



Your Monthly Update

Dear Colleague

Welcome to the June newsletter from Pure Bio Ltd.

You will hopefully by now have all received a letter about the on-line ordering facility, providing you with your own reference number and reference codes for our restricted products. We must apologise that the online ordering is not yet up and running, A few last-minute hiccoughs have delayed the process but it will be with you very soon!

****** STOP PRESS!!! ******

Don't forget the new herb kits! Complete new kits, including the hormone range, are available for £45.00. Extensions to your existing kits are available for £10.00

Our featured topic for this month is Dysmennorrhoea.

We always welcome feedback and suggestions.

Dysmennorrhoea

Ranking	Nutritional Supplements	Botanical Medicine
Primary	Magnesium	
Secondary	Vitamin B3 (niacin) vitamin C and rutin Vitamin E	
Other	Calcium Fish oil (EPA/DHA) Progesterone (topical cream)	Black cohosh Blue cohosh Cramp bark Dong quai Vervain Vitex (Agnus Castus) Wild Yam

Primary – Reliable and relatively consistent scientific data showing a substantial health benefit.

Secondary – Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.

Other – An herb is primarily supported by traditional use

Causes of Dysmennorrhea

- **Oestrogen excess due to:**
 - Impaired breakdown
 - Excess production in the case of adrenal hyperactivity
- **Build-up of toxic mid-stage oestrogens**
- **Impaired lymphatic drainage and liver function**
- **Lumbar spine and Pelvic subluxations**
- **ICV irritation**
- **Sugar Handling Stress**
- **Prostaglandins imbalance**

Dietary Modification

- Alcohol should be avoided by women experiencing menstrual pain, because it depletes stores of certain nutrients and alters the metabolism of carbohydrates—which in turn might worsen muscle spasms. Alcohol can also interfere with hepatic ability to metabolize hormones. In theory, this might result in elevated oestrogen levels, increased fluid and salt retention, and heavier menstrual flow.
- Poor diet with high intake of refined carbohydrates exacerbates symptoms by further stressing the adrenals and congesting the liver, lymphatic system and gastrointestinal tract. Caffeine in all forms – coffee, tea, chocolate, fizzy drinks etc. – should be avoided as this blocks phase I liver breakdown pathways.
- A diet high in processed foods further disrupts the balance of omega 3 : omega 6 fatty acids, predisposing a state of constant pro-inflammation

Lifestyle Modification

- Gentle regular exercise to aid lymphatic drainage and reduce muscle tension
- Massage / saunas / steam baths – to increase sweating and improve detoxification
- Eating less protein and more raw vegetation to decrease the load on the gut and support liver function.
- Reduce stress levels

Nutritional Supplement Treatment Options

The niacin form of vitamin B3 has been reported to be effective in relieving menstrual cramps in 87% of a group of women taking 200 mg of niacin per day throughout the menstrual cycle. They then took 100 mg every two or three hours while experiencing menstrual cramps. In a follow-up study, this protocol was combined with 300 mg of vitamin C and 60 mg of the flavonoid rutin per day, which resulted in a 90% effectiveness for relieving menstrual cramps. Niacin may not be effective unless taken for seven to ten days before the onset of menstrual flow.

Supplement Options: *Niacin 50mg* (Kloesterl); *Buffered Ascorbic Acid* (PE); *Venobalance* (PE)

In theory, calcium may help prevent menstrual cramps by maintaining normal muscle tone. Muscles that are calcium-deficient tend to be hyperactive and therefore might be more likely to cramp. Calcium supplementation was reported to reduce pain during menses in one double-blind trial, though another such study found that it relieved only *premenstrual* cramping, not pain during menses.

If prescribing calcium, dosages should be 1,000 mg per day throughout the month and 250–500 mg 4 x daily for analgesia, during acute cramping (up to a maximum of 2,000 mg per day).

Supplement Options: *Calcium Aspartate 140mg* or *Calcium Citrate 150mg* (PE)

Like calcium, magnesium plays a role in controlling muscle tone and could be important in preventing menstrual cramps. Magnesium supplements have been reported in preliminary and double-blind European research to reduce symptoms of dysmenorrhea. In one of these double-blind trials, women took 360 mg per day of magnesium for three days beginning on the day before menses began.

Supplement Options: *Magnesium Aspartate 75mg; Magnesium Citrate 150mg; Magnesium Citrate/Malate 120mg; Magnesium Glycinate 120mg* (PE)

Diets low in omega-3 fatty acids (EPA and DHA) have been associated with menstrual pain. In one double-blind trial, supplementation with fish oil, led to a 37% drop in menstrual symptoms. In that report, adolescent girls with dysmenorrhea took an unspecified amount of fish oil that provided 1,080 mg of EPA and 720 mg of DHA per day for two months to achieve this result.

Supplement Options: *EPA/DHA (PE); Neuromins (PE)*

In a double-blind trial, supplementation with 500 IU of vitamin E per day for two months, beginning two days before menstruation and continuing for three days after the onset of menstruation, was significantly more effective than a placebo at relieving menstrual pain.

Supplement Options: *Vitamin E (with mixed tocopherols) (PE)*

Botanical Treatment Options

Cramp bark (*Viburnum opulus*) has been a favourite traditional herb for menstrual cramps, thus its signature name. Cramp bark may help ease severe cramps that are associated with nausea, vomiting, and sweaty chills. Research from animal studies shows that cramp bark blocks spasms of smooth muscle.

Black cohosh has a history as a folk medicine for relieving menstrual cramps. Standardized extracts of the herb are available, though they have primarily been researched for use with menopausal women suffering from hot flashes.

Blue cohosh, although unrelated to black cohosh, has also been used traditionally for easing painful menstrual periods. Blue cohosh, which is generally taken as a tincture, should be limited to no more than 1–2 ml TID. Women of childbearing age using this herb should cease using it as soon as they become pregnant—the herb was shown to cause heart problems in an infant born following maternal use of blue cohosh.

Dong quai has been used either alone or in combination with other Traditional Chinese Medicine herbs to help relieve painful menstrual cramps.

Vervain is a traditional herb for dysmenorrhea, however there is no research to validate this use. Tincture has been recommended at an amount of 5–10 ml TID.

Vitex (*Agnus Castus*) Clinical reports from Germany have suggested that vitex may help relieve different menstrual abnormalities associated with premenstrual syndrome, including dysmenorrhea. These studies used 40 drops of tincture that delivers the equivalent of 40 mg of the dried berries of the plant.

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Wild Yam contains natural plant sterols and phytoestrogens which help to balance oestrogen in relation to progesterone. It has been shown to reduce many of the symptoms associated with premenstrual syndrome.

Integrative Options

Relaxation techniques have been used with some success to alleviate dysmenorrhea in some young women. According to one preliminary study, the symptoms of menstrual cramps, nausea, irritability, and poor concentration greatly improved after 20-minute relaxation sessions twice per week.

Acupuncture may be a useful therapy in the treatment of dysmenorrhea. A preliminary trial reported that 86% of women treated with acupuncture for dysmenorrhea had complete cessation of pain for three consecutive menstrual periods. A controlled clinical trial reported 91% efficacy with acupuncture compared to 36.4% efficacy with sham acupuncture (using fake acupuncture points) and 18% efficacy in an untreated control group.

Spinal manipulation has been investigated as a treatment for dysmenorrhea. One small preliminary study reported improvement in symptoms measured by a questionnaire. A controlled clinical trial compared a single treatment of spinal manipulation to the low back and pelvis to a sham manipulation that was designed to be ineffective. Women receiving real manipulation reported twice as much relief as those receiving sham treatment.

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