

## The Pre-Menstrual Syndrome is Treatable

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### Commentary

How often have we hesitated or not used a medication or treatment because the academic medical experts, who we think represent the mainstream of medicine, have pronounced a therapy useless or questionable? In the same vein, are there not conditions or syndromes, which we see every day in our offices but which these "experts" claim do not exist or have no recognized therapy. Some of the time 'mainstream medicine' is right, but not always. It is my hope that by redressing one of these common problems in women that this can be viewed in a different light. I recommend that one think out of the box and with an open mind while reading this paper.

I was aware of the use of the anti-yeast agent, Nystatin, for the management of painful gas and bloating from a professor of OBGYN while in Medical school. As he told us that he said: "wink, wink" that we should not be surprised if the painful periods that occurred in ladies with a condition known as "PMS" (Pre-Menstrual Syndrome) also disappeared. He told us this worked, but he did not have the answer as to how it worked.

With time I saw that Pre-menstrual cramping, troublesome gas and bloating especially days before and during her menses and rather severe painful menstrual flow noteworthy for its different sized blood clots was a frequent and onerous condition and that Nystatin was quite effective in relieving most, if not all the symptoms.

From Pharmacology, I knew that Nystatin was a very safe, almost innocuous agent, which was so poorly absorbed from the gastrointestinal tract that it is considered non-absorbed and that it had a very enviably low side effect profile and is unquestionably safer than all other meds. The only effect that I knew about was that it would suppress the growth of some fungi or yeasts in the Gastrointestinal tract and decrease gas formation [1].

You can imagine my pleasant surprise coupled with some wonderment when, by now, literally hundreds of patients have come back after a few cycles on nystatin with euphoric smiles and stories about how they finally feel "normal" again. These new feelings of wellness after years of knowing that something was wrong but nobody took them seriously. I knew well the placebo effect and had been careful not to suggest more than the idea that this agent was useful in decreasing gas and bloating. I could hardly say that an antifungal agent would reduce headaches, or PMS symptoms, or general feelings of ill health.

I still do not know the mechanism by which nystatin ameliorates the broad spectrum of symptoms of PMS. These polyene antifungal agents have no other effect other than altering the permeability of the fungal cell wall such that the organism cannot survive. This effect is not limited to the dimorphic *Candida albicans* but includes other hyphae

forming organisms such as penicillium and aspergillus among others [2].

### Diagnosis of this condition

Over the last 40+ of years of medical practice, I have found that those symptoms that show the greatest frequency can be considered the primary criteria and those that are less frequent can be considered the secondary criteria.

The Primary criteria that are common in patients with the "Premenstrual Syndrome." They are the following:

1. Gas and Bloating causing abdominal pain
2. Headaches and a general feeling of lousiness
3. Painful menses frequently with pieces of clotted blood

The Secondary criteria are seen less often and are usually refractory to standard medical therapies are the following:

1. Easy fatigability or loss of energy
2. Depression or lethargy
3. Feeling "strange", "unreal", or "spacey"
4. Irritability
5. Craving for sugar
6. Frequent fungal vaginitis, bouts of cystitis, or sinusitis type symptoms

The "criteria" should be used as markers or sensitizers for physicians to the possibility that their patient may have the problem and would, most likely, benefit from therapeutic intervention with Nystatin. It is indeed a pleasant experience to have patients return visibly gratified by the difference in how they feel when compared to how they felt before treatment. Few problems we treat in medicine are as rewarding or with medications that are as safe as Nystatin [1,3].

The typical patient has been seen and unsuccessfully managed by Family Physicians, Internists, Allergists, and Gynaecologists'. She has not been relieved of her painful menstruation coupled with gas and bloating (abdominal pain) and is desperate for help. Mainstream medicine seems to have invalidated a problem and its treatment just because they could not explain how or why it works. It would appear that thinking "out of the box" is not medicine's strong suite.

### Management/Treatment

The therapy of this problem called "PMS" is the antifungal agent Nystatin (Nilstat®, Mycostatin®). The tablet form is the most readily available and most acceptable to patients. The tablets contain 500,000 units and are usually prescribed two to three times a day starting two

weeks before their expected menstruation and shortening the time pre-menses each successfully pain-free menstruation. The goal is to use as little of any medication as possible, and every case must be individualized [4].

## References

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