

## Personal Perspective on the Efficacy of Antibiotic Treatment of Severe Premenstrual Syndrome

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After suffering with extreme anxiety and depression for over a year, I was diagnosed with Premenstrual Dysphoric Disorder (PMDD), which has also been referred to as “Severe Premenstrual Syndrome”. PMDD is diagnosed when a woman suffers from severe premenstrual symptoms at least a week or two (up to 3 weeks) before menstruation, and feels relief within a few days after bleeding begins [1]. From personal experience, in addition to depression and anxiety, I had trouble concentrating on my work as an accountant, ate constantly – gaining 10 pounds, I could not stay awake during the day, but could not sleep at night, and constantly thought about suicide. As a mother of two young boys, this was no way to live.

With the belief that hormones were the issue, my doctor prescribed me Citalopram for the depression/anxiety, and a low-dose birth control to manage my menstrual cycles. This method was effective initially, but within 3 months of this treatment plan, I was feeling extreme symptoms throughout the month. The only other treatment option I could find at the time was a complete hysterectomy with oophorectomy [2]. Although studies have shown this to be effective in treating PMDD, it is considered an absolute last resort only in the most extreme cases, and comes with its own major side effects, including an increased risk of osteoporosis and Parkinson’s disease [3]. It was around this time period that I learned about the work of Dr. Jorge Lolas of Santiago, Chile, and his theory that severe PMS is caused by uterine inflammation [4]. The internet abounds with articles stating “Studies show inflammation causes x, y and z” so the idea that a mental/hormonal disorder is also based in inflammation piqued my interest. Unfortunately, the only information I could locate on Dr. Lolas’ work was in Spanish, and although I speak and read that language, my mother tongue is English, and I wanted to read as much as I could about his theory in my native language. So I contacted Dr. Lolas through his office, to see if I could translate some of his work into English, so that not only I, but the English-speaking world could benefit from his findings.

Dr. Lolas called me on the telephone and explained how he’s been treating women with severe premenstrual syndrome for 40 years, and the very high success rate that he experiences [5]. One of his former patients runs a blog that shares many testimonies of women that have experienced complete relief from their extreme symptoms after undergoing treatment from Dr. Lolas. For example, the first testimony on the page is of a young woman, Karen, who experienced severe depression and was suicidal. Her mother had been successfully treated by Dr. Lolas years earlier and wanted her daughter to find relief as well. She says “The Doctor found ... inflammation on my cervix. The therapy has been based on cervi [cal] injections with anti-inflammatory and anti-biotic drugs. I have not been [with Dr.

<sup>1</sup><http://napmdd.org/about-pmdd-all/about-pmdd/about-pmdd.html>

<sup>2</sup><http://napmdd.org/about-pmdd-all/treatment/treatments.html>

<sup>3</sup><http://contemporaryobgyn.modernmedicine.com/contemporary-obgyn/news/modernmedicine/modern-medicine-now/bilateral-oophorectomy-solving-riskbenefi?page=full>

<sup>4</sup> <http://sindromepremenstrual.com/nuevo/index.htm>

<sup>5</sup><http://sindromepremenstrual.com/nuevo/tratamiento.htm>

Lolas] for a very long time, but I have had a great improvement. Now I have got much more vitality, and I can say I am fine after being inside a dark hole". [6]

On a personal level, I felt similar symptoms to many of the women giving testimonies, but travel to Chile from my home in Florida, USA, was personally impossible. Fortunately, Dr. Lolas had a colleague in Florida who was willing to give me the anti-inflammatory and anti-biotic injections, in the hopes of reducing my symptoms. This particular colleague, an obstetrician/gynecologist, had never treated a woman for PMDD in this manner before, so this was also a new experience for him. When he checked my cervix for the first time, he told me that it looked completely normal for a woman who has gone through child-birth. He took a photo of my cervix to show me, and although it was very red and inflamed, he told me that that is considered typical and usually not a cause for concern. He had agreed to the treatment plan though, and less than a month after the weekly injections, my cervix was no longer as red and inflamed. I started feeling less anxious, more alive. After 3 months of weekly injections, we began monthly injections for 3 more months and by the time of my last injection my entire cervix was pink with smooth borders [7]. As of this writing I have not had an injection in 4 months time. My symptoms are now considered "mild" and I no longer qualify for the diagnosis of Premenstrual Dysphoric Disorder.

Although Dr. Lolas has had much success at treating women with this disorder, he has not had as much success in gaining acknowledgement of his findings from the medical community. In the documentary "SPM: El Descubrimiento Del Doctor Lolas (PMS: The Discovery of Dr. Lolas)" the director, Patricio Quintana, explores the work of Dr. Lolas, and makes numerous attempts to interview other gynecologists in the area, but they all turned down the opportunity. Dr. Lolas himself explained in his interview that he had other doctors interested in his theory, and one that even wanted to conduct a research study, but as time passed, they simply decided to overlook these findings with the excuse that they had "too many commitments" to conduct the necessary research [8]. There was one doctor in Spain, however, who recognized the truth of Dr. Lolas' work, and has since opened her own clinic and is paving the way for more research to be conducted on the effects of inflammation in the female body [9]. Dr. Juani Lafaja was instrumental in publishing the study "Is Premenstrual Syndrome a Uterine Inflammatory Disease? Retrospective Evaluation of an Etiologic Approach" published in the Open Journal of Obstetrics and Gynecology in June 2015 [10].

The work with Dr. Lafaja is not the only work that supports the theory of inflammation causing mental disorders. In July of 2014, a study titled "Association of inflammation markers with menstrual symptom severity and premenstrual syndrome in young women" was published by Oxford University Press, noting that "this is among the first studies to suggest that inflammatory factors may be elevated in women experiencing menstrual symptoms and PMS" [11]. The journal *Molecular Psychiatry* published a report in 2006 showing the effectiveness of an anti-inflammatory drug on major depression [12]. And in 1989 a study was published out of Cornell Medical Center in New York City, proving the effectiveness of antibiotic therapy on Premenstrual Syndrome patients [13]. The studies linking depression and inflammation continue to increase, [14] and as a patient myself, I believe it is now time for the medical community as a whole to embrace the evidence and the treatment plan that not only resolves the mental disorder that inflammation contributes to, but also preserves the patients' reproductive organs intact.

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<sup>6</sup> <http://histerotoxemia.blogspot.com.es/p/opiniones.html>

<sup>7</sup> <https://thepremenstrualproblem.wordpress.com/what-is-chronic-cervicitis-why-should-you-care/>

<sup>8</sup> <https://www.youtube.com/watch?v=v2Ef4YMvU-w>

<sup>9</sup> <http://ng-clinicas.com/>

<sup>10</sup> [http://www.scirp.org/Journal/PaperInformation.aspx?PaperID=56867#.VW7t7svD\\_qC](http://www.scirp.org/Journal/PaperInformation.aspx?PaperID=56867#.VW7t7svD_qC)

<sup>11</sup> <http://www.ncbi.nlm.nih.gov/pubmed/25035435>

<sup>12</sup> <http://www.nature.com/mp/journal/v11/n7/full/4001805a.html>

<sup>13</sup> <http://imr.sagepub.com/content/16/4/270.refs>

<sup>14</sup> <http://www.npr.org/sections/health-shots/2015/10/25/451169292/could-depression-be-caused-by-an-infection>

The benefits of antibiotic therapy for the treatment of severe Premenstrual Syndrome are many. First of all, this treatment plan saves lives. One of the most extreme symptoms of Premenstrual Dysphoric Disorder is suicidal thoughts [15]. In reading through the testimonies on the blog mentioned earlier, suicidal tendencies are a reoccurring theme. On a personal level, before I received antibiotic therapy, I too had constant thoughts of how I could end my life, and after treatment those thoughts are completely gone. The treatment can also preserve a woman's reproductive organs, avoiding going into premature menopause due to hysterectomy or the ingestion of certain drugs that cause chemically induced menopause. Menopause has its own, sometimes major, side effects, including an increased risk of osteoporosis, and of course, infertility [16]. For women that have already been diagnosed as infertile, but have not yet had a hysterectomy, antibiotic treatment can actually heal their uterus to the degree that fertility can be restored [17].

On a personal note, I hope to see all gynecologists around the world offer antibiotic therapy to their patients. I would love to see inflammation of the cervix to be shown the same seriousness as the inflammation of other major organs in the body. I would love for Premenstrual Dysphoric Disorder to become a disease of the past, something that women will no longer have to endure. I know it will take time, but science can make this possible, as long as the medical community is open to learning how inflammation affects the mind, and is open to treating the cause, instead of just trying to cover the symptoms. The fact that I am able to write this is evidence that we are getting there, but I exhort the members of the medical community to research this avenue, pay attention to Dr. Lolas' findings, and bring this treatment to your own patients.

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<sup>15</sup><http://www.psychguides.com/guides/living-with-premenstrual-dysphoric-disorder/>

<sup>16</sup><http://www.hormonesmatter.com/lupron-endometriosis/>

<sup>17</sup><http://www.fertilitysolution.com/Latest-Research/Use-of-Antibiotic-Therapy-in-Previously-Failed-IVF-Cycles.pdf>