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A normal menstrual cycle should occur every 28 days plus or minus *seven* days (21-35 days). With the duration of flow between two to seven days, with a volume loss of less than 80 mL or less than five tablespoons. Menorrhagia is menstrual bleeding that lasts more than seven days and bleeding that is very heavy. Heavy bleeding is defined *as* needing to change your tampon or pad after less than two hours or passing clots the size of a quarter or larger.

Untreated heavy or prolonged bleeding can result in [iron deficiency anemia](#) and daily routines being hindered by excessive blood loss. Three quarters of hysterectomies (removal of the uterus) in Canada are performed as a result of unresolved heavy periods. Of the hysterectomies performed, 50 percent confirm the uterus to be free from disease.

Symptoms

- Bleeding so heavily that normal daily activities cannot be carried out
- Going through one or more tampons or pads every 2 hours
- Low iron; fatigue, paleness, shortness of breath, hair loss
- Menstruation lasting longer than a week
- Menstruation that occurs more than once in 30 days
- Needing to wear both a pad and a tampon at the same time
- Passing blood clots larger than a quarter

Causes

There are many underlying issues that cause menorrhagia. The most common cause is hormonal imbalances. In a normal menstrual cycle, estrogen increases in the first half of the cycle, ovulation then occurs and progesterone rises. If pregnancy does not occur progesterone falls, signaling the uterine lining to slough off. If you have menorrhagia, estrogen rises and is sustained causing the uterine lining to thicken. Estrogen is a strong hormone and inhibits progesterone further increasing estrogen, resulting in a thicker uterine lining. This specific cause is the most common cause of heavy bleeding in teenage and perimenopausal women.

Heavy bleeding may be a symptom of other underlying health issues. Some conditions that may cause heavy menstrual bleeding are:

- Adenomyosis - occurs when the uterine endometrial lining grows into the muscle wall of the uterus
- Anemia or low iron
- Cervical or uterine cancer
- Deficiency of vitamin K, which is vital for blood clotting
- Endometrial hyperplasia - an irregular thickening of the lining of the uterine walls, caused by excess estrogen without progesterone
- [Hypothyroidism](#) (including subclinical low thyroid)
- Infections from STIs
- Liver disease
- [Polycystic ovarian syndrome](#) - a prediabetic condition that may hinder proper ovulation
- Use of a copper IUD - may cause heavy bleeding in some women

- [Uterine fibroids](#) - benign tumors consisting of smooth muscle and fibrous tissue
- Uterine polyps - also called endometrial polyps, are small growths found on the lining of the uterus
- The National Hemophilia Association predicts that up to three percent of women suffer from undiagnosed bleeding disorders such as von Willebrand disease (VWD), a genetic disease caused by a deficiency or a defect of a crucial blood clotting protein.

Prescription For Health

Finding and addressing the root cause of menorrhagia is important in order to correct the condition.

Nutrient	Dosage	Action
Multivitamin with minerals (contains no iron)	As directed	Ensures adequate nutrient status; Vitamin B6 and magnesium are essential for treating menstrual abnormalities
D-glucarate*	150 mg	Important for healthy metabolism of estrogen; supports normal cell growth; combined with I3C and sulforaphane; it stops abnormal periods and period pain
Curcumin* (95% curcumin)	50 mg	Prevents abnormal cell growth, detoxifies cancer-causing forms of estrogen Eliminates excess toxic and cancer-causing estrogens
Indole-3-carbinol*	150 mg	Has been shown to reverse abnormal PAP tests within three menstrual cycles Halts flooding periods and normalizes menstrual cycle
Rosemary extract*	25 mg	Reduces tumor formation, is antioxidant
Di-indolylmethane (DIM)*	100 mg	Antioxidant, reduces risk of cancer Reduces risk of cancer
Sulforaphane*	200 mcg	Stops abnormal cell growth Halts flooding periods and abnormal menstrual cycle
Chaste tree berry (Vitex)*	80 mg	Balances estrogen-to-progesterone ratio

Menorrhagia (Heavy Menstrual Bleeding)

Nutrient	Dosage	Action
Zinc*	6 mg	Zinc helps to increase progesterone and decrease estrogen PMS sufferers are more likely to have low zinc
Vitamin K2 MK7	100 mcg daily	Stops heavy bleeding and clotting
Shepherd's Purse Tincture	20 drops every 2-3 hours during the first 2 days of heavy periods	Stops heavy bleeding and clotting
Cramp Bark Tincture	1/2 teaspoon every 2-4 hours for acute pain	Relaxes the uterus and reduces cramps
Borage Oil	2000 mg daily	Anti-inflammatory; controls inflammatory prostaglandins involved in pain and inflammation Stops diarrhea and flooding periods

*Can be found in one formula

Health Tips to Enhance Healing

- Add foods to diet that are high in vitamin K2 (eggs yolks, grass-fed organic eggs, sauerkraut, natto) and foods high in iron (dark green leafy vegetables, lentils, beans, organic chicken livers, oysters, mussels, pumpkin seeds).
- Address low iron levels.
- Have a doctor rule out conditions such as [uterine fibroids](#), [PCOS](#), and hyperinsulinemia.
- Have TSH levels tested to rule out a [thyroid issue](#). TSH should be between 0.5 and 2.0, anything above 2.0 may be contributing to heavy bleeding.
- Reduce estrogen levels.