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TREATMENT PLAN FOR: Zoe Trachy Date: 6/2/25

Health Goals	 Reduce pre-menstrual dysphoria and support a healthy nervous system function by utilising supportive minerals (Calcium, magnesium, b6 especially). Improve mood related symptoms by utilising St John's Wort. Improve nutritional status and meal regularity to help reduce PMDD symptoms. Support liver detoxification pathways to ensure proper hormonal detoxification and excretion (reduce oestrogen build up)
Diet	 Emphasise protein intake with all meals. Helps regulate mood, energy, supports nutrient intake. 1-3 cups of roasted Dandelion root tea daily. Coles sell a brand called BonVit or the health food store will have nice options too. This will help liver detoxification of excess hormones, chemicals etc which in turn will support hormonal balance, reduce hormonal acne. Eliminate wheat products for the next 4 weeks/until I see you again. Eliminate dairy products for the next 4 weeks/until I see you again. Experiment with milk alternatives such as macadamia, organic soy etc. When foods don't agree with your digestive system, they can trigger inflammation in your gut. Think of inflammation as your body's alarm system - it's helpful in the short term, but when it stays activated for too long (becoming chronic), it can affect your whole body, including your mood.

	Here's how it works: Your gut and brain are closely connected through what scientists call the "gut-brain axis." When your
	gut is inflamed, it releases inflammatory molecules that can travel throughout your body. These molecules can affect your brain chemistry and potentially worsen mood symptoms, including those associated with PMDD.
	By eliminating foods that trigger stomach upset (in your case, dairy and wheat): -You reduce the inflammatory response in your gut -This may decrease overall inflammation in your body -Lower inflammation levels could help stabilise your mood -You might experience fewer digestive symptoms, which can improve your overall well-being.
	- Meal prep on your good weeks so that when you have low motivation you have premade meals for your lunch. Frequently missing breakfast and skipping meals is significantly linked with PMDD, ^[194] therefore assisting patients with scheduling regular meals may help with affective symptoms of premenstrual disorders.
	 Food such as frittata are high protein, can have loads of veggies in them and make a convenient snack to have in the freezer or fridge.
Lifestyle	 Track your period cycles for the next few months. Easiest way is to use a free app on the phone (Period Tracker by Amila for example).
	 Consider doing some energy medicine like kinesiology to address any underlying spiritual-emotional drivers for the PMDD. I see Kristie Ives (see website below). https://www.heartspacetherapy.com.au/
Barriers	-
Referral/Investigations	 DUTCH test. See Nutripath email for instructions on purchase and obtaining test kit.
Prescription	 Alkamin Calm by Orthoplex. (See Vitaly prescription). 1 level included scoop (6.5 g) twice daily in water. You may need to use this for a few cycles to see improvements.
	- St John's Wort by Mediherb. 1 tablet 3 times daily
Recipes:	_
necipes.	

Other	Return for follow up in approx. 4 -5 weeks so we can review DUTCH tes results, progress so far.
MISC	Mechanism of Action/Clinical Research: (These are all ingredients/nutrients in the supplements I've prescribed) • St John's wort has been shown to modulate the activity of mood-enhancing neurotransmitters including serotonin dopamine, noradrenaline and GABA. [72] • Clinical trials and systematic reviews reveal the benefits of St John's wort in mitigating affective symptoms associated with PMS, including depressive-like symptoms and crying. In these studies, doses of hypericin from 300 µg to 1,300 µg daily over two menstrual cycles were shown to be efficacious. [73],[74],[75] • Low serum 25-hydroxycolecalciferol (25(OH)D3) during the luteal phase has been observed in women with premenstrual disorders. [172] • Increase intake of nutrients shown to benefit PMS and PMDD symptoms including vitamin B6, vitamin D, calcium, magnesium, and zinc, essential to CNS activity, cognitive function and healthy mood. • Research suggests that magnesium and vitamin B6 deficiency may contribute to PMS presentations, evidenced by improvement in affective symptoms (low mood and anxiety)[121],[122],[123],[124],[125],[126],[127],and increased rate of PMS remission[128] following supplementation. • 250 mg/d of magnesium and 40 mg/d of vitamin B6 prescribed for two months were shown to significantly lower mean PMS scores including self-reported anxiety and depression. [129] • Magnesium has been shown to inhibit NMDA receptor activation and increase GABAergic and serotonergic activity, improving mood presentations such as anxiety and depression. [130] • Vitamin B6 is fundamental to the production of many neurotransmitters [131] and is specifically involved in the creation of histidine to histamine, tryptophan to serotonin,
	 Magnesium has been shown to inhibit NMDA receptor activation and increase GABAergic and serotonergic activity, improving mood presentations such as anxiety and depression.^[130] Vitamin B6 is fundamental to the production of many neurotransmitters^[131] and is specifically involved in the
	shown to significantly increase sleep time and sleep efficiency, while improving sleep onset latency (p<0.03). ^[151] Patient serum cortisol levels were shown to decrease (p<0.008) in correspondence with increased in melatonin (p<0.007), indicative magnesium's effect on improving sleep quality. ^[152]

- **Zinc** plays a multitude of roles in the CNS including regulation and release of neurotransmitters that influence cognition and mood. [134],[135] This mineral also supports hormone synthesis, as well as providing anti-inflammatory action. [136],[137],[138]
 - Supplementing 30 mg/d $^{[139],[140]}$ to 50 mg/d $^{[141]}$ of zinc over 12 weeks has been found to significantly improve both physical and psychological symptoms of PMS, sleep and quality of life, [142], [143], [144] including notable reductions in PMS-related presentations as anger/irritability, such anxiety/tension, depressed mood, insomnia, and interference productivity. [145] with work

OTHER:

History of significant stress exposure has been associated with PMS and PMDD, suggesting that trauma may render some women more susceptible to and/or increase the severity of hormone sensitivity. [29] Longitudinal studies have found emotional and physical abuse strongly correlate with moderate to severe PMS, [30] while higher rates of adverse childhood events and post-traumatic stress disorder (PTSD) are independently associated with PMDD and premenstrual symptoms. [31] As such, evidence suggests significant stress exposure may contribute to dysregulation of the HPA and HPG axes and their modulation by neurosteroids. [32]

NOTE: Lifestyle and dietary recommendations have been provided to support your health goals. If you experience any adverse reactions or discomfort, discontinue the recommendations immediately. We will discuss modifying them during your next appointment. If you have any serious concerns, please contact me for quidance.

Herbal medicines have been prescribed as part of your treatment plan. Like any medication, discontinue their use if you experience rashes, diarrhea, digestive issues, allergic symptoms, or any other adverse reactions that you suspect may be related to the herbs. Please notify me immediately if you experience any such reactions.

Nutritional supplements have been prescribed to address your health condition. If you experience any signs or symptoms that you believe may be associated with these supplements, discontinue them immediately and contact me. Your health and safety are of utmost importance.