PRE-MENSTRUAL SYNDROME (PMS)

1. Pre-Disposing Factors and Clinical Indicators: Common serum changes include increased ALP, increased calcium, decreased 25-OH vitamin D, decreased estrogens, increased FSH and LH, increased LDL cholesterol with decreased HDL cholesterol, decreased phosphorus, increased triglycerides and in some cases decreased testosterone.

a. **Carbohydrate sensitivity, excess refined carbohydrate ingestion.**
b. B vitamin, calcium or magnesium deficiency.
c. Hormonal imbalance.
d. Obesity.
e. Excessive use of carbohydrates, alcohol, tobacco or hydrogenated fats and oils.

2. Dietary Suggestions:

a. Drink at least 8 full glasses of pure water daily (no well water or city water).
b. **Eliminate all refined carbohydrates, processed foods, alcohol and caffeine.**
c. Eliminate all hydrogenated fats and oils. Increase raw and fresh oils.
d. Increase raw foods and quality protein.
e. If patient is obese and the renal function is not compromised, insure total daily carbohydrate intake is limited to not more than 60 grams.

3. Primary Supplemental Support in order of need:

a. **Bio-Pause AM** – 2 in the a.m. and **Bio-Pause PM** – 2 in the p.m. If the patient is on exogenous estrogen add **Se-Zyme Forte** – 1 daily or **Selenomethionine** – 1 daily and **Ca-D Glucarate** – 1 bid.
b. **B-12/Folate Plus** - 2 tid.
c. **Gammanol Forte With FRAC** - 2 tid..
d. **Iodizyme-HP** – 1 daily (always use with selenium).
e. **Mixed Ascorbate Powder** – Use daily to bowel tolerance.

4. Other Considerations:

a. **Optimal EFAs** – 2 tid.
b. **MCS-2** – 2 bid with **Beta-TCP** - 3 tid.
c. **Topical Progesterone (Natra-Gest)** - As directed by the manufacturer.
e. **Chaste Tree Berry Herb** – As directed by the manufacturer.
f. If adrenal cortical dysfunction is present support as indicated in the sections of this manual covering adrenal dysfunction (adrenal dysfunction is common with PMS).