

## **PMS: Please Make It Stop**

By Elaine Stillerman, LMT

The first time I menstruated my mother slapped me across the face.

"Whadya do that for?!" I demanded, rubbing my sore cheek.

"So the blood should never leave your face."

This and numerous other old wives' tales have plagued women throughout our unique reproductive lives. PMS, premenstrual syndrome, is another set of symptoms that had to struggle to gain respect and acceptance in the medical community. First described as a set of symptoms in 1931 by an American neurologist, women who exhibited irritability, headaches, bloating, tension etc., a week or two before their periods were considered mad or hysterical. At the very least, the syndrome was "all in our heads."

Then in 1953, Dr. Katharina Dalton, a very brave English doctor, and her colleague Dr. Raymond Greene coined the term PMS in a paper they published. She recognized that during her own (four) pregnancies her premenstrual-related headaches disappeared. She knew that high levels of progesterone during pregnancy contributed to her calmness and freedom from these crippling migraines. In her practice she had great success in treating women who displayed migraines, asthma, irritability and epilepsy with progesterone. She (rightfully) concluded that hormonal imbalances - and not madness - prior to menstruation were responsible for the wide variety of symptoms so many women suffered.

PMS is a disorder brought on by hormonal shifting that triggers mild to severe disruptive symptoms in almost 40 million (40 percent to 80 percent of menstruating) women. Almost 5 million require medication for intense mood and behavioral changes. Over 150 symptoms have been ascribed to PMS, with the most common being headaches and fatigue. The symptoms are often physical as well as emotional. Physical symptoms might include headache, migraine, fluid retention, fatigue, constipation, joint pain, backache,

abdominal cramping, breast swelling and soreness, food cravings, heart palpitations and weight gain. Emotional changes may include uncontrollable crying spells, depression, anxiety, panic attacks, tension, clumsiness, failure to concentrate and diminished libido.

Hormonal influences have not been examined until recently. Right after menstruation, estrogen levels start to rise and peak around mid-cycle, or ovulation. If a woman does not become pregnant, levels rapidly drop off only to slowly rise again just before her period. Estrogen holds fluid and with an increased level of estrogen, women tend to bloat. (I had one client who needed two sizes of clothes - one set for after her period and one set just before because she gained as much as 15 pounds of fluid.) Estrogen has a central neurological effect and can cause increased brain activity, including seizures. This hormone can also create a cycle of salt retention and drop in blood sugar. PMS and migraine sufferers benefit from a diet that restricts salt and sugar, and includes a mild diuretic to reduce the excess swelling.

As if PMS wasn't bad enough on its own, a more severe, disabling form of PMS is PMDD - premenstrual dysphoric disorder. Here, the emotional symptoms are depression, anxiety, tension, persistent anger and rage, and irritability. With PMDD, these symptoms often lead to intense problems with relationships and social functioning. Physically, PMDD is accompanied by headaches, joint and muscle pain, bloating and breast sensitivity. According to the American Psychiatric Association, PMDD is diagnosed if at least five of the usual symptoms are present two weeks before menstruation and are extinguished after the period starts. Antidepressants are used to treat PMDD.

What else can we do for our clients to minimize PMS? A general massage will alleviate joint and muscle pain, treat headaches and migraines, reduce swelling (using lymphatic drainage), and elevate her spirits. Other suggestions include

- Exercising regularly;
- Getting adequate sleep;
- Avoiding smoking or second hand smoke;
- Staying away from salty and sugary foods, caffeine and alcohol; and
- Taking enough vitamins and minerals, particularly 400 micrograms of folic acid, calcium supplements and vitamin B6.

PMS goes away with the onset of menopause. Oh great, something to look forward to...

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*Editor's note:* Elaine Stillerman recently signed on with Mosby Publishing to write *Prenatal Massage: A Textbook of Pregnancy, Labor and Postpartum Bodywork*. Elaine is also the developer of MotherMassage®: Massage During Pregnancy, a professional certification workshop, and author of *MotherMassage: A Handbook For Relieving the Discomforts of Pregnancy* and *The Encyclopedia of Bodywork*. Congratulations, Elaine!

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