've tried alfalfa with success. However, they both keep referring back to their old standbys.

WHAT GOES ON HERE?

PMS is one of the most elusive of all human ailments. It comes and goes each month or so. You'd think that medicine would be able to conquer it. But unfortunately, it's not so easy.

Much of PMS is subjective, so you have to find women who have the problem, get them to follow a regimen or take a drug regularly for several months, at least, and then crossover to placebo pills or regimen. It's not very easy, considering they also have to hold jobs, go to school, or raise kids during that time. After all, it's not an illness that confines them to a hospital. In spite of the above difficulties, research has produced some consistent results.

While attending an American College of Nutrition meeting in 1988, I became interested in PMS. A paper was presented, in which the researchers showed that vitamin E had a positive influence on PMS. I've been following this research ever since and have looked into past research.

Four nutrients seem to consistently produce positive results: the B-Complex of vitamins, vitamin E, gamma linolenic acid (GLA), and calcium. GLA is usually obtained from evening primrose oil or black-currant seed oil, although there are other sources. A recent study showed that calcium produced positive results at about 1,300-milligrams daily.

Results are never clear. Some trials produce positive results and all produce mixed results. But the trend for the above four nutrients have a consistently positive direction.

Regular exercise and good diet also helps. This suggests that other factors go awry that exaggerate the PMS. Surely these other factors include swings in blood sugar, fluid retention, and constipation. Lack of regularity, usually constipation, seems to exaggerate any health problem.

My conclusions are that diet, supplements, and exercise are critical to keeping PMS symptoms to a minimum. Diet should emphasize "high" fiber, complex carbohydrates, moderate stimulants, and no high-sugar snacks.

Supplements should be based around Vita-Lea, B-Complex, vitamin E, and calcium-magnesium. Gamma linolenic acid (GLA) should also be a serious consideration. Fiber and Herb-Lax for occasional irregularity seem correct, as well.

You will hear that other supplements help or are essential. I'm sure they do help, and for some people are essential. For example, virtually everyone I know derives some benefit from protein and vitamin C. However, I'm not sure that any additional supplements will specifically help relieve PMS.

ABOUT THE AUTHOR

James Scala was educated at Columbia (B.A.), Cornell (Ph.D.), and Harvard (Post-doctoral studies) Universities.

He has spent his career in research, research management, and teaching. His accomplishments include over fifty published papers on research in nutrition, biochemistry, and biology. His teaching includes courses for undergraduate, graduate, medical, and dental school students.

As a research manager, Dr. Scala held positions at Procter and Gamble, Owens-Illinois, Unilever, General Foods, and was the Senior Vice-President of Scientific Affairs for the Shaklee Corporation. He now devotes his energies to writing and speaking for the general public.

Dr. Scala lives with his wife Nancy in Lafayette, California. For recreation, they sail the ketch La Scala from its home port on San Francisco Bay.