HIGHLIGHTS

- Menstruation is a
 physiological process
 where women
 experience cyclical
 discharging of blood,
 secretions, and tissue
 debris from the uterus
 that recurs from
 puberty until
 menopause
- During adolescence, nutrient needs are greater than during any other time of life except pregnancy and lactation
- In order to help utilize iron and calcium, women should consume vitamin C rich foods and get plenty of exposure to sunlight
- Ulcers, hemorrhoids or medications can cause blood loss
- Elderly women should avoid animal products and increase their consumption of plant based foods
- Women should maintain their general health in every way possible

MENSTRUATION

COMMON PROBLEMS & SIMPLE SOLUTIONS

Updated February 11, 2019

WHAT IS MENSTRUATION?

Menstruation is a physiological process where women experience cyclical discharging of blood, secretions, and tissue debris from the uterus that recurs from puberty until menopause. Normal menstruation does not occur during pregnancy. Due to blood loss from menstruation, women are at a higher risk of developing nutrient deficiencies.

YOUNG WOMEN

During adolescence, nutrient needs are greater than during any other time of life except pregnancy and lactation. Nutrients of specific concern are iron and calcium. Among adolescent girls, iron and calcium deficiencies are prevalent. Women should consume legumes such as lentils, beans and chickpeas to get enough iron in the diet. Certain nuts and seeds provide plenty of iron such as pumpkin, pistachio, sunflower, and cashew. Also, women should eat lots of greens such as Swiss chard and collard greens. Calcium can be found in collard greens, kale and bock choy. Other sources of calcium include dried figs, navy beans and pinto beans. In order to help utilize iron and calcium, women should consume vitamin C rich foods and get plenty of exposure to sunlight.

ELDERLY WOMEN

Typically, iron status improves as menstruation ceases with menopause. Iron deficiency can occur when food intake is low due to diminished appetite. Other factors that increase the likelihood of deficiency include drug-nutrient interactions, blood loss and reduced stomach acid secretion. Antacids reduce iron absorption. Ulcers, hemorrhoids or medications can cause blood loss. To increase the amounts of iron and calcium in the body, elderly women should avoid animal products and increase their consumption of plant based foods including leafy greens, legumes, seeds, nuts, grains and fruits. Elderly women should discuss with their physicians about changing or eliminating their prescription medications if side effects include reduced stomach acid secretion, decreased appetite, and increased risk of ulcers etc.

GENERAL CARE DURING THE MENSTRUAL PERIOD

Women should maintain their general health in every way possible. During this taxing and uncomfortable time, women should eat plant based food, avoid stimulating food, warmly clothe the limbs and trunk of the body, and rest. Also, women should maintain cleanliness by regular bathing using warm water that is not too hot.

- PMS symptoms include decreased energy, tension, irritability, anger, food cravings, headache, depression, breast pain, muscle aches and abdominal bloating
- Menorrhagia can be caused by dysfunctional uterine bleeding, local lesions, bleeding disorders and hypothyroidism
- Secondary
 dysmenorrhea is
 painful menstruation
 associated with
 pelvic pathology
 such as
 endometriosis,
 adenomyosis or
 chronic pelvic
 inflammatory
 disease
- Secondary

 amenorrhea can be
 caused by
 pregnancy, excessive
 weight loss (due to
 malnutrition),
 pituitary tumors or
 ovarian tumors
- As much as 15% of women of reproductive age may have some degree of endometriosis

COMMON ISSUES

Premenstrual Syndrome

As much as 30-40% of menstruating women are affected by this condition. Symptoms of this syndrome usually develop during the late luteal phase of the menstrual cycle. Women may experience some of the following symptoms including decreased energy, tension, irritability, anger, food cravings, headache, depression, breast pain, muscle aches and abdominal bloating.

Menorrhagia

Menorrhagia is defined as excessive menstrual bleeding of more than 80 mL occurring at regular cyclic intervals. Some causes are dysfunctional uterine bleeding, local lesions, bleeding disorders and hypothyroidism.

Primary & Secondary Dysmenorrhea

Primary dysmenorrhea is painful menstruation associated with prostaglandin release in ovulatory cycles; however, there has been no definite cause elucidated in research literature. Typically, the time of occurrence is cyclical and related to the duration and amount of menstrual flow. Secondary dysmenorrhea is painful menstruation associated with pelvic pathology such as endometriosis, adenomyosis or chronic pelvic inflammatory disease. It can occur any time during the menstrual cycle.

Primary & Secondary Amenorrhea

Primary amenorrhea is the failure of menses to occur by age sixteen. Primary amenorrhea can be caused by Turners Syndrome, not producing gonadotropin releasing hormone or luteinizing hormone or follicle stimulating hormone. Sometimes individuals may have congenital central nervous system defects, lesions or anatomical malformations. Secondary amenorrhea is defined as the absence of menstruation for a time equivalent to three or more cycles or six months in women who have previously menstruated. Secondary amenorrhea can be caused by pregnancy, excessive weight loss (due to malnutrition), pituitary tumors or ovarian tumors.

Endometriosis

Endometriosis can be caused by the presence of functioning endometrial tissue outside the uterus. This tissue responds to hormone fluctuations of the menstrual cycle. As much as 15% of women of reproductive age may have some degree of endometriosis. This condition is a frequent cause of pelvic pain and/or infertility. Complications may include abnormal, heavy or painful menstruation, pain during urination, pain during intercourse, pain before or during menstruation, urge incontinence and difficulty becoming pregnant.

- Women who suffer from PMS eat a diet that is far worse than the standard American diet
- One of the best things to do to improve one's condition is to eat a variety of whole plant based foods
- Studies have indicated that women who engage in regular physical activity do not suffer from PMS as often as sedentary women
- A plant based diet
 with a variety of
 fruits, vegetables,
 grains, seeds and
 nuts will supply the
 body with everything
 it needs to become
 healthy
- Specific foods such as onions, garlic, pineapple and citrus foods will help reduce inflammation
- Certain herbs and essential oils may help reduce pain and inflammation

SOLUTIONS

Premenstrual Syndrome

Women who suffer from PMS eat a diet that is far worse than the standard American diet. These women eat far more refined carbohydrates, refined sugar, dairy products, and sodium than average American women. PMS sufferers also ingest far less iron, manganese and zinc. One of the best things to do to improve one's condition is to eat a variety of whole plant based foods in order to get a good dietary intake of iron, manganese and zinc. Regular exercise is equally as important. Studies have indicated that women who engage in regular physical activity do not suffer from PMS as often as sedentary women.

Menorrhagia

There are a few things that may help women overcome menorrhagia. The consumption of vitamin A, vitamin C and bioflavonoids, vitamin E, vitamin K, chlorophyll, and vitamin B complex will help ease symptoms. A plant based diet with a variety of fruits, vegetables, grains, seeds and nuts will supply the body with everything it needs to become healthy. Women should avoid consuming animal products. Specific foods such as onions, garlic, pineapple and citrus foods will help reduce inflammation.

Primary & Secondary Dysmenorrhea

There are some herbs which may help alleviate the symptoms of primary and secondary dysmenorrhea. They include *Thymus vulgaris* (Thyme), *Matricaria chamomilla* (Chamomile Tea), *Hypericum perforatum* (St. John's wort), *Foeniculum vulgare* (Fennel), *Cinnamomum* (Cinnamon), *Anethum graveolens* (Dill), *Colchicum* (Saffron), *Apium graveolens* (Celery), *Impinella anisum* (Anise), Balsamum (Balm), *Valeriana officinalis* (Valerian), *Salvia lvandulifolia* (Sage) and *Menthe longifolia* (Mint Extract). In one study, women who drank rose tea experienced a gradual improvement in symptoms. Women can alleviate pain by applying heat to the abdomen and lower back via the use of heating pads, warm baths or hot towels. To reduce pain, massage therapy focusing on the areas around your abdomen, side and back may help. It may be a good idea to combine lavender (Lavandula officinalis), clary sage (Salvia sclarea) and marjoram (Origanum majorana) in a 2:1:1 ratio diluted in unscented cream at 3% concentration as an essential oil blend massage cream.

Primary & Secondary Amenorrhea

A good way to deal with primary amenorrhea is to give the body the necessary building blocks it needs to produce hormones. Dark green vegetables and sea vegetables will help give the body needed elements to build hormones. Maca supports healthy estrogen levels and may increase progesterone. Vitex (also known as Chaste Tree, *Vitex angus*-castus) encourages luteinizing hormone production and slightly inhibits follicle stimulating hormone. If a woman has high prolactin levels, vitex may reduce levels of prolactin. Secondary amenorrhea can be treated by getting good nutrition from a whole foods plant based diet, and surgical intervention to remove tumors.

- Women with endometriosis should reduce consumption of inflammatory foods
- Onions, garlic and leeks have compounds that induce enzymes that detoxify the liver
- If the reader has any further questions and concerns, they should discuss them with their medical care providers

Endometriosis

Risk factors for endometriosis are having a sister or mother with the condition, lack of exercise, high-fat diet, use of intrauterine devices, and increased or unbalanced estrogen levels. Women with endometriosis should reduce consumption of inflammatory foods and increase anti-inflammatory foods, enhance detoxification mechanisms, increase dietary fiber, increase omega 3 fatty acids and reduce trans fats. Promoting detoxification is important in order to remove potential chemicals that increase or unbalance estrogen levels. Onions, garlic and leeks have compounds that induce enzymes that detoxify the liver. Liver cleansing foods include carrots, beets, cabbage-family vegetables, artichokes, lemons, dandelion greens, watercress and burdock root. Foods such as processed sugar, caffeine, dairy, meat and alcohol should be removed from the diet. Moreover, women should get regular physical activity. Intrauterine devices may aggravate endometriosis; therefore, it is best to avoid using those devices.

Further Questions & Concerns

When a woman experiences any unusual symptoms before, during or after menstruation, she should consult with her physician about possible causes and treatments. If any of the information contained in this article is unclear or if there are any questions and concerns, it is best to consult with medical care providers.

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Readings for this Article:

Aksu H, Özsoy S. Primary Dysmenorrhea and Herbals. J Healthc Commun. 2016, 1:3, DOI: 10.4172/2472-1654.100023

Henry N. Jabbour, Rodney W. Kelly, Hamish M. Fraser, Hilary O. D. Critchley; Endocrine Regulation of Menstruation, Endocrine Reviews, Volume 27, Issue 1, 1 February 2006, Pages 17–46, https://doi.org/10.1210/er.2004-0021

Ladies' Guide in Health and Disease: Childhood, Maidenhood, Wifehood, Motherhood. By John Harvey Kellogg, M.D.

Navvabi Rigi, S., Kermansaravi, F., Navidian, A., Safabakhsh, L., Safarzadeh, A., Khazaian, S., . . . Salehian, T. (2012). Comparing the analgesic effect of heat patch containing iron chip and ibuprofen for primary dysmenorrhea: A randomized controlled trial. BMC Women's Health, 12(1), 25-25. doi:10.1186/1472-6874-12-25

Ou, M., Hsu, T., Lai, A. C., Lin, Y., & Lin, C. (2012). Pain relief assessment by aromatic essential oil massage on outpatients with primary dysmenorrhea: A randomized, double-blind clinical trial. Journal of Obstetrics and Gynaecology Research, 38(5), 817-822. doi:10.1111/j.1447-0756.2011.01802.x

The Review of Natural Products 8th Edition published by Clinical Drug Information, LLC

Textbook of Natural Medicine (4th Edition) by Joseph Pizzorno & Michael Murray (2012)

Tseng YF, Chen CH, Yang Y (2005) Rose tea for relief of primary dysmenorrhoea in adolescent: a randomized controlled trial in Taiwan. J Midwifery Women's Health, pp: 50-51.

Valiani, M., Ghasemi, N., Bahadoran, P., & Heshmat, R. (2010). The effects of massage therapy on dysmenorrhea caused by endometriosis. Iranian Journal of Nursing and Midwifery Research, 15(4), 167.