## TYPES OF DYSMENORRHEA [Pichford]

- ☐ **Hot/Excess—Heat**: early, heavy bright red or dark red flow, dark & scanty urine, red or yellow tongue with coating, thirst, constipation, and aversion to heat.
- ☐ **Excess**: sluggish flow with dark purple clots, bluish thickly-coated tongue, painful & swollen breasts.
- ☐ **Cold/Deficient**-- **Cold:** stagnant blood, scanty-purplish flow, cramps responsive to warmth, frequent urination.
- ☐ **Deficiency**: pallor, scanty flow, weakness, pale uncoated tongue, loose stools.

## TYPES OF HORMONAL IMBALANCE

http://www.menstruation.com.au/periodpages/pmstypes.html

- ☐ **TYPE A** (high estrogen: low progesterone)--Nervous tension, weepiness, anxiety, mood swings and irritability. Periods start suddenly and are heavy with clots. **Intervention**: Vitamin E.
- ☐ **TYPE B** (high progesterone: estrogen)--Stress is the main factor: mood changes, irritable, more depression than aggression, weight gain, swelling of hands & feet and breast tenderness. **Intervention**: Decrease table salt intake and replace with sea salt (minerals). Use a natural diuretic such as cypress, celery or juniper. Drinking more water will actually flush your system. Your organs of elimination including your kidneys work better when the fluid intake is high.
- ☐ **TYPE C** (fluctuations in blood sugar levels)--headache, fatigue, moodiness and irritability. **Intervention**: Magnesium [and chromium] assists in insulin metabolism. Eat smaller frequent meals. Include complex carbohydrate and quality proteins. Avoid sugar and refined foods.
- ☐ **TYPE D** (low estrogen: high progesterone)--depression, forgetfulness, insomnia, confusion, and tearfulness. **Intervention**: Kelp, spirulina and potassium oxide. Eat simple foods that are easily digested.
- ☐ **TYPE H** (water retention) -- bloating, breast tenderness, swollen hands & feet. **Intervention**: Decrease sodium and alcohol intake.

## TYPE OF PMS [Dr Jeffery Bland PhD, Bastyr College]

- ☐ **PMS P/ Pain** [effects 65-75% of sufferers]- cramping, breast tenderness. **Nutrients**: B6, magnesium, decrease salt intake.
- ☐ **PMS H/ Headache** [effects 50% of sufferers] --water retention, ABD bloating, peripheral edema. **Nutrients**: B6 & E, stress reduction, exercise, decreased refined sugar, fat & salt.
- ☐ **PMS C/ Cravings** [effects 25% of sufferers] --for sweets, headache, dizziness, fainting. **Nutrients**: zinc, chromium, GLA.
- ☐ **PMS D/ Depression** [effects < 25% of sufferers] --confusion, insomnia, suicidal thoughts. **Nutrients**: GLA, calcium, magnesium. Avoid foods containing tyramine (such as cheese) and *DO NOT SUPPLEMENT WITH B6, which aggravates Type* D.

## Dr. John R. Lee Hormone Balance Test

**SYMPTOM GROUP 1**
- ☐ PMS
- ☐ Insomnia
- ☐ Early Miscarriage
- ☐ Painful and/or lumpy breasts
- ☐ Unexplained weight gain
- ☐ Cyclical headaches
- ☐ Anxiety
- ☐ Infertility

**SYMPTOM GROUP 2**
- ☐ Vaginal dryness
- ☐ Night sweats
- ☐ Painful intercourse
- ☐ Memory problems
- ☐ Bladder Infections
- ☐ Lethargic depression
- ☐ Hot flashes

**SYMPTOM GROUP 3**
- ☐ Puffiness & bloating
- ☐ Cervical Dysplasia {abnormal pap}
- ☐ Rapid weight gain
- ☐ Breast tenderness
- ☐ Mood swings
- ☐ Heavy bleeding
- ☐ Anxious depression
- ☐ Migraine headaches
- ☐ Insomnia
- ☐ Foggy thinking
- ☐ Red flush on face
- ☐ Gallbladder problems
- ☐ Weepiness

**SYMPTOM GROUP 4**
- ☐ If you have a combination of symptoms from groups 1 & 3, ie if you have checked 2 or more boxes in each of these two groups you may belong to symptom group 4

**SYMPTOM GROUP 5**
- ☐ Acne
- ☐ Polycystic ovary syndrome
- ☐ Excessive hair on face & arms
- ☐ Hypoglycemia and/or unstable blood sugar
- ☐ Thinning hair on head
- ☐ Infertility
- ☐ Ovarian cysts
- ☐ Midcycle pain

**SYMPTOM GROUP 6**
- ☐ Debilitating fatigue
- ☐ Unstable blood sugar
- ☐ Foggy thinking
- ☐ Low blood sugar
- ☐ Thin and/or dry skin
- ☐ Intolerance to exercise
- ☐ Brown spots on face

*If you have checked two or more symptoms from one or more groups, read the following to find out what kind of hormonal imbalances you may have.*

**SYMPTOM GROUP 1**
**Progesterone Deficiency**. This is the most common hormone imbalance among women of all ages. You may need to change your diet, eliminate synthetic hormones {including birth control pills} and begin to use progesterone cream.

**SYMPTOM GROUP 2**
**Estrogen Deficiency**. This hormone imbalance is most common in menopausal women, especially if you're petite and/or slim. You may need to make some special changes to your diet and take some women's herbs.

**SYMPTOM GROUP 3**
**Excess Estrogen**. In women this problem is most often solved by getting off the conventional synthetic hormones most often prescribed by doctors for menopausal women. Adding progesterone often helps relieve symptoms and balance hormones.

**SYMPTOM GROUP 4**
**Estrogen Dominance** [relative estrogen excess]. This is caused when you don't have enough progesterone to balance the effects of estrogen. Thus, you may have low estrogen, but if you have even lower progesterone, you can have symptoms of estrogen dominance. You may want to try using some natural progesterone cream.

**SYMPTOM GROUP 5**
**Excess Androgens [**male hormone]. This is most often caused by too much sugar and simple carbohydrates in the diet, and can often be dealt with by simple dietary changes.

**SYMPTOM GROUP 6**
**Cortisol Deficiency**. This is caused by tired adrenals, which are usually caused by chronic stress. If you are trying to juggle a job and family, chances are good you have tired adrenals. Please read either "What Your Doctor May Not Tell You About Menopause" or "What Your Doctor May Not Tell You About Premenopause" books for detailed recommendations on restoring adrenals. [Many nutritionals can help with tired adrenals.]

**ESTROGENS-**

☐ High estrogen/ Estridiol can be due to:
- endogenous estrogen production by ovaries, adrenals
- obesity causes excessive aromatization/ conversion from adrogens/ testosterone or DHEAs into estrogen in adipose tissue
- over supplementation with ERT/HRT
- Slow clearance of ERT/HRT
- xenoestrogen exposure [pesticides, synthetic aromas, plastics]

☐ Progesterone deficiency causes relative estrogen excess. Progesterone balances the effects of estrogen. When progesterone levels are low there is what is called *Un-Opposed Estrogen*. Signs of High Estrogen: craving sweats, anxiety, irritability, bloating, water retention, breast tenderness and headaches (not unlike PMS headache)

☐ Benefits of ERT/HRT: relieves depression, anxiety, myalgia, sleep disturbances, vaginal dryness

☐ Adverse reactions to ERT/HRT: nausea, vomiting, headache, dizziness, irritability, depression, , fluid retention, breast tenderness, weight gain

Treatment:

1. Use a natural progesterone cream if progesterone: estrogn imbalance is the problem. Vitex/mang jing zi herb, tincture or essential oil balance this type of hormone imbalance.
2. Ligans, fiber [especially from flax seed], cruciferous vegetable extracts & DIPP - help clear xenoestrogens.
3. Caution: natural estrogenics can also cause the same risk factors and side-effects as ERT/HRT. A Study of 16 thousand women, all over 50 yrs of age who were taking estrogen and progesterone replacement therapy for at least 5 years had increased risk of Nonfatal heart attacks, Thromboembolism, Stroke, Breast cancer, Dementia, 2-13X higher risk of endometrial cancer, decreased risk of colon cancer and bone fracture

**HIGH TESTOSTERONE**

Androgen helps maintain muscle mass & strength, given for estrogen deficiency?
S/S of Insulin Resistant PCOS: *high testosterone*, metabolic syndrome, obesity, excessive CHO, sedentary, smoking, stress/high cortisol, unbalanced HRT, genetics.
Metabolic syndrome is a risk during peri/ menopause

**HIGH DHEAs**

When it is converted to testosterone & dihydrotestosterone in the pilosebaceous glands s/s are: loss of scalp hair, increased body/ facial hair, acne
high w/ athletes, or adrenal adaptinogens which stim production of DHEA
10- 20 ng/ml Highest during teens to 20s drops steadily w/ age.
2-9 70-90 yrs
5-8 mid-life

**CORTISOL**

Fluctuates normally during the day; higest in am, lowest in pm.
Normal to low fluctuation indicates:

1. adrenal dysfunction/ dz addison's,
2. poor adrenal reserve d/t stress
3. precussor/ pregnenolone & progesterone deficiency
4. nutritional deficiency: vitamin c, B5, protein
   s/s: fatigue, allergies, immune dysfx, sleep distubance,

**PROSTIGALNDINS and dysmenorrhea**
Dysmenorrhea pain is caused by increased levels of uterine PgF2a & PgE2. IBP is best for PMS pain via uterine PgF2 more than PgE2 receptors. In general NSAIDS are best for pain d/t inflammation like secondary dysmenorrheal, ovarian cycts, drug of choice for HA

$PgE_2$ peripheral vasoconstriction *in* UB, intestinal, bronchial, utrine smm relaxation, S/E: Erythema, edema, pain/inflammation
$PgE_{2\ alpha}$ peripheral vasodilitation, uterine contraction
$PgE_{20}$ UB, uterine, intestinal, bronchial smm contraction

Type of PgE/prostigalndin made depends on
1. the tissue: PLTs vs uterine
2. type of COX present
   cox1 always available in PLTs, K, GIT [protects GIT]
   cox2 made in activated macrophages in response to injury

**NON OPOID ANALGESICS/ traditional & Synthetic NSAIDS**
They are not for svr visceral pain, has a CNS & PSNS action-best for pain d/t inflammation like secondary dysmenorrheal, drug of choice for HA

- **Salicylates** & aspartic acid: antipyretic, analgesic, antiinflammatory wintergreen & bengay, curry, licorice, prunes, raisins, tea
- **methyl salicylate** affects hypothalamus control of pain and Temp, bradykinins stim nerve pain receptors, medulla for NV
- **Aspirin**: cox I [thromboxane clotting] & II, Drug of choice for OA, spondylitis, gout
- **Non- Aspirin NSAIDS** are ace inhibitors DBP, increase clotting therefore are contraindicated for post-op pain x 10 to 14 days post-op CABG
- **Actetomenophen**
- **IBP**, antipyretic, analgesic, no mal-effect on ST and no affect on PLTs. CNS PgE therefore good for HA but not arthritis because it is **not anti-inflammatory**. Dose limit is 4000mg/d adult. 5 pediatric doses per day. Toxicity is asymptomatic x 24 hours then NV, flu-like s/s, LFs, bili and thrombin, AST/SGOT to 20,000. After 36 hours there is hepatic damage d/t metabolic acidosis, uses up bodies antioxidants. Antidote is mucomyst, which stimulates glutathione, which prevents damage, can work within 10 hours of ingestion.
- **Parenteral NSAID**= neoprofen [IBP], indocin Indomethacin for a patent ductus
- **COX I** [thromboxane clotting, asprin]
- **Selective COX II** no affect on PLTS. Increases Na & water retention for cardiovascular support, can exacerbate allergic reactions d/t riggers leukotriene pathways