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SHORT COMMUNICATION

Observations on Using Potassium to Treat Premenstrual Syndrome

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In 1998 I published the results of a study in the *Journal of Orthomolecular Medicine* titled "Potassium: A New Treatment for Premenstrual Syndrome" (Takacs, 1998). The paper described a small pilot study in which a specific protocol using potassium supplements eliminated severe premenstrual syndrome (PMS) in all participants. Today, severe PMS is frequently referred to as premenstrual dysphoric disorder (PMDD). In 2017, a small open clinical trial using the potassium protocol for PMS was published by cardiologist Dr. Basil Okeahialam (Okeahialam, 2017), who learned of my study while on sabbatical in the United States. His study results are consistent with those I reported and concluded that potassium supplementation warranted further investigation.

Since the completion of my study, women from around the world have from time-to-time contacted me asking about the protocol. In this communication, I wish to comment on my original paper with some additional observations from my conversations with women over the past 40 years. I am not a healthcare professional. When requesting the protocol, all women are first asked to check with their doctor to ensure that potassium is medically safe for them to take.

Overall, women with severe PMS, but few complicating conditions, seem to respond well to the potassium protocol. Any lack of progress is usually traced to too low a dose of potassium or a source of phosphorus-free calcium inadvertently added into the diet. About 10% of women needed to double the dose from the one used in the original study to notice improvement. Regardless of symptom severity, it always takes three full cycles on potassium to become free of symptoms. Potassium needs to be started very early in the first cycle to notice a difference in that cycle. One of the most interesting observations in the study group was a change in the timing of the symptoms. For the first cycle on potassium only, symptoms often extended further into the period than usual before abating.

There are always new treatments and medications being discovered and popularized. There is no way of knowing a priori which might interfere with the protocol or not. However, I have noted some conditions or medications for which the potassium protocol has not been helpful. For example, one woman with polycystic ovarian syndrome, a condition marked by hormone imbalances, did not seem to respond. Using albuterol to treat asthma, even once per month, seemed to negate benefits from potassium treatment. Commonly prescribed selective serotonin reuptake inhibitors (SSRIs), which should never be stopped abruptly, also seemed to interfere. Some individuals had positive results with the protocol by reducing SSRIs use under professional guidance. Women using hormone treatment to manage their PMS will likely need to adjust their dosage. For example, one woman in the study already using natural progesterone suppositories found that her usual dose seemed too high by her second cycle on potassium. In response, she reduced and eventually stopped hormone treatment. Her situation was complicated in that she also took levothyroxine and had severe chemical and mold sensitivities, but the potassium worked for her. Potassium-depleting situations, such as some illnesses, especially coronavirus disease, can cause temporary setbacks.

Of course, I still do not know the mechanism by which a mild-to-moderate potassium deficiency, one that is not necessarily severe enough to show up in the standard serum test, might cause PMS. I am always trying to learn more and keep my observations current in an updated potassium protocol written specifically for the woman with PMS. Should readers have questions for me, or would like a copy of the protocol, please email me.

CONFLICT OF INTEREST STATEMENT

The author declares she has no competing interests.

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