

AN INTEGRATIVE MEDICAL APPROACH TO PMS AND FIBROIDS

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At first glance, this title might seem a bit strange. What do PMS and fibroids have to do with other? As we shall see, they may share in common certain underlying causes that can be treated by integrating conventional medicine with complimentary therapies. Let's first look at each separately.

PMS is defined as a recurrent, cyclical set of physical and behavioral symptoms that occur 7 to 14 days before the menstrual cycle and are troublesome enough to interfere with some aspect of a women's life. While no one cause has been identified, a number of various hormonal, nutritional, and psychosocial factors have been theorized to play a role. These include a possible deficiency of progesterone after ovulation, deficiencies in vitamin B6 and magnesium, hypoglycemia and increased levels of compounds called prostaglandins, which promote inflammation. Interestingly, the only conventional treatment that has shown any benefit is the drug fluoxetine, the active ingredient in Prozac, which has been renamed Sarafem and marketed for a different indication.

Fibroids are benign tumors that result from overgrowth of the tissue of the muscular wall of the uterus. They can be found on examination by a physician but are best diagnosed by sonogram. They do not require treatment unless they cause symptoms, which include bleeding, pain, pelvic pressure, bladder symptoms, and miscarriage. The only conventional medical treatment is surgery, usually a hysterectomy. About 300,000 women in the U.S. a year have hysterectomies because of fibroids.

One theory for a possible underlying cause of both of these conditions that has been gaining popularity is the notion of a situation referred to "estrogen dominance." Dr. John Lee, who felt that an increase in the ratio of estrogen to progesterone in the body was at least partially responsible for much of the hormonal problems that women experienced, originally popularized this idea. While studies of the actual blood levels of these hormones do not seem to support this idea, some women do get relief with use of supplemental progesterone during the last 2-3 weeks of their cycle. Some physicians have also reported improvement in fibroids using progesterone as part of the treatment. What may be more important is what we could call the total "estrogen balance" of the body, which encompasses far more than just the blood hormone levels. This may have more to do with how the liver processes the body's estrogen as well as exposure to environmental compounds that can act like estrogen in the body.

The liver breaks estrogen down into 2 sets of byproducts, called 2-hydroxy (2-OH) and 16-alpha hydroxy (16-OH) compounds. An increased ratio of the 2-OH to the 16-OH compounds has been associated with reduced rates of fibrocystic breast disease, breast cancer, uterine cancer, PMS and fibroids. Some laboratories now offer tests for this using urine samples. This ratio is improved by an increased intake of indole-3-carbinol found in broccoli, Brussel sprouts, cauliflower and cabbage, and isoflavones found in soy and flax seeds. It is worsened by obesity, poor thyroid function and exposure to environmental compounds that act like estrogen. These include substances called phthalates that are leached into drinks that are stored in soft plastic and pesticides used in food production. Some people feel that all of the organic solvents found in cosmetics, especially things like nail polish and polish remover, may also affect the liver's ability to properly metabolize these compounds and contribute to estrogen dominance. To further break down the 2-OH and 16-OH compounds, the body needs vitamins B6, B12, folic acid and magnesium. Inadequate

intake of these nutrients may also be a contributing factor in PMS and fibroids. Deficiencies of B6 and magnesium are also associated with depression and mood changes, which may be another link to the emotional symptoms some women have with PMS.

Two other factors that have been implicated in the development of estrogen dominance are an imbalance in the normal bacterial population of the intestines, called dysbiosis, and insulin resistance. Both of these may ultimately be caused by improper diets high in sugar, processed carbohydrates, and hydrogenated fats. Women with PMS were found to have diets with 275% more refined sugar, 79% more dairy products, 78% more sodium, 62% more refined carbohydrates, 77% less manganese, and 53% less iron than women without PMS. There is some evidence to suggest that the resulting imbalance of bowel bacteria, which is made worse by taking antibiotics, birth control pills, and steroids like prednisone, can lead to over sensitization of the immune system and production of inflammatory prostaglandins causing breast pain, fluid retention, headaches, irritability, and depression. Physical PMS complaints and menstrual cramping have been shown to respond to drugs that block these compounds. Many practitioners, including myself, feel it is better to try to stop the prostaglandins from forming in the first place by eating less sugar, less refined carbohydrates like cereal, bread, pasta, cookies, crackers, etc., and more anti-inflammatory fats like the omega-3 fats found in fish oil and flax seed. The imbalanced bowel bacteria also produce more of an enzyme called beta-glucuronidase that can also affect estrogen metabolism. A comprehensive regimen aimed at restoring a good bacterial population, which includes supplements with good bacteria like acidophilus and bifidobacteria, is essential in the overall treatment of PMS and fibroids.

Another intriguing area of possible causes is insulin resistance. While this is known to be the primary problem in adult diabetes, many nutritional experts believe that lesser degrees of resistance may play a role in a host of other medical problems including PMS and fibroids. Insulin resistance is felt by many to be brought on by diets high in sugar, processed carbohydrates and hydrogenated fats combined with insufficient exercise. High levels of insulin may interfere with the action of the hormone testosterone on the ovaries and contribute to estrogen dominance. This is seen medically in the condition known as polycystic ovary syndrome. Studies have shown that women who exercise regularly have fewer symptoms of PMS. Regular exercise, among other things, improves insulin resistance. This may also be one of the areas where stress plays a major role. Chronically high levels of cortisol, the body's main stress hormone, work against insulin and worsen insulin resistance.

Other nutritional factors that have been shown to help PMS, and possibly fibroids, are calcium and magnesium. Some people feel magnesium may be the more important of the two. When taking extra magnesium, however, it is best to take a form other than magnesium oxide, which, although cheaper, is not well absorbed. Herbal treatments that may be helpful for PMS include chaste tree, also known as Vitex, black cohosh, and St. John's Wort.

In summary, the best overall program for treatment of PMS and fibroids, which can help lessen the need for prescription drugs and surgery, is one emphasizing a whole food based diet with low amounts of refined sugar, processed carbohydrates and hydrogenated fats combined with vitamin supplements to include B6, B12, folic acid, calcium and magnesium