

PMS Revisited

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It has been a while since I have written anything much on premenstrual syndrome (PMS), a topic which I have written on extensively and with which I have a great deal of experience. I find it useful every so often to look at conditions with as fresh an eye as possible. Sometimes, the passing of time results in the changing of one's mind about a subject. However, I am still of the opinion that without liver depression there is no PMS. This opinion is corroborated by an article titled, "The Treatment of 39 Cases of Premenstrual Syndrome by the Methods of Coursing the Liver, Resolving Depression & Fortifying the Spleen." This article, authored by a Dr. Wang of the Fu Ding Municipal Hospital, appeared in issue #4, 2002 of *Fu Jian Zhong Yi Yao (Fujian Chinese Medicine & Medicinals)* on pages 28-29. A summary of that article and Dr. Wang's thinking appears below.

Cohort description:

All 39 patients enrolled in this study were seen as out-patients at the author's hospital between 1997-2000. They ranged in age from 25-42 years and had suffered from PMS for from 2-10 years. One to two weeks prior to the onset of each menstruation, these women experienced emotional dysphoria, difficulty thinking, vexation and agi-

tation, restless sleep at night, and numerous nightmares. During normal times, their stools were normal or constipated. However, during the premenstruum, their stools became loose and they experienced abdominal distention and/or pain. In 10 cases there was accompanying menstrual period irregularity, while eight cases experienced breast distention, pain, and lumps. Another five cases experienced slight facial edema and swelling of the backs of their feet prior to, during, and just after menstruation. Other than the premenstruum, all these symptoms disappeared.

Treatment method:

The formula these women were treated with consisted of: Tuber Curcumae (*Yu Jin*), 12g, Fructus Citri Sacrodactylis (*Fo Shou*), 12g, Radix Salviae Miltiorrhizae (*Dan Shen*), 15g, Sclerotium Poriae Cocos (*Fu Ling*), 25g, Caulis Polygoni Multiflori (*Ye Jiao Teng*), 30g, Radix Dioscoreae Oppositae (*Shan Yao*), 30g, and Fructus Tribuli Terrestris (*Bai Ji Li*), 12g.

If sleep disorders were severe, Bulbus Lilii (*Bai He*), Cortex Albizziae Julibrissinis (*He Huan Pi*) and Radix Albus Paeoniae Lactiflorae (*Bai Shao*) were added to nourish the blood, emolliate the liver, and quiet the spirit. If there was breast distention, pain, and lumps, Spica Prunellae Vulgaris (*Xia Ku Cao*) and Nidus Vespae (*Lu Feng Fang*) were added to discharge stagnation and resolve depression, scatter swelling and stabilize pain. If there was lower abdominal menstrual movement distention and pain and lower and upper back aching and pain, Rhizoma Cyperi Rotundi (*Xiang Fu*), Ramulus Loranthis Seu Visci

(*Sang Ji Sheng*), and Radix Cyathulae (*Chuan Niu Xi*) were added to course the liver and rectify the qi, supplement the kidneys and strengthen the sinews. If there was superficial edema and loose stools, Radix Codonopsis Pilosulae (*Dang Shen*), Radix Albus Paeoniae Lactiflorae (*Bai Shao*), Rhizoma Atractylodis Macrocephalae (*Bai Zhu*), Rhizoma Alismatis (*Ze Xie*), Rhizoma Dioscoreae Hypoglaucae (*Bi Xie*), and Radix Cyathulae (*Chuan Niu Xi*) were added to strngthen the fortification of the spleen, boosting of the qi, and seeping of dampness. If there was dizziness and distention and pain of the head, Ramulus Uncariae Cum Uncis (*Gou Teng*), Flos Chrysanthemi Morifolii (*Ju Hua*), and Rhizoma Polygonati (*Huang Jing*) were added to level the liver and subdue yang.

One packet of the above medicinals was decocted in water and administered orally each day beginning five days before the expected onset of menstruation and continuing seven days. Three menstrual cycles equaled one course of treatment. During this time, the patients were counseled to minimize emotional stimulation and to control their intake of drinking water. Eating uncooked, chilled foods and excessive fatigue was prohibited.

Treatment outcomes:

Marked effect meant that, after three months of treatment, the patients' mental emotional status was easy and smooth, their sleep was good, their physical symptoms had disappeared, and there was no recurrence on follow-up after one year. Some effect meant that, after three months of treatment, the patients' physical symptoms had partially improved. However, they still had some premenstrual discomfort even though this did not disturb their ability to work. No effect meant that there was no improvement in signs and symptoms after three months of treatment or that, after improving, the condition relapsed. Based on

these criteria, 33 patients were judged to have gotten a marked effect, one case got some effect, and five cases got no effect. Therefore, the total effectiveness rate was 87.1%.

Discussion:

According to Dr. Wang, the disease mechanisms of PMS hinges on the saying that, in women, the blood is the root. Due to menstruation, gestation, parturition, and lactation, women commonly "have surplus of qi and an insufficiency of blood." Further, "when qi has a surplus, this promotes fire." During the premenstruum the two vessels of the chong and ren are normally freely flowing and exuberant. However, this may leave the liver viscus insufficient. (Although Dr. Wang does not say it, the liver cannot do its function if it is not adequately nourished by blood. The liver's function is to govern courising and discharge.) Hence the qi accumulates and becomes depressed internally, and this may manifest as vexation and agitation, dizziness and vertigo, breast distention and pain, restless sleep at night, etc. When the liver becomes depressed, it may (and commonly does) assail the spleen. Thus the spleen and stomach lose their movement and the finest essence of water and grains is not transformed. These spill over and make dampness, thus leading to superficial edema.

Based on this view of the disease mechanisms of PMS, Dr. Wang believes that the necessary treatment principles for correcting this disorder are to course the liver, resolve depression, and fortify the spleen. Within the above formula, *Yu Jin*, *Fo Shou*, and *Xiang Fu* course the liver and resolve depression. *Dan Shen* and *Ye Jiao Teng* nourish the blood and calm the heart. *Fu Ling*, *Shan Yao*, and *Bai Zhu* fortify the spleen. Therefore, liver depression obtains resolution and spleen earth obtains fortification and premenstrual vexation, agitation, insomnia, and all the other symptoms are spontaneously eliminated.

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For more information on the Chinese medical treatment of PMS, see Bob Flaws's *A Handbook*

of Menstrual Diseases in Chinese Medicine available from Blue Poppy Press. For more on premenstrual dysphoric disorder, see Bob Flaws and James Lake's *Chinese Medical Psychiatry* also available from Blue Poppy Press.

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