

# INTRODUCTION

## INTRODUCTION

Premenstrual syndrome (PMS) is a term used to designate a set of symptoms occurring during the later half of the menstrual cycle, and disappearing at the onset of menstrual flow (*Andersch, 1988*).

Although, there has been a vast number of theories and treatments for premenstrual syndrome, the etiology of the syndrome and consequently its treatment remains in a state of confusion. The most important reason for this confusion is probably the lack of adequate means to quantify the changes of the syndrome. The syndrome has not often been studied, partly because it is not life-threatening, and because many women regard it as part of normal life of any adult female (*Faratian et al 1989*).

*Chuong and Kinch, (1990)* stated that premenstrual syndrome continues to be an unsolved problem. It has been over 50 years since *Frank* in 1931 first described various physical and psychological symptoms that occur before the onset of menstruation, yet there is little or no consensus on the pathophysiology, diagnostic criteria, optimal evaluation techniques and effective treatment of PMS.

Recently, *Trott et al, (1998)* stated that PMS is no longer complaint to be dreaded but a diagnosable disorder with precise therapeutic intervention.