

PMS / PMDD AND TWO THERAPEUTIC NUTRIENTS

Do you remember when there wasn't even a name for what we now know as

PMS? It wasn't that many years ago that doctors considered it to be all in a lady's head. Long before that, hysterical women were considered to have it all emanating from their uterus. The solution? Surgery to remove the uterus (and with it the hysteria), hence the hysterectomy. Half a million hysterectomies are still performed annually, most of them medically unnecessary.

Even twenty years ago, I do not recall that there was much serious discussion about PMS. A lot of angry ladies changed that. Now TV adds discuss PMDD (Premenstrual Dysphoric Disorder). What's a dysphoric? A person exhibiting dysphoria, of course. Now for the real answer: a person with anxiety, depression and restlessness. It is derived from the Greek word *dusphoros*, which (appropriately enough) means "hard to bear."

So now I've got dysphoria to read.(That was subtle, but did you get it? If you didn't, I'll get "datphoria" next time.) But seriously, folks:

Vitamin B-6

PMS/PMDD symptoms may indicate pyridoxine (vitamin B-6) deficiency, as they are greatly relieved by pyridoxine supplementation.

B-6 dosage to the tune of 500 milligrams (mg) daily is very safe. Probably tens of millions of women suffer PMS symptoms; only a very few cases of B - 6 overdose problems have been reported. Daily dosage over 2,000 mg has occasionally caused temporary neurological symptoms in some persons. But this only happens if pyridoxine is given alone, or way out of proportion to the other essential B-vitamins. Taking ALL the B vitamins together (as B-complex) is the safest and most effective therapeutic approach. (<http://doctoryourself.com/bvitamins.html>) When a balance is maintained, B-vitamin toxicity is virtually nonexistent. Is there a safe harbor? I think so. Use the entire B-complex, taken every two to three hours. Consider adding perhaps 50mg to 100 mg of pure pyridoxine to each dose if dysphoric symptoms are really awful.

You can get some (probably less than 5 mg) of B-6 from food, if you really like to eat whole grains, seeds and organ meats. A goodly slice of beef liver contains a whopping 1.22 mg of B-6. Other dead animals parts contain less (turkey and chicken breasts are pretty good, but chicken liver is only 0.6 mg per serving), while most other foods contain very little. Avocados (0.5 mg each) and bananas (0.7 mg each) lead the pyridoxine league for fruits. Potatoes (0.7 mg each) and nuts (especially filberts, peanuts and walnuts) are relatively good veggie sources.

The US RDA for B-6 is about 2 mg daily (and it is LOWER for women), and this is ridiculously inadequate. A strong case can be made for increasing this to at least 25 to 65 mg per day for people without PMS symptoms. But don't hold your breath for any raising of standards anytime soon. Consider that some research (the 1975 MRCA study, for starters) has shown that of children ages 2 through 12, 74% did not get the US RDA of B-6. Thats pretty terrible, but it is worse for adults 19 and over: 99% got less than the US RDA of B-6. Does THAT ever explain the PMS problem in the USA!

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Magnesium

(Thanks to Paul Mason at <http://www.mgwater.com> This site offers many complete papers by the worlds leading magnesium experts.)

Increasing dietary magnesium often decreases menstrual cramping as well as PMS. Calcium causes muscles to contract, while magnesium helps them to relax. Dietary calcium gives temporary relief of menstrual cramps. However, calcium also depletes the body of magnesium and ensures cramping will occur in the following month if magnesium is not replenished.

Magnesium is used by some doctors to treat mental stress. On the periodic chart, magnesium appears near lithium. Lithium is often used to treat stress and related disorders. Magnesium is needed to shift calcium into and out of cells. Cells require a small amount of calcium, however too much calcium is a problem. Magnesium serves to regulate essential cellular minerals.

If you do not suffer from kidney disease, consider taking an oral daily dietary magnesium supplement. For generally healthy people the only known side effect from taking too much magnesium is diarrhea. Your body continuously discards excess magnesium through urine and feces.

The U.S. Recommended Daily Allowance (RDA) for magnesium (Mg) is 350 mg (milligrams) per day for men and 280 mg/day for women. Most researchers studying hypomagnesemia (not enough Mg) are now convinced the RDA is insufficient to maintain an adequate amount of biologically available Mg for all body functions. Magnesium is necessary for normal functioning of over 300 enzymes that are present in your body. (Enzymes are chemical substances necessary for normal metabolism).

If you do not have enough available magnesium (magnesium deficiency), it slowly degrades your general health in a variety of ways. Magnesium deficiency is directly linked to heart disease. Moreover, because of the many ways your body employs magnesium, it plays a role in diabetes, cancer, stroke, osteoporosis, arthritis, asthma, kidney stones, migraine, leg and menstrual cramps, eclampsia, PMS, chronic fatigue syndrome, tetany, and a host of other problems.

Magnesium supplements are commonly available in 100 to 250 mg magnesium oxide (MgO) tablets or capsules. Its available without prescription at drug and health food stores everywhere. For women, try starting with 200 mg per day. Take the supplement with your largest meal. After 2 weeks increase your daily dose by a convenient increment, say, 100 or 125 mg. (Tablets are easily snapped in half). If frequent bowel movements or gas become a problem, reduce the amount and gradually increase again by spreading the dose over three meals.

Pre-menopausal women do not require as much Mg as men. 2.3 to 3.0 mg per pound of body weight per day is usually sufficient to maintain adequate magnesium in women. However, after menopause, women should increase the dose.

(From *THE ROLE OF MAGNESIUM IN THE PREVENTION OF CORONARY DISEASE AND OTHER DISORDERS* by Tom Miller. Edited and reprinted with permission.)

Also recommended:

Seelig, Mildred (1980) *Magnesium Deficiency In The Pathogenesis Of Disease*. (Plenum, NY) Among the best works on this important subject.

More Magnesium Means Better Health

(OMNS October 23, 2007) Over two-thirds of all Americans do not consume the recommended daily intake of magnesium. Even more alarming are data from a study showing that 19% of Americans do not consume even one-half of the government's recommended daily intake of magnesium. (1) It is therefore not surprising that disability and death from heart attack and stroke are the nation's leading killers. The National Institutes of Health says, "Magnesium is needed for more than 300 biochemical reactions in the body. It helps maintain normal muscle and nerve function, keeps heart rhythm steady, supports a healthy immune system, and keeps bones strong. Magnesium also helps regulate blood sugar levels, promotes normal blood pressure, and is known to be involved in energy metabolism and protein synthesis. There is an increased interest in the role of magnesium in preventing and managing disorders such as hypertension, cardiovascular disease, and diabetes." (2) Inadequate magnesium intake has also been associated with cancer, asthma, allergies, arthritis, osteoporosis, kidney stones, migraine headaches, menstrual cramps, PMS, tetany and cramps, and other conditions as well. (3) A list this long fully justifies increased concern about population-wide magnesium deficiency.

Foods high in magnesium include nuts, seeds, spinach, yogurt, wheat germ, and whole grains. Few Americans eat enough of these to ensure an adequate magnesium intake of 400 mg/day. Magnesium supplements are commonly available as inexpensive magnesium oxide in 100 or 250 mg tablets. For better absorption, physicians often prefer amino acid chelated magnesium tablets or magnesium citrate. Magnesium is available without prescription at discount and health food stores everywhere. People typically start supplementation with 200mg per day and may slowly increase to 600mg per day, taken in divided doses, some with each meal. (4,5) Persons with kidney failure should not take supplemental magnesium unless directed to by their physician. Otherwise, magnesium toxicity is extremely rare. There have been no deaths from dietary supplementation with magnesium. (6)

References:

- (1) King D, Mainous A 3rd, Geesey M, Woolson R. Dietary magnesium and C-reactive protein levels. *J Am Coll Nutr.* 2005 Jun 24(3):166-71.
- (2) <http://ods.od.nih.gov/factsheets/magnesium.asp>
- (3) <http://www.mgwater.com>
- (4) Miller T. The role of magnesium in the prevention of coronary disease and other disorders. <http://www.mgwater.com/tmiller.shtml>
- (5) Dean C. The magnesium miracle. <http://www.carolyndean.com>
- (6) <http://www.aapcc.org/annual.htm>