

Sodium intake and pms

[Science](#), [Biology](#)



Sodium Intake and PMS Introduction Premenstrual syndrome refers to the more than 150 symptoms (emotional, physical and behavioral) symptoms that occur consistently in successive menstrual cycles in women.

Premenstrual syndrome is popularly known as PMS. PMS symptoms occur in women the days before their period starts every month (roughly 7 to 10 days before) in a phase known as the luteal phase of the menstrual cycle and they disrupt the normal functioning of a person. They actually improve during the menstrual period days and stop once menstruation is complete. PMS is characterized by several symptoms in women and varying ones at that but they can be severe enough to disrupt a woman's life (Stoppler 155). This is why I chose this as my topic area of interest. The main reason was that physicians and scientists alike still do not know the cause of PMS even after conducting exhaustive research for over 50 years but they have come up with theories as well as practices that women can follow and things that can alleviate their symptoms. The theories actually range from hormonal changes, nutritional and psychological basis as the primary causes of PMS in women. My study is solely based on the nutritional aspect of it and whether there is an actual correlation between high sodium intake and PMS and if there are any nutritional habits linked to it. I began my search for information from the internet searching medical databases and online medical records to establish whether this is a fact or a myth in the medical field. I used google as my main search engine to start up my search, and typed in the keywords " pre menstrual syndrome" and the " correlation between high sodium intake and premenstrual disorder". Google being an exhaustive search engine then brought up several results that I examined

thoroughly to establish whether there is a correlation between sodium intakes and it being a causative agent of PMS (Thwe 128). Background Information: Symptoms and Causes According to medscape. com and medlineplus. com, premenstrual dysphoric disorder also known as (PMDD) is a diagnosis that is used by medical practitioners to indicate the levels of serious premenstrual distress in a woman and its association with her deterioration in normal functioning. It is basically a severe form of PMS and usually lasts between 5 and 11 days before the onset of the period/ start of the monthly cycle and is known to affect roughly between 3 and 8% of the overall population of women (Thwe 130). Some of the physical and emotional symptoms associated with PMDD include insomnia and indefinite sleeping patterns, food cravings and binge eating, panic attacks, concentration problems, headaches, breast tenderness, joint and muscle aches, low energy levels, sadness and depression, fatigue, a disinterest in daily activities, mood changes, abdominal bloating, irritability, tension, anxiety and bouts of anger. These symptoms are nothing short of troubling and unpleasant and women experiencing them do so subconsciously and they are debilitating and interfere with their ability to function normally in ordinary scenarios. All the medical sites visited are in agreement that the specific cause of PMS and PMDD is unknown but they are attributed to the interaction of hormones produced from the ovaries at different stages like estrogen and progesterone and the fluctuation of these hormones may cause the onset of these symptoms. PMS and PMDD is not known to be associated with any particular personality type or trait, but evidence suggests that stress may be a strong cause and also age and race may enhance the symptoms (not well

researched though). Sodium and PMS When it comes to sodium, the excessive production of a hormone known as aldosterone the hormone that regulates sodium and potassium in the female body causes abdominal bloating thus the kidneys retain sodium and water temporarily in preparation of the menses. As a result of wanting to alleviate bloating, many women make intentional dietary changes so as to prevent PMS symptoms. Such dietary changes include avoiding salty foods, alcohol and caffeine and increase their intake of carbohydrates that range from pasta, potatoes, bread and fruits & vegetables. When it comes to treatment, there is no known treatment for PMS due to the fact that there is no known cure or specific cause (Medline Plus 17). Individual treatment however is based on analysis individual symptoms and knowing or devising ways on how to alleviate it on an individual level. PMS symptoms are manageable and may include changing diet to incorporate regular vitamin, minerals and carbohydrate intake as well as avoiding caffeine, fats, salts and simple sugars , coupled with regular exercises like jogging, swimming or aerobics and walking all which may offer substantial relief from the symptoms (Thwe 129). On the evaluation of the internet articles chosen, they were all in agreement on how to manage the disorders and there were no biases or unfounded assumptions. Since the sites were of a medical nature, they are well reputable sources and are up to date, user friendly and easy to navigate as they target both medical practitioners and women in general. Conclusion In conclusion, when it comes to PMS symptoms, salt and water retention are widely accepted to be one of the possible reasons for causing it, but there is no substantive evidence leading to the same. Double-blind controlled

experiments have shown no relationship between salt and water retention and mood changes. In fact, when sodium and water retention occurs in the conditions associated with adrenal, heart, kidney or liver disease, it produces no emotional mood swings or other changes associated with PMS. It has therefore been difficult to establish the reason for salt and water retention, but it may be attributed to faulty estrogen metabolism (Stoppler 160). In short, there is no correlation whatsoever between the intake of sodium and premenstrual disorder in what was previously thought to be a fact. Works Cited Medline Plus. "Premenstrual dysphoric disorder." *Women's Health Annals of Tourism Research* 32. 4 (2009): 11-28. Print. Stoppler, Melissa. "Premenstrual dysphoric disorder." *MedicineNet. com Healthy Living* 50. 6 (2010): 150-163. Print. Thwe, Htay. "Premenstrual dysphoric disorder." *Medscape Reference Health Affairs* 12. 2 (2010): 123-137. Print.