

Dysmenorrhea, PMS, and Musculoskeletal Complaints

by Robin Dipasquale, N.D.

Ms. C., a 33 year old woman, came to my office in February 1998 with chief complaints of painful menstrual periods, PMS, and musculoskeletal pain. She had a history of painful periods since menarche at age 13 and was diagnosed with endometriosis in 1986, followed by laser surgery. Over the years since the surgery, the symptoms have been intensifying. At the time of the office visit, she reported extreme spasms and cramping with the menstrual flow, throbbing vaginal and vulvar pain and a sense of being overwhelmed with pain by the end of each cycle. She bleeds for two days, stops, then bleeds another 5 days, passing multiple clots. Just after bleeding until ovulation occurs, she feels good, with a positive outlook toward life. From ovulation until the menses begins, she feels irritable, desperate, overwhelmed and a sense of rage. Ms. C. reported that she has a general discomfort in her body in the neck, shoulder, gluteals and SI joint. She also has hip, knee and ankle joint pain. This worsens with exertion. She feels this is emotional/spiritual as well as physical. There is a sense of fatigue and exhaustion most of the time. Her sleep is disturbed, waking in the night and not able to fall back to sleep. Both the sleep and the musculoskeletal symptoms are worse after drinking alcohol.

Drug History: Amitriptyline (past two months at bedtime to help her sleep), Ibuprofen, monthly for pain relief during menses (for many years).

HEENT: recurrent sinus infections during the wet winters.

Gastrointestinal: history of IBS, not currently present. Bowel movements daily with occasional constipation.

Breasts: tenderness premenstrually.

Endocrine: history of hypoglycemic episodes over past three years.

Hematology: history of iron deficiency anemia, three years ago.

Ms. C. loves to be in the alpine meadows hiking and scrambling. She loves the open space. "Everything is okay when I'm there, I can just be." Her physical complaints are primarily on the right side. She has a degree in occupational therapy and a certification in massage therapy but prefers to work with computers doing detailed analytical work over working with people.

Treatment

General

- Castor oil treatment three times/week over the pelvic region (castor oil applied topically, overlaid with a hot water bottle for 30 minutes).
- Epson salts baths (1 cup salts per bath) with lavender oil (5 drops) at bedtime to assist with sleep.
- Polarity therapy sessions one time every two weeks for four sessions.

Dietary

Follow the anti-estrogenic diet as closely as possible to decrease exogenous estrogenic sources.

- Decrease fats, especially saturated animal fats and use instead unsaturated fatty acids, focusing on omega 3 and omega 6 oils, such as those found in cold-pressed vegetables and fish oils.
- Eliminate sugar, white flour, and all refined foods.
- Eliminate all methyl-xanthines: caffeine, theophylline, theobromine (e.g. coffee, tea, chocolate, cola).
- Eliminate red meat and fowl (sources of exogenous estrogens). Organic fowl is acceptable.
- Decrease / eliminate milk and dairy products (sources of exogenous estrogens).
- Yogurt is acceptable. Increase complex carbohydrates (e.g. vegetables, whole grains, etc.).
- Decrease cabbage family foods (e.g. cabbage, brussels sprouts, broccoli, cauliflower, etc.) (thyroid antagonists).
- Increase eggs, garlic, onions, and beans (sulfur containing amino acids especially L-cysteine).
- Increase anti-oxidants to increase the detoxification of estrogen (vitamins C, E, and selenium).
- Anti-estrogenic smoothy with kelp (1/4 – 1 tsp.), granulated lecithin ((1–2 Tbsp.), yeast (1–2 Tbsp.), an egg or protein powder, fruit, soaked flax seeds (2 Tbsp.) and yogurt once a day for breakfast if possible.

Botanical

Vitex capsules, one cap in the a.m. daily to engage the pituitary gland.

Tincture 1	
<i>Actaea racemosa</i> (black cohosh)	20 mls
<i>Caulophyllum thalictroides</i> (blue cohosh)	20 mls
<i>Chamaelirium luteum</i> (false unicorn root)*	10 mls
<i>Viburnum opulus</i> (cramp bark)	30 mls
<i>Viburnum prunifolium</i> (black haw)	10 mls
<i>Dioscorea villosa</i> (wild yam)	20 mls
<i>Zingiber officinale</i> (ginger)	10 mls
1/2 tsp. three times/day from ovulation until menstrual flow begins.	



Robin Dipasquale

Robin Dipasquale, N.D., an herbalist and naturopathic physician, embraces the scientific, spiritual and humanistic applications of plant medicines. The plants are her teachers and guides. Robin currently serves as the chair of the Botanical Medicine Department at Bastyr University where she has the opportunity to share the wisdom of the plants with naturopathic students, the herbal community, and the medical community.

Chamaelirium luteum (false unicorn), also referred to as *Helonias*, is a plant identified by United Plant Savers as "at risk." It is both endangered in its natural habitat, and extremely difficult to propagate.

Tincture 2	
<i>Glycyrrhiza glabra</i> (licorice)	30 mls
<i>Eleutherococcus senticosus</i> (Eleuthero)	60 mls
<i>Oplopanax horridus</i> (devil's club)	30 mls
1/2 tsp. two times/day, once in the morning and once at noon.	

After two months, the painful menses had diminished by approximately 50%. Ms. C. was beginning to have increased energy during the day. She stopped the amitriptyline, her sleep less disturbed unless she consumed alcohol. Ms. C. still felt overwhelmed during the second half of her cycle with bouts of rage. She still complained of musculoskeletal pain, reporting that it would diminish after a polarity treatment for a few days, then slowly return.

Follow-up Treatment

1. Add *Bupleurum falcatum* to tincture 2, so it looks like:

<i>Glycyrrhiza glabra</i> (licorice)	25 mls
<i>Eleutherococcus senticosus</i> (Eleuthero)	45 mls
<i>Oplopanax horridus</i> (devil's club)	20 mls
<i>Bupleurum falcatum</i> (bupleurum)	30 mls
1/2 tsp. two times/day, once in the a.m. and once at noon.	

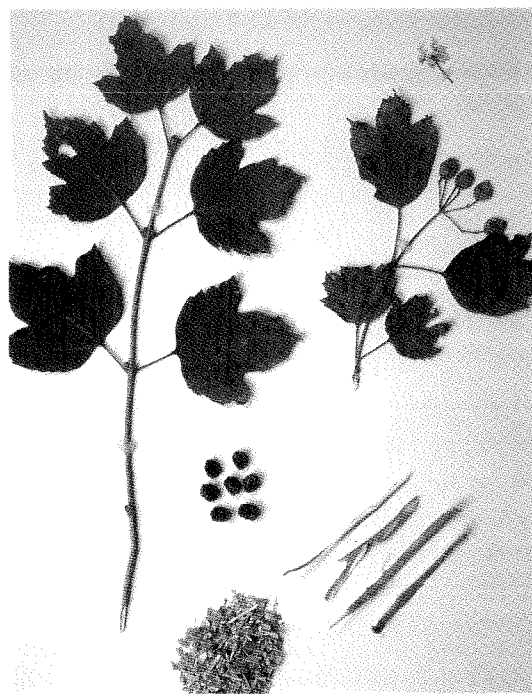
2. Continue castor oil treatments and include the area over the liver.
3. *Crotalus-h* 200 c homeopathic remedy, one dose
4. Continue with Tincture 1.
5. Continue with *Vitex*.

Initially after adding the bupleurum, Ms. C. got very angry. Within two weeks, this anger settled. Over the next 3-4 months, the menstrual pain continued to progressively diminish. The vaginal and vulvar pain was gone, with some abdominal cramping remaining on the first day of her period. The periods flowed for 5 days ongoingly, without pausing in between and without clots. Her energy is slowly improving, better when she has an undisturbed night of sleep. The musculoskeletal pain continues to come and go, worse when she is fatigued. Ms. C. still becomes overwhelmed at times, but much less frequently and without so much rage.

The liver is integrally involved with all functions of the body, especially the conjugation and clearance

of estrogens. Hormonal balance is essential for many facets of our well being, including sleep and the function of the musculoskeletal system. As shown in this case, alcohol can sometimes exasperate symptoms by compromising the function of the liver. Support for the H-P-A axis (hypothalamic, pituitary, adrenal axis) will certainly contribute to a balancing of the hormonal levels, as tincture 2 was targeted to do in this case. Tincture 1 was focused on supporting the hormonal state during the second phase of the cycle, as well as the antispasmodic action needed to reduce the dysmenorrhea. My choice in prescribing *Crotalus-h* reflects the patient's complaints in the Review of Symptoms. As life continues to challenge Ms. C's day to day activities, the action of this remedy, along with the herbal support, continue to assist her in maintaining her wellbeing.

* **Editor's note:** *Chamaelirium luteum* (false unicorn), also referred to as *Helonias*, is a plant identified by United Plant Savers as "at risk." It is both endangered in its natural habitat, and extremely difficult to propagate. Though it is a valuable medicine, and indeed, many feel it unsurpassed in the treatment of a range of gynecologic conditions, the JAHG supports the recommendation of UPS to use only cultivated false unicorn or avoid its use until it becomes more widely available from cultivated sources. Wildcrafted false unicorn should not ever be used.



Viburnum opulus

Roy Upton