



# *PMS Soother Guide*

## *with Nightly Reflection*



# How to ease PMS symptoms

## Being good to your body is #1

Less symptoms are felt when we:

- Eat clean - lots of greens, lean proteins, nuts & seeds
- Limit caffeine, alcohol, salt & sugar intake
- Sweat it out daily (at home or in studio — yoga, fitness classes, cardio, weight training)
- Walk outside daily
- Make time for downtime & self care (epsom salt baths, massage, reading etc)
- Hang out with the people who make you laugh and feel bright
- Taking good supplements everyday (a multivitamin and omegas are usually recommended). Many find magnesium supplements help to relax muscles but always speak to a recommended naturopath first to see what YOUR body needs. Recommendations available upon request
- Get a full nights sleep every night and try to have a regular bedtime with peaceful bed time rituals
- Track track track... the only way to be able to make changes is to know your body and track the facts. I've included a free period tracker to help get you back on track. Bring this to your naturopath and they will be so proud and can give you even more tips for feeling your best self



*\* When I'm not consistent, premenstrual symptoms last 1-2 weeks (breast tenderness, cramping, back aches, bloating, acne, food cravings, sensitivity).*

*\* When I am consistent, I have NO symptoms.*



# Oils to support your body

- Geranium, lavender and tea tree as my all natural deodorant and to areas prone to acne
- Clary calm and lavender swiped around breasts and over nipples
- Deep blue rubbed on stomach and back (Add peppermint to abdominals if cramps are intense)
- Frankincense on the neck and temples (adding peppermint and lavender if having headaches)
- Copaiba softgels for pain relief and better sleep if needed
- A swipe of your favourite oil under the nostrils whenever needing to open airways and uplift senses



Hope these tips help you too.  
With love, from the Breathe Bliss Community

[breathebliss.ca](http://breathebliss.ca)



## Nightly Reflection

By: Breathe Bliss

Month: \_\_\_\_\_

**Weight:**\_\_\_\_\_

**Start of Menstrual Cycle:**\_\_\_\_\_

End of Menstrual Cycle:\_\_\_\_\_

Medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

**How did I feel today? (Check all that apply)**

[illegible]

**Put a checkmark beside the activities you do each day**

[illegible]