

# Menstrual and Pre-Menstrual Tension

Jan de Vries



# **MENSTRUAL & PRE- MENSTRUAL TENSION**

Well Woman series

Jan de Vries



EDINBURGH AND LONDON

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## *Foreword*

by Gloria Hunniford

EVERY SO OFTEN along comes a natural communicator and broadcaster, who immediately builds up a worthwhile relationship with the listeners and viewers. Such a man is Jan de Vries. I have worked with him on various Radio 2 and television programmes since 1984, and the mailbag or phonedlines have regularly been bursting with medical queries, which he has dealt with in excellent professional terms.

However, what has clearly emerged is the number of Well Woman medical problems. Therefore, as a result of the many questions on my programmes, Jan has embarked on the Well Woman series, starting with premenstrual and menopausal conditions, to be followed with books on the subjects of childbirth and pregnancy, mother and child, skin and hair conditions, and women's cancers. These books will answer in depth the many queries that we have had on the programmes and I do hope that this series of books will be of help with many of the presently common conditions.

A handwritten signature in black ink, appearing to read 'Jan de Vries', with a horizontal line underneath.

A woman is the most reliable expert in her own health care.

—Dr Carolyn De Marco



## *Menstrual Tension*

IN RECENT YEARS I seem to have been consulted more and more frequently by female patients seeking relief from physical and mental symptoms which are the direct result of menstrual or premenstrual tension. I wonder why so many women nowadays admit to suffering from these phenomena. Is it an urge to be in vogue by joining the ever-increasing number of sufferers or are these problems indeed more prevalent nowadays, or could it be that the taboo has finally been lifted and women, realising there is no longer any stigma attached to suffering menstrual and premenstrual tension, have become more inclined to discuss their symptoms openly? I have come to the conclusion that the answer is most likely a combination of the above assumptions. I am pleased that more women feel able to discuss these personal problems and no longer feel the need to repress them. I do not believe that menstrual or premenstrual tension can be regarded as a syndrome which has begun to occur only recently; it is far more likely that these symptoms are as old as humanity, but earlier generations would not discuss such problems, regarding them as essentially female and private.

The monthly cycle is dreaded by many women, and more than likely by equally as many husbands. There is little doubt that the family as a whole can suffer when the wife or mother is feeling out of sorts. Because she feels uptight, she is likely to be less tolerant towards the members of her immediate family and probably, as a direct result, her children will become more recalcitrant. Here we have all the makings of a confrontation, while the same circumstances

at any other time of the month may not have caused any problems whatsoever.

From an article in a national newspaper I learned that menstrual tension supposedly affects 74 per cent of women of child-bearing age. Many women freely admit to a diminished sense of co-ordination and, to quote one example, volunteer that this is quite apparent in their driving ability at a certain time of the month.

It is acknowledged that marriages can come under stress because of tension at this time of the month, and unexpected aggression varying from a mild bad temper to violent outbursts are not unknown. Admittedly, these are some of the more extreme symptoms, which fortunately do not occur too frequently. On average, most women suffer a degree of irritability, depression, anxiety, inability to cope, bloatedness, and often a craving for sugar, even though these may be out of character at other times of the month. There are more symptoms that have been ascribed to this particular condition, symptoms that vary before, during and after menstruation. It is hardly surprising that such conditions account for an increasing number of psychiatric admissions and suicide attempts, many of which take place during the premenstrual phase.

However, let me be very clear. I do not want to create the impression that all extreme female emotions may be blamed regardlessly on a certain time of the month. Nor does it mean that women can claim indulgence for uncontrollable tempers on the ground of menstrual tension. Menstrual or premenstrual tension are phenomena that have been used by some as an excuse to include any kind of quarrelsome or obnoxious tendencies. Having said this, it may well be that such tendencies do only occur at certain times of the month, in which case some extra consideration will be required from the other members of the family. It is only too common for women to act uncharacteristically during periods of hormonal imbalance or change.

Let us take an overall look at the years of the average female fertility cycle. Menstruation usually starts during the early to mid teens and continues for approximately thirty to forty years. During this lengthy period the hormonal balance passes through various stages, according to age and circumstances. It is fairly common for periods to be irregular for teenagers during the early stages of menstruation. The cycle will regulate itself in the late teens or early twenties. A major hormonal change takes place during pregnancy, which is followed by a further change when the new mother is breastfeeding her baby. After such an experience the hormone level will eventually balance itself, naturally and in its own time. Towards the end of their fertile period many women experience a greater or lesser degree of irregularity in their menstrual cycle. This condition is called the menopause, and its onset indicates the end of the reproductive years.

Menstrual tension is often the result of undue pain experienced prior to or during menstruation and it is important to realise that much can be done to alleviate such side-effects. From the contents of this book you will learn that there is little or no need to suffer unduly during this time of the month.

Period pain — dysmenorrhoea — can be primary or secondary in nature. Primary dysmenorrhoea usually starts within a few months of a teenager's first menstruation and this condition is therefore most common among the under-25 age group. Abdominal cramps and pains can result in severe backache which can, however, be eased in a variety of ways. Please remember that there is no need to suffer such symptoms unnecessarily; so often women shrug their shoulders and say that it only lasts one or two days anyway, so why bother about it. Never forget that this condition can be avoided and effective relief can be obtained from some simple forms of alternative medicine.