

The Menstrual Cycle

The average menstrual cycle can be divided into four (4) distinct phases:

Menstrual Phase

The uterine lining sheds over 3-7 days, on average. The hormones progesterone and estrogen are at their lowest points. This is also referred to as the "bleeding" stage.

Follicular Phase

Follicles begin to mature in the ovaries. The levels of estrogen and Follicle Stimulating Hormone (FSH) begin to increase.

Ovulatory Phase

One follicle, upon reaching maturity, releases its egg into the fallopian tube, with the help of Luteinizing Hormone (LH). Estrogen level peaks and is at its highest in the cycle. The woman is most fertile during this phase.

Luteal Phase

Progesterone levels continue to rise, in order to maintain a pregnancy, should one occur. If no pregnancy occurs, the levels of progesterone fall, the uterine lining begins to disintegrate and shed and phase 1 begins again.



Premenstrual Syndrome (PMS)

This is a complex condition that refers to the physical and emotional symptoms that many women experience in the lead-up to menstruation. Symptoms ease during the woman's period and there is usually at least one symptom-free week before the symptoms return.

For some women with severe symptoms, PMS is linked to reduced quality of life.

Cyclic changes in hormones and chemical changes in the brain are known to contribute to the condition.

Physical symptoms of PMS can include:

- abdominal bloating
- digestive upsets
- breast tenderness
- tiredness
- headache
- acne
- fluid retention
- joint or muscle pain
- food cravings
- increased sensitivity

Mood symptoms of PMS can include:

- anxiety
- difficulties concentrating
- feelings of loneliness
- lowered mood
- confusion
- drop in self-esteem and confidence
- irritability, including angry outbursts
- mood swings, weepiness.

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ADVANCED
Women's Health Support

MAY HELP TO:

- Normalize menstrual function
- Support normal hormonal function
- Reduce the risk of ovulatory infertility and unexplained subfertility

Regular, Painless Periods are Possible!

1 capsule, three times daily, with food.

Not to be used during the first week of the menstrual period.



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Why are Prolactin and Homocysteine Levels Important?

About a third of women in their childbearing years with irregular periods but normal ovaries have high prolactin levels.

When this happens, a woman might have trouble getting pregnant. High prolactin levels interfere with the normal production of other hormones, such as estrogen and progesterone. This can change or stop ovulation. It can also lead to irregular or missed periods.

High homocysteine (an amino acid) levels are usually an indication that you are not getting enough vitamin B12, B6, or folate.

High homocysteine often correlates with hormone imbalances, lower fertility and a lack of ovulation both in healthy women and those with polycystic ovarian syndrome (PCOS).

Estrogen tends to lower homocysteine. Women with higher homocysteine due to lower estrogen tend to also have lower luteal phase progesterone. PCOS patients with elevated homocysteine are significantly more likely to suffer from repeat miscarriage than those with normal homocysteine levels. In some cases, treatments with diabetic drugs, such as metformin, may increase homocysteine.

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Managing Premenstrual Symptoms

Vitamins B6

- Vitamin B6 lowers prolactin levels and maintains low levels of homocysteine.
- While PMS is not caused by vitamin B6 deficiency alone, most women with PMS show improved symptoms once they start supplementing with vitamin B6.
- The liver breaks down estrogen into one of three metabolites. Vitamin B6 encourages estrogen to break down into the “gentlest” metabolite. This means fewer estrogen dominance symptoms, including less breast tenderness and fewer cramps.

Borage Oil

- Borage contains 18-26% GLA, an omega-6 fatty acid that is revered for its anti-inflammatory and pain-relieving properties. GLA helps ease cramping, breast pain and associated physical discomfort associated with the menstrual cycle.

Wild Yam

- Wild Yam may reduce muscle spasm of the uterus, fallopian tubes, and ovaries, helping with painful menstruation and chronic pelvic pain.
- Wild Yam is rich in diosgenin which has been reported to decrease the formation of substances responsible for inflammation and pain.

Dong Quai

- Dong Quai can be used for regulating menstrual cycles in women who have an abnormal or absent period. It is known to improve the blood flow to the pelvis relieving pelvic congestion syndrome and pelvic pain.
- It is also highly recommended for resuming normal menstruation after using hormonal birth control methods.
- Dong Quai has a relaxing effect on both the uterus and the nervous system. This can be helpful for physical and mood PMS symptoms. Its relaxing effects are just as powerful lavender, chamomile, or valerian root.

Vitex

- Vitex is proven to reduce symptoms of PMS. Researchers believe that Vitex works by decreasing levels of prolactin to help rebalance other hormones, including estrogen and progesterone — thus reducing PMS symptoms such as irritability, fluid retention, breast lumpiness and pain.

Regular,
Painless Periods
are Possible!

Infertility In Women

Most cases of female infertility are caused by problems with ovulation. Without ovulation, there are no eggs to be fertilized. Irregular or absent menstrual periods are signs that a woman is not ovulating normally. Ovulation problems are often caused by PCOS – a hormone imbalance problem which can interfere with normal ovulation. PCOS is the most common cause of female infertility. Primary ovarian insufficiency (POI) is another cause of ovulation problems. POI occurs when a woman's ovaries stop working normally before she is 40 and is not the same as early menopause.

Less common causes of fertility problems in women include:

- Blocked fallopian tubes due to pelvic inflammatory disease, endometriosis, or surgery for an ectopic pregnancy
- Physical problems with the uterus
- Uterine fibroids, which are non-cancerous clumps of tissue and muscle on the walls of the uterus.

Wellstra™ ADVANCED & Improving Fertility Factors

Vitamins B6 & B9

- **Vitamin B6** is needed to produce the corpus luteum which makes progesterone during the luteal phase, and on into the first trimester of pregnancy if pregnancy occurs that cycle.
- **Vitamin B6** increases cervical mucus. Cervical mucus is crucial since it accepts, filters, prepares, and releases sperm for successful transport to the egg for fertilization as well as helps nourish and protect both the egg and the sperm.
- Research has found that proper **folate (B9)** intake may impact progesterone levels, and low levels of Vitamin B9 may lead to irregular ovulation. Both factors combined may reduce fertility.

Wild Yam

- **Wild Yam** is believed to optimize estrogen levels and improve the quality and amount of cervical mucus.

Vitex

- **Vitex** has been shown to improve fertility, particularly for women with luteal phase defect (shortened second half of the menstrual cycle) which is due to ovaries not releasing enough progesterone.

A study evaluated 52 women with luteal phase defects due to higher-than-normal levels of prolactin in the blood. After three months, the women treated with Vitex had a reduction in prolactin release, shortened luteal phases were normalized and deficits in the luteal progesterone synthesis were eliminated.