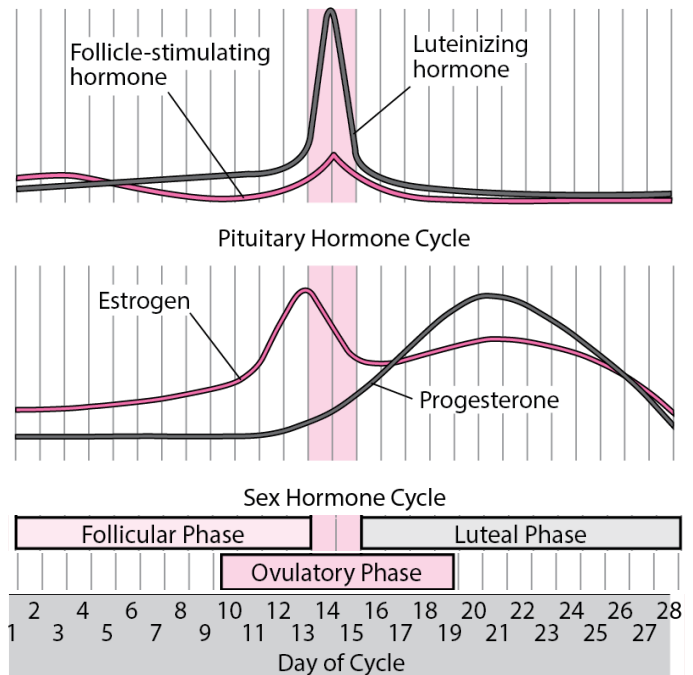


Premenstrual Syndrome (PMS), Postmenstrual Syndrome, Premenstrual Dysphoric Disorder (PMDD), & Irregular Period

Menstruation is the shedding of the uterine lining accompanied by bleeding. It occurs in approximate monthly cycles throughout a woman's reproductive life, except during pregnancy. The menstrual cycle begins with the first day of bleeding, which is counted as day 1. The cycle ends just before the next menstrual period. Menstrual cycles normally range from about 25 to 36 days. The bleeding lasts 3 to 7 days, averaging 5 days.

A female's monthly cycle is regulated by the complex interaction of four hormones including estrogen, progesterone, follicle stimulating hormone (FSH) and luteinizing hormone (LH). FSH and LH are produced by the pituitary gland. They promote ovulation and stimulate the ovaries to produce the female sex hormones, estrogen and progesterone. Estrogen and progesterone stimulate the uterus and breasts to prepare for possible fertilization. The menstrual cycle has three phases: Follicular (before release of the egg), Ovulatory (egg release) and Luteal (after egg release). Menstruation starts at the end of the luteal phase (the first day of follicular phase) if the egg released is not fertilized or if a fertilized egg does not implant in the lining of the uterus.



Premenstrual Syndrome (PMS)

Premenstrual syndrome (PMS) is a combination of physical and emotional symptoms that can occur after ovulation and before menstruation. PMS occurs in the days following ovulation, typically 1 to 2 weeks before the period starts, as estrogen and progesterone levels begin declining rapidly. PMS symptoms typically go away within a few days after menstruation as estrogen and progesterone levels begin rising again.

The symptoms of PMS can be categorized into physical and emotional symptoms. Physical symptoms include swollen/tender breasts, constipation/diarrhea, bloating, cramping, headache, and clumsiness. Emotional symptoms include hostile behavior, tiredness, sleep problems, appetite changes, trouble concentrating, anxiety, depression, and mood swings.

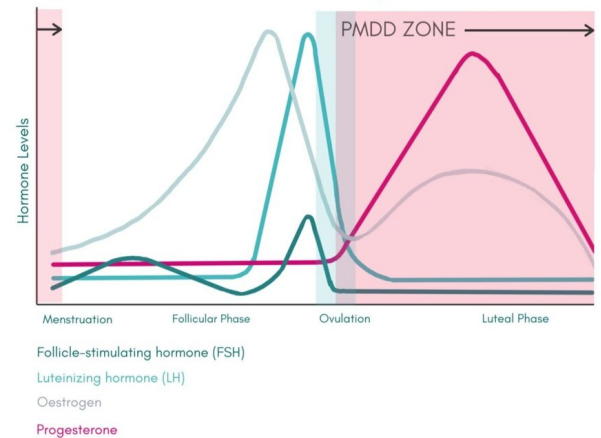
PMS is very common with about 80% of women who experience premenstrual symptoms. It has been thought that PMS may be caused by a hormonal imbalance because PMS symptoms occur when estrogen and progesterone levels decline and are relieved when estrogen and progesterone levels begin rising.

However, more recent clinical research points out that PMS may also be caused by infection and inflammation of the uterus. The hypothesis that PMS is related to increased inflammation is supported by the evidence that high-sensitivity C-reactive protein (hs-CRP), a biomarker of inflammation, is elevated among PMS patients. Having an hs-CRP level >3 mg/L was significantly associated with physical symptoms such as abdominal cramps/back pain, appetite cravings/weight gain/bloating and breast pain. Infections of the uterus as the cause of PMS was supported by the clinical evidence that both physical and emotional symptoms associated with PMS respond to local anti-inflammatory and antibiotic treatment of the uterus with a stable improvement after the treatment has ended. In summary, the clinical pattern of PMS can be explained as an inflammatory mediated response to uterine infections and traumatic insult.

Premenstrual Dysphoric Disorder (PMDD)

Premenstrual dysphoric disorder (PMDD) is a much more severe form of premenstrual syndrome (PMS). It causes emotional and physical symptoms like PMS, but women with PMDD find their symptoms profound and draining. PMDD symptoms could interfere with patient's daily life, including work, school, social life, and relationships. The symptoms of PMDD usually show up the week before the start of the period and last until a few days after it begins. Symptoms include severe mood swings, depressions, intense anger and conflict with other people, tension and irritability, feeling out of control, cramps and bloating, joint or muscle pain, and/or headaches.

Researchers don't know the exact cause of PMDD. Most think it may be due to a more significant drop in estrogen levels or an abnormal reaction to the drop of estrogen levels related to the menstrual cycle. Studies have shown a link between PMDD and low levels of serotonin, a neurotransmitter in the brain that helps transmit nerve signals. Certain brain cells use serotonin to control mood, attention, sleep, appetite, and pain. Estrogen promotes the production and the positive effects of serotonin. The exaggerated drop in estrogen levels also causes a drop in serotonin levels and its effectiveness in women with PMDD which causes the symptoms of depressed mood, food cravings, and impaired cognitive function.



Postmenstrual Syndrome

Postmenstrual syndrome is a combination of physical and emotional symptoms that can occur after menstruation has ended. The symptoms are quite similar to the symptoms of PMS, but they tend to be more emotional including brain fog, anxiety, moodiness, mood swings, feeling of depression, irritability, anger, and sometimes rage or crying very easily. Compared to PMS, which is popular and occurs in younger women, post menstrual syndrome mostly occurs in older women. Only about 10% of young women are affected.

The cause of the condition may be due to the retention of some of the uterine lining from the previous period. The uterine endometrium changes throughout the menstrual cycle. The uterine lining grows before ovulation in response to the hormone estrogen to prepare the uterus for pregnancy. In the ovulatory phase, an egg is released and levels of progesterone begin to increase. Progesterone prepares the endometrium to receive and nourish a fertilized egg. If pregnancy does not occur with an egg released becoming fertilized and implanted in the lining of the uterus, estrogen and progesterone levels decrease. The decrease in progesterone triggers menstruation, or shedding of the lining. The shedding of the lining involves a series of apoptosis, programmed cell death. If such a process does not proceed thoroughly, the lining may not be completely shed. The unshed lining can become necrotic and release toxins into the bloodstream which will irritate the liver causing emotional symptoms.

Female Hormone Imbalance and Irregular Period

The regular cycle requires precise levels of the hormones. An imbalance can arise if there is too much or too little of one or more these hormones. Even a minor imbalance or changes in the level of the estrogen and progesterone can cause significant effects with the menstrual cycle and disrupt the normal pattern of the period. Patients may experience an irregular period or infrequent period, amenorrhea or loss of period as well as abnormal or functional uterine bleeding which involves bleeding from the uterus at an unexpected time without demonstrable pathologic cause.

Wellness Recommendation

Premenstrual Syndrome (PMS)

The wellness recommendation for PMS includes Sissy. The inflammatory mediated response to uterine infections or traumatic insult in PMS is viewed as Uterine Heat in TCM. Sissy helps relieve PMS symptoms by clearing the uterine heat and reducing uterine infection and inflammation. Herbal ingredients in Sissy have been show to address

pelvic inflammation through improving blood viscosity and regulating T-lymphocytic subgroups.³ Patients can experience improvement with less cramping and excessive bleeding if it is taken within 3 days before menses. 4 weeks of the protocol is recommended for significant improvement and sustained results.

For patients who also suffer from female hormonal imbalance, Estromin, Brown, and LC Balancer are recommended after the inflammation is cleared with Sissy. Estromin helps to manage Blood and regulates menstruation. It nurtures the female reproductive organs and helps to improve and rebalance female hormone production including estrogen and progesterone. Though the hormone imbalance is not as significant as seen in PMDD, even a minor imbalance can initiate PMS symptoms. Brown and LC Balancer improve liver and kidney function as well as supports hormonal balancing. Patients can experience symptom improvement within 2 weeks. Depending on the severity of the condition, 1-3 of the protocol is recommended for significant improvement and sustained results.

Premenstrual Dysphoric Disorder (PMDD), Female Hormonal Imbalance and Irregular Period

Estromin, Brown, and LC Balancer are recommended for patients suffering from PMDD, female hormonal imbalance and irregular period. Estromin nurtures the female reproductive organs and helps to improve and rebalance female hormone production including estrogen and progesterone. It also helps to manage Blood and regulates menstruation. Herbal ingredients in Estromin have been shown to possess a positive regulation on estrogen imbalance and neurotransmitter disorders as well as exhibits the abilities to relieve the dramatic sexual hormonal imbalance of estradiol (E₂), luteinizing hormone (LH), and follicle stimulating hormone (FSH).² Brown and LC Balancer improve liver and kidney function as well as supports hormonal balancing. Patients can experience symptom improvement within 2 weeks and 1-3 months of the protocol is recommended for significant improvement.

Postmenstrual Syndrome

The inability to completely shed the uterine lining during menstruation is viewed as Cold Uterus in TCM. MayMay, Brown, and LC Balancer are recommended. MayMay helps warm up the uterus and remove its coldness. MayMay helps enhance blood flow to the uterus and increases metabolism to support the complete apoptosis process with complete shedding of the lining. Herbal ingredients in MayMay have been shown to promote blood circulation, contain anti-inflammatory effects, and naturally balance estrogen levels. Brown and LC Balancer help to support the liver and kidneys to expel the excess waste as well as enhance the processing of excess toxins in the bloodstream. Herbal ingredients in Brown not only improve liver function but also have been shown to protect uterine lining through its important role in antioxidant activity.¹ Patients may experience symptom improvement with 3 days of treatment and significant improvement in 4-6 weeks.

Protocol Summary

Condition	Product Recommendation
Premenstrual Syndrome (PMS)	Sissy Optional: Estromin, Brown, LC Balancer
Premenstrual Dysphoric Disorder (PMDD) Female Hormonal Imbalance Irregular Period	Estromin, Brown, LC Balancer
Postmenstrual Syndrome	MayMay, Brown, LC Balancer

Selected Case Study

Case 1: Symptom Resolution of COPD and PMDD

Dr. Charles B. Lerner, MSAC, DC

A 50-year-old patient was diagnosed with mild COPD (Chronic Obstructive Pulmonary Disease) about 12 years ago. She had been a former light smoker who was suffering from shortness of breath, a dry cough and high anxiety. She explained to Dr. Lerner that she was afraid of dying from her COPD. The patient is the mother of 4 children, the youngest was 3 at the time. She had tried inhalers on occasion without much relief. Her lung tests indicated that her lungs were hyper inflated and not working in a proper or healthy manner. Additionally, she was suffering with

PMDD (Premenstrual Dystrophic Disorder). This hormone disorder causes severe, often disabling extension of premenstrual symptoms.

The patient sought out Dr. Lerner to find a more natural and effective solution to her multiple physical problems. After an initial evaluation, he suggested acupuncture treatment in combination with Wei Laboratories Soup A, Soup B and LC Balancer. These formulas break down the phlegm and transform the damaged lung tissue to a healthy state. Fairly quickly, the patient responded to the treatment by feeling that her breathing was easier and her cough was more productive. This was evidence that the Wei Labs formulas had begun transforming her lungs to a more healthy, normal state. By the end of the second month, the mucus thinned, leaving her with less chest tightness which she felt less often. She also stated that she was feeling much more energetic.

After addressing her lung issues for six months, she decided to address her PMDD. Dr. Lerner recommended to her another Wei Laboratories formula, Estromin. This formula would help improve and completely rebalance her hormone production. Since beginning this additional formula, all of her PMDD symptoms ended. These symptoms included heavy cramping and bleeding with each menses, irritability and severe mood swings.

It has now been 4 months since she stopped taking the formulas for COPD. The patient reports sustained relief of her COPD symptoms with normal breathing and no chest tightness. She is continuing to take the Estromin until she becomes fully menopausal. The patient is overjoyed not only with her new lung capacity, but also with the relief of her hormonal imbalance and her symptom history. Today, just over a year from when she began her healing journey, she finds herself taking pleasure in breathing normally and without the hormonal imbalances that had caused her such distress in the past.

Case 2: Elimination of Pain and Excessive Bleeding in PMS and PCOS Patient

Danny Zhuang, NP, CA

A 47-year-old female patient was diagnosed with PMS which included excessive bleeding and severe cramping. The patient also has PCOS and Rheumatoid Arthritis. The patient reached out to Dr. Zhuang to try a natural approach. The patient's goal was to get her periods back to normal by getting the excessive bleeding under control as well as the pain from the cramps.

The patient was on LC Balancer, Brown, and Sissy for one full month and they reported back that the pain is gone and the period blood is back to normal with no excessive bleeding. At this point, the patient stopped using Sissy after the initial inflammation was down and added in Java and MayMay with the LC Balancer and Brown to continue addressing the Rheumatoid Arthritis and PCOS.

After the second period, the patient reported that there was still no pain and the bleeding was completely normal and under control

After the 3rd period, the patient reported no pain or excessive bleeding again. Dr. Zhuang brought this patient down to a 2/3rds dose of everything and added in a 2/3rds dose of Estromin.

Before the 4th period, the patient reported that the bleeding and pain came back. It was necessary to reduce heat again so, Sissy was added back into this patient's protocol with the rest of the protocol at 2/3rds dose. The patient is happy with their results and is continuing on the protocol.

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