

Herb that is useful in Menstruation Cycle

Premenstrual syndrome (PMS) refers to symptoms that occur between ovulation and the onset of menstruation. The symptoms include both physical symptoms, such as breast tenderness, back pain, abdominal cramps, headache, and changes in appetite, as well as psychological symptoms of anxiety, depression, and unrest. Severe forms of this syndrome are referred to as premenstrual dysphoric disorder (PMDD). These symptoms may be related to hormones and emotional disorders.

Approximately 75% of all menstruating women experience some symptoms that occur before or during menstruation. Premenstrual syndrome encompasses symptoms severe enough to interfere with daily life. About 3-7% of women experience the more severe premenstrual dysphonic disorder (PMDD). Women with PMDD typically feel deeply depressed and/or irritable for a week or two before or during menstruation, and their symptoms are much worse than those associated with PMS. These symptoms can last 4-10 days and can have a substantial impact on a woman's life. Treatment for PMDD may include exercise, psychotherapy, and/or antidepressant medication.

The reason some women get severe PMS while others have none is not understood. PMS symptoms usually begin between the ages of 20 and 30. The disease may run in families and is also more prone to occur in women with a history of psychological problems. Overall however, it is difficult to predict who most at risk is for PMS.

Because PMS is restricted to the second half of a woman's menstrual cycle, after ovulation, it is thought that hormones play a role. During a woman's monthly menstrual cycle, which lasts from 24-35 days, hormone levels change. The hormone estrogen gradually rises during the first half of a woman's cycle, the preovulatory phase, and falls dramatically at ovulation. After ovulation, the postovulatory phase, progesterone levels gradually increase until menstruation occurs. Both estrogen and progesterone are secreted by the ovaries, which are responsible for producing the eggs. The main role of these hormones is to cause thickening of the lining of the uterus (endometrium). However, estrogen and progesterone also affect other parts of the body, including the brain. In the brain and nervous system, estrogen can affect the levels of neurotransmitters, such as serotonin. Serotonin has long been known to have an effect on emotions, as well as eating behavior. It is thought that when estrogen levels go down during the

postovulatory phase of the menstrual cycle, decreases in serotonin levels follow. Whether these changes in estrogen, progesterone, and serotonin are responsible for the emotional aspects of PMS is not known with certainty. However, most researchers agree that the chemical transmission of signals in the brain and nervous system is in some way related to PMS. This is supported by the fact that the times following childbirth and menopause are also associated with both depression and low estrogen levels.

Studies have shown that up to 80 percent of the women who experience PMS symptoms are primarily bothered by anxiety, irritability, and mood swings, with anxiety followed by depression in some cases. When properly balanced, estrogen and progesterone promote normal function of the uterus, vagina, and breast. Some doctors believe that when there is a predominance of estrogen in the body, women experience anxiety, and that a predominance of progesterone causes women to become depressed.

But the symptoms for PMS are varied and many, including both physical and emotional aspects that range from mild to severe. The physical symptoms include bloating, headaches, food cravings, abdominal cramps, headaches, tension, and breast tenderness. Emotional aspects include mood swings, irritability, and depression. Many women experience severe personality changes; they say that they become irritable or mean during the PMS period, often yelling at their spouses, or snapping at friends or coworkers. They may then spend the rest of the month repairing the emotional damage they have done to their relationships during their PMS periods.

The best way to diagnose PMS is to review a detailed diary of a woman's symptoms for several months. PMS is diagnosed by the presence of physical, psychological, and behavioral symptoms that are cyclic and occur in association with the premenstrual period of time. PMDD, which is far less common, was officially recognized as a disease in 1987. Its diagnosis depends on the presence of at least five symptoms related to mood that disappear within a few days of menstruation. These symptoms must interfere with normal functions and activities of the individual.

There are many treatments for PMS and PMDD depending on the symptoms and their severity. For mild cases, treatment includes vitamins, diuretics, and pain relievers. Vitamins E and B6 may decrease breast tenderness and help with fatigue and mood swings in some women. Diuretics that remove excess fluid from the body seem to work for some women. For more

severe cases and for PMDD, treatments available include antidepressant drugs, hormone treatment, or (only in extreme cases) surgery to remove the ovaries. Hormone treatment usually involves oral contraceptives. This treatment, as well as removal of the ovaries, is used to prevent ovulation and the changes in hormones that accompany it. Recent studies, however, indicate that hormone treatment has little effect over placebo. Note: it is important to remember when using any medication or hormone to treat the symptoms of PMS that there may be problems with side effects, that the symptoms will only be controlled as long as one continues taking the medicine, and that the treatment may not alleviate all symptoms.

There are alternative treatments that can affect both serotonin and hormone responses, as well as affect some of the physical symptoms of PMS.

One important way to alter hormone levels may be by eating more phytoestrogens. These plant-derived compounds have an effect similar to estrogen in the body. One of the richest sources of phytoestrogens is soy products, such as tofu. Additionally, many supplements can be found that contain black cohosh (*Cimicifuga racemosa*) or dong quai (*Angelica sinensis*), which are herbs high in phytoestrogens. Red clover (*Trifolium pratense*), alfalfa (*Medicago sativa*), licorice (*Glycyrrhiza glabra*), hops (*Humulus lupulus*), and legumes are also high in phytoestrogens. Increasing the consumption of phytoestrogens is also associated with decreased risks of osteoporosis, cancer, and heart disease.

Herbs that increase fertility have helped many a childless couples to feel the joy of Parenthood.

Herbs That Give Birth To New Generation

Many natural herbs have helped women who are facing one or other problems during Pregnancy or Infertility are looking forward to Herbs to bless them with child.

Below you will find a list of herbs that enhances fertility and increase pregnancy health: **Chaste Tree Berry (Vitex)**

- **Chasteberry** This has an effect of stimulating and normalizing pituitary gland functions. Chasteberry also known by the name of Vitex Agnus Castus normalizes the activity of female sex hormones. It is especially beneficial during menopausal changes.

- **Black Cohosh** It is one of the best and most recommended herbs for menopausal complaints, including hot flashes, emotional irritability and bone loss. It acts as phytoestrogen. It helps to start delayed menstruation and relieve menstrual cramps.
- **Trifolium pretense** - Red Clover is a species of clover, native to Europe, western Asia and northwest Africa. It is herbaceous perennial plant. Isoflavones from Red clover is used to treat the symptoms of menopause.
- **Dong Quai** (Angelica Sinensis root) is the noted Chinese herb that is used as a blood tonic. It contains micronutrients known for their blood building properties (iron, vitamin B12, and vitamin E). Dong Quai balances estrogen in the body, and is traditionally used in China to regulate the menstrual cycle. Dong Quai is also a blood thinner.
- **Rubia Cordifolia** - This is Used for amenorrhea, dysmenorrhea, endometriosis, hormonal imbalance (balancing effect), infertility, morning sickness, ovarian cysts, spermatorrhea, threatened miscarriage, uterine prolapse. It is a tonic for the reproductive organs. But taking too much may cause hot flashes, kidney and stomach irritation, blurred vision or vomiting.
- **Wild Yam** Wild Yam can increase progesterone production. This can increase progesterone production for those with short luteal phases but should only be taken after ovulation. If taken before it can actually prevent ovulation.
- **Fertilaid And Fertility Blend** If you are considering using herbal supplement, FertilAid and Fertility Blend contain a number of key fertility herbs, as well as central vitamins, minerals, and antioxidants. FertilAid is particularly rich in vitamins and minerals, and both blends contain vitex agnus castus or chasteberry.

Some women find relief with the use of vitamin and mineral supplements. Magnesium can reduce the fluid retention that causes bloating, while calcium may decrease both irritability and bloating. Magnesium and calcium also help relax smooth muscles and this may reduce cramping. Zinc displaces copper in the body, which is important because an overabundance of copper can increase moodiness and produce higher levels of estrogen. Vitamin E may reduce breast tenderness, nervous tension, fatigue, and insomnia. Vitamin B6 can help to regulate mood swings, irritability, fluid retention, breast tenderness, bloating, sugar craving, and fatigue associated with PMS. Vitamin B5 supports the adrenal glands and may help reduce fatigue. Vitamin D aids in the absorption of calcium, and can, like Vitamin A, decrease skin oiliness that exacerbates premenstrual acne. Among the Vitamin-B Complex factors are choline and inositol, which enhance the liver's ability to break down fatty foods and fat-soluble hormones such as

estrogen. Inositol is also a central nervous system tranquilizer, and may help to calm premenstrual anxiety and irritability.

Many of the antidepressants that have proven effective in the treatment of PMS and PMDD act by increasing serotonin levels. An alternative means of achieving this is to eat more carbohydrates. For instance, two cups of cereal or a cup of pasta has enough carbohydrate to effectively increase serotonin levels. An herb known as St. John's wort (*Hypericum perforatum*) has stood up to scientific trials as an effective antidepressant. As with the standard antidepressants, however, it must be taken continuously and does not show an effect until used for 4-6 weeks. There are also herbs, such as skullcap (*Scutellaria lateriflora*) and kava (*Piper methysticum*), that can relieve the anxiety and irritability that often accompany depression. An advantage of these herbs is that they can be taken when symptoms occur rather than continually. Chaste tree (*Vitex agnus-castus*) in addition to helping rebalance estrogen and progesterone in the body also may relieve the anxiety and depression associated with PMS.

Adjunct therapies that have been prescribed for PMS symptoms include acupuncture, massage of the neurolymphatic and neurovascular systems, and yoga.

The prognosis for women who suffer from PMS or PMDD is good. Most women who are treated for these disorders do well.

Because the causes of PMS and PMDD are not completely understood, prevention is difficult. Maintaining a healthy diet, one low in sugars and fats and high in phytoestrogens and complex carbohydrates, may prevent some of the symptoms of PMS. Women should try to exercise three times a week, keep in generally good health, and maintain a positive self image. Because PMS is often associated with stress, the avoidance of stress or the development of better means to deal with stress can be important.