Doctor Talks Intro

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Hey, I'm here with Doctor Williams today. One of the doctors at Modern Med. We're going to jump right into PMS, so welcome. First of all, so great. Thank you. Yes. I'm so excited to be here.

But this is such an important topic for us to cover. Awesome, awesome. So let's just go into the first I think it's important to set up like what's a normal menstrual cycle to remind everybody about the hormone fluctuations throughout the cycle.

And let's just take a 28 day cycle for, for your sake. And, and you can kind of talk about what is a normal cycle length to start with. And what happens from, you know, day one to, to day 28 in a cycle.

Absolutely.

Normal Menstrual Cycle Overview

So the cycle itself, when we're talking about that, is referring to the full month of hormonal changes that we experience versus when we talk about like period.

That's actually this the amount of days that we are bleeding per month. So that's really important to differentiate. They often get confused. So like you said, classically we talk about like a 28 day cycle, but there is definitely a variation on that.

So technically 24 to 35 days can be considered normal if they're kind of consistently coming in that time frame every month. And then amount of bleeding to can vary for people.

But usually we say, you know, seven days or less bleeding is what is considered normal. Yeah. Okay. Absolutely. And so come in for, you know, on our periods is how long is your cycle and people but like five days.

So they're using the period within the cycle. So I think it's important though because when we talk about this, it makes it a lot easier for I'll using the same lingo.

Okay. So day one is the first day of bleeding of the period. What's going on from day one to day 14. Yep. So that's considered the follicular phase. So the first part of that is the menstruation phase where you're bleeding.

That's the point in the cycle where our sex hormones estrogen and progesterone are at their lowest. So you might feel a little bit more fatigued at that time.

And then once you stop bleeding, we move into more of a proliferative phase. So this is when we start to actually increase our endometrial lining by increasing our estrogen levels.

So this is where estrogen is steadily increasing. And this is typically when we feel our best in the month. So more

energy better mood more social just overall feeling more thriving and vibrant.

And we associate that with the higher estrogen levels at this time. Yeah. Okay. And then follicular I always remember is like follicle right. So it's preparing your body for ovulation.

And so then that brings us to around 14 which is going to be different for different women. But then what's going on at that point. Yeah, exactly. So what you said is the higher estrogen causes us to increase our LH, which is our luteinizing hormone.

And then that triggers the ovulation to occur. So that is when we release an egg and then that sets off us to promote progesterone, which then puts us into this sunset phase of the cycle, which is the luteal phase.

So we classically say they fit 15 to 28 for that. Yeah. Also, I always love to talk about how ambulation is typically when our testosterone increases as well.

So that's usually when you're feeling more in the mood, better sex drive and so feeling like you have more energy. So this is usually also a time where we feel our best.

And it makes sense from a primal standpoint that we feel that way to make babies. Yeah, absolutely.

What PMS Is and Common Symptoms

So you've got a couple of factors there. I like increasing estrogen helps a little bit out. Increasing testosterone definitely helps with libido. You're ovulating around that same time.

How long is ovulation. So it's about 24 hours. Yeah. So, but you still can get pregnant before and after just because of the length of the the duration of the sperm, how long they can last.

And exactly. Okay. So we have our follicular phase which is preparing for ovulation. And then we have ovulation. And then we have the luteal phase which is preparing for implant implantation of the embryo if we're pregnant.

Pretty much exactly awesome okay. So we've kind of got this cycle in terms of estrogen. More so in the first part of the cycle. We do have a small boost in estrogen in the luteal phase as well.

But progesterone being the dominant hormone of that luteal phase so let's go into PMS which is focusing on that luteal phase, the second half of the cycle.

First of all, like what is PMS? I think it's commonly misunderstood. Yeah. So PMS stands for premenstrual syndrome. So like you said, it's just referring to symptoms that are occurring in the luteal phase, that second half of the cycle.

And so we diagnostically define it of having at least one symptom in that phase. And it must be impairing functioning in some way. So there's a wide range. It could be impairing functioning.

So it could be that you're calling on overwork more. It's impacting your productivity. But it could also be like you just, you know, cancel social events more during that time or how it is actually affecting your relationships in a negative way.

So it could be really like any of those things that it's affecting you. Yeah. And what are the things that would be affecting them. So one of the main symptoms. Yeah.

So the main ones we have more of our affective or behavioral symptoms. Those are things like mood swings irritability anxiety depression. But then we also have things like cravings, fatigue, breast tenderness, headaches, bloating, sleep changes.

Those are all very common. Yeah super super common. But I think the key factor is it's affecting your life in a negative way. So you're having to miss work.

You're having to change your schedule. It's affecting your relationship. So if women are needing to go to to seek counseling and things like that, like it's having a big effect on the quality of life, and that's when the diagnostic criteria kicks out.

Is that right? Exactly. Yeah. So if you have one of those symptoms and it's affecting your quality of life during that time, then it's considered to be PMS.

And so reportedly up to 80% of people have reported PMS, which is extremely high. And that's why it's so important that we're talking about this and how to, you know, help and support at that time.

Yeah. And fewer have probably meant for the diagnostic criteria, but hard to tell too, because I think women in general, I know it's for me like we don't go to the doctor for everything, right?

Like we're like, it's just affecting us. We probably can't do that much about it is a common thought that I hear women say, so maybe not even going in to get a formal diagnosis.

Exactly. We think it's normal. And like you said, there's not much that can really be done about it. So yeah. Okay. So before we go into that, because I think that we would disagree with that.

But before we go into the treatment, what causes PMS, why do we all have these symptoms and that luteal phase, or why to 80% of women report that. Yeah.

So it's really fascinating. We actually still don't fully know the mechanism. What we're currently seeing with the evidence is that it seems to be some cyclical changes that are happening with our estrogen and progesterone in relation to how that affects our neurotransmitters.

Specifically, we're seeing serotonin be the biggest one. But also does seem to be impacting our endorphins and our Gaba. So it seems to me this interplay between the two, that is really important.

So interestingly, we have studies that are showing that people who have PMS have similar levels of estrogen and progesterone as people who don't have PMS.

So it doesn't seem to be solely just estrogen and progesterone changes. There's something else that's happening. So we essentially are just saying that people who have PMS have more of an abnormal response to these normal hormonal changes and fluctuations.

Why PMS Happens

So like more sensitive to these changes and how this is also affecting our neurotransmitter response with serotonin. Yeah, it's fascinating to me that study when we were talking about it's like that, you're really seeing that the estrogen and progesterone aren't different between the two groups of women that complain of PMS versus women that do.

And so it's just fascinating to me that at this point, we still don't really have like, super concrete answers. But I think our treatment approaches give us a little insight and as to like what women actually respond to as well.

Absolutely. Yeah. It's such a fascinating topic with all these hormone changes and that we still don't fully know. But there's something obviously going on for all of us to experience this.

But yeah, I think it's really the serotonin with estrogen, progesterone and how that, you know, changes and, you know, the ups and downs, fluctuations that make us, you know, be more sensitive.

Yeah, absolutely. And you do have the so like de 21 is typically when we would test progesterone because it's at its highest. And that's really when you start to see a decline.

And you do want to talk about I was going to talk about do you want to talk about why the decline in progesterone actually, you know, happens. I think that gives a little bit of insight to.

Yeah. So the decline in progesterone happens if we didn't implant an embryo. So that leads to, bleeding. That happens monthly. Right. So your body just figures out you're not pregnant, so there's no need to go on this, this path.

You know, we're going to give up this month. We'll try again next month. So we're going to start to shed the lining and start the process all over again.

But that is when symptoms usually really start as the week before the cycle. And it's also coincides with that reduce ING progesterone level. And so that's kind of our hypothesis is just like this change in progesterone.

Maybe estrogen has a role too. But it's more applicable to certain people that are just more sensitive to that drop in and hormones despite normal, you know, similar hormones between groups that don't have the symptoms to super interesting.

So we throw around the term. So we've got PMS, which is the common one that you'll hear. And then there's the other term which is Pmdd. First of all what does Pmdd stand for.

And then what's the difference between PMS and Pmdd. Yeah. So Pmdd is premenstrual dysphoric disorder. So it's essentially just a more severe form of PMS.

So the way we differentiate the two is with the symptoms we talked about earlier, PMS would be considered if you have like 1 to 4 of them PM Pmdd is if you have five or more of those symptoms occurring in the luteal phase.

And one of those has to be an effective behavioral symptom. So like the mood swings, irritability, anger, something like that has to be included in it.

So yeah, five or more of those symptoms would be now considered Pmdd. Okay, interesting. I didn't know the affective part. You have to have one of those for the inclusion of.

Okay. Interesting. Okay. Yeah. So it's a more severe version of, of PMS and I'm much less common to. So we approximate about 2% of women actually have PMS that got it.

PMS vs PMDD

So not as frequent. And this population typically is seeking care hopefully. I definitely see women that haven't yet. So they're still not sure if this is normal PMS or what.

It's also can be hard to distinguish that from depression and women will have to like kind of learn that, like, oh, it's only happening though at specific times of the month, and it's not in practice as well.

Absolutely. It can be really hard to distinguish. And I think we just almost don't have that awareness around it. So it's something where, you know, logging your symptoms can be really helpful to dictate how much is it hormonal or is there like an actual mood disorder that needs to be addressed and supported?

Right. Yeah. So going on different points of the cycle, it's not just in that luteal phase. Yeah, absolutely. And this is the one that's so important to treat because it's it's usually really affecting quality of life relationships.

Absolutely. And it has such a hormonal link to, to the physiology that it can be really helped. Okay. So let's go through testing, which is interesting in terms of my clinical practice, I've actually kind of changed a little bit in terms

of testing, but I'm interested to see what you say, what testing should you do around this?

Should you do testing it all around? It is what we discussed about like hormones seem to be the same in these two groups. But what are your thoughts on this?

Yeah, exactly. I mean, so conventionally testing is not recommended. And because they are similar I see where that thought process is. I still find benefit in testing patients.

So we are testing in the luteal phase, like you said, about day 19 through 21, because that's when we should be having our peak progesterone. And then we also look at estrogen and in the relation of the two.

So that's typically about like 5 to 7 days after ovulation that we're timing it. We have a couple different options of ways of testing. So we have Ludwig testing to look at those levels.

And we typically are looking at other hormones too and how they're all connected. And then another test that I commonly still use in practice is the Dutch test, which is a dried urine hormone metabolite test.

So that's more of a deeper dive into all of your estrogens. So we get to look at all those metabolites, which can be really, really helpful in how well you're detoxifying.

And then we also get to look at your cortisol curve, which I find really helpful. That's our stress hormone. So that also can hugely impact our estrogen and progesterone levels too.

So I think that it's a really valuable test to have on board as well. Yeah. Yeah. And I agree with you. I think, you know, what I've started to do is just to tell people like, hey, we have this group of people that have PMS in this group and they seem to have similar hormones.

So we don't necessarily need to test. We could just go on to treatment. But also if you're curious about your hormones, then I'm happy to order them because sometimes it's just nice to know, like is your progesterone at a level that would sustain a pregnancy?

If you're in those reproductive years and you're going to have a baby? Absolutely. Are you eating? Should you experiment with ovulation test strips so you know how to use them when you're ready to get pregnant?

And all these things I just think are like learning about your body in general. Anyways. Yeah, very valuable information to have. Great. Yeah. Okay. So testing the Dutch, you got the blood work.

I do like the stress hormone profile that you get from the Dutch too.

Testing and Diagnosis

I think that's another just learning about your body piece. So now we've got the diagnosis. We're like, that really looks like this is PMS. Actually, I'm gonna go back one step.

What are the other things you want to rule out that could be presenting as PMS? Because we want to make sure we're treating the right thing. I would say thyroid conditions are the biggest.

So we actually see hypo and hypothyroid conditions can contribute to PMS like symptoms. So that would be really important. And then I would say another one is those mood disorders that we kind of talked about as well.

You know, usually you are having symptoms, you know, more of the first half of your cycle too, in those cases. But it is really important to rule out.

Yeah, absolutely. It's gonna be somewhat independent, right. If somebody comes in and their only symptom is fatigue versus irritability, those would all indicate different testing.

So you're going to do a comprehensive testing based on symptoms presentation. But say you've got a woman and she's got symptoms that are day 21 to the first day of her period.

She feels so much better after her period starts in terms of her mood gets better. And then, like, every month, she has a fight with her boyfriend. And I'm not talking about sick.

Yeah, but, so you have the diagnosis made up. What are your options for treatment? What do you talk about with. Yeah. So I always love to talk about the foundation aspects of health.

So you know looking at diet of course making sure you're getting enough healthy fats and fiber and vegetables. Working on stress management. Regular exercise actually has really good, research on how helpful that can be.

And then there are some, you know, really good herbal options that can be really helpful, I would say via text or chase. Strawberry probably has the most, the strongest evidence for being helpful.

So that really helps promote healthy progesterone levels at that time of our cycle. And then we can really take it a step further and do progesterone replacement topically or oral are both very common.

And just use it in that second half of your cycle to help mitigate symptoms to. Yeah, yeah. And I was telling you yesterday, I've been on oral progesterone now for a few months.

And it's made a big difference for me personally. So I think I try to and I use it I use it with patients for sure. But I obviously you can't use things if they don't pertain to you in medicine, but this is one where I'm like, wow, I really feel a difference with it.

And I feel like I'm one of those women that it's just like I'm a little more sensitive to that drop in progesterone around day 21. Yeah, absolutely. And that has been helpful.

I think it would be helpful for me to try to. So then we have Pmdd. We won't go in too much to the treatment options. They they'll overlap a little bit with PMS.

But anything additional for Pmdd that people should look into. Yeah. A really common, thing that is helpful is an SSRI. So a serotonin reuptake inhibitor.

So this also goes back to what we're talking about as the mechanism of how important serotonin does seem to be playing a role with PMS and Pmdd.

Treatment Options for PMS and PMDD

So that just means that we're going to be increasing your serotonin at that time, which significantly helps symptoms, especially with with people who have Pmdd.

So I think that's a really good helpful therapy to have on board in those cases. Yeah, yeah. And I know people, women are looking for us for natural options.

But I do think it's important to note I've had several women that I've worked with throughout the years where this is really the thing that changed their life, and it was a big difference between the natural options and the SSRI.

And so I think it's an important thing to talk about, as sometimes we do need some pharmaceuticals. Yeah, absolutely. Yeah. There comes a point where you have to weigh the benefits versus the risk and how much it's affecting your quality of life.

Yeah. So yeah. Okay. We had a few questions come in from people on Instagram. So I want to go over those. One of them is spotting before your period normal.

What causes it. I can go into that a little bit. Yeah. So spotting a day or two before your period is normal, it's really just the brown blood discharge.

You experience a kind of just shedding the old blood from the last cycle and getting ready for your actual period to start. So that's considered completely normal.

What is important to distinguish is if you are spotting at other times of your cycle, or if you're spotting for many days before your cycle, and that could be a sign of, a hormone imbalance or an infection or something like that that really needs to be addressed.

Yeah. So it's kind of just like easing into your cycle. You may have some spotting before the full bleed actually happens. Yeah, absolutely. And then what causes acne before your period.

Yeah. So we see that the fluctuations in estrogen and progesterone before your cycle can trigger your sebaceous glands in your skin to actually produce more sebum oil.

And that can really clog your pores and cause more acne at that time. Yeah. Okay. Really fun time. It was. I know it really, really is. Well, so are you gonna say that?

Yeah. All right, another one, though we do have another. This was the question from somebody who was wondering if you can if your period after children can cause digest of issues.

So I think there's a couple things there where it's like, it sounds like this person had changes after having children, like, she didn't have this before.

I think it's the same kind of, thing that's going on regardless, but talk a little bit about that. Yeah. So, so obviously it sounds like something changed to after having children, which is very common. Or hormones can kind of shift or it can take a while for things to balance out.

So in specifically with digestive issues, it could be that maybe she is promoting more progesterone than she did prior, and progesterone can contribute to more constipation, if that's what she's experiencing.

I'm not sure or also, there could be changes with the prostate gland in the which can promote diarrhea because they're causing contractions in our, GI tract and uterine as well.

So that is probably either of those is probably what is happening for her. Yeah, we get this question all the time too. I think it's one of the most common things when we're talking about cyclical changes in G. I issues.

Audience Questions and Practical Tips

But definitely the progesterone rising and its highest a week before your, your period will cause constipation, and especially with people that are already prone to constipation and can really worsen symptoms and thus people, what do you recommend to actually prevent it or treat it or just kind of to educate them about what's going to keep happening.

So we gotta figure yeah, yeah. So I mean, obviously hydration is so important, but what I find really helpful is magnesium. That also just helps alleviate other symptoms too, like muscle aches, headaches if you're having those symptoms as well.

And then ginger is also one of my favorites, even just like a tumeric ginger tea or or, you know, ginger capsules. Something like that can be really helpful to mitigate the constipation at that time.

Yeah for sure. I totally agree. Even marking your calendar and saying, okay, usually I'm getting constipated in a week before, so that means like nine days before I'm going to up my magnesium or start taking a magnesium preventatively.

And I love the ginger tumeric tea option. I think that's a great one too. And then when you get your period sometimes, then you swing the other way. So it's important to know, like you're probably not going to decrease the magnesium.

Yeah. Yeah. So diarrhea loose stools very common at the start of the period. Like you said the prostaglandins they're contracting in the uterus. But everything else can kind of get contracted in and move a little faster to so yeah.

So ease up or stop that magnesium when you feel that coming on. Yeah, absolutely. What do we cover. Anything else that we want to touch on today that I think is important?

I think that that was really I think that was really it. I think we covered a lot of good things. Yeah. Me too, I think is a great overview. Where can people schedule a complimentary call with you? Yes.

And what other things do you like to treat besides, hormonal issues and women? Yeah. So you can find me a modern med, our website. You can schedule directly on there.

And then I love to see anything hormonal related, biological hormone replacement, all of that. And then I do a lot of gut health, of course. So issues with bloating Sibo.

I do a lot of that in my practice.

Closing Remarks and Where to Find Doctor Williams

And then I would say more toxicity is probably the other biggest thing that I'm seeing absolutely into this is going to live on YouTube. There's going to be a link below for scheduling with Doctor Williams.

Thank you so much for joining. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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