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# Highlighting PMS from Cultural Taboo to Clinical Priority

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## Dear Editor:

Premenstrual syndrome (PMS), a reproductive condition marked by recurrent physical, emotional, and behavioral symptoms, occurs in the luteal phase of the menstrual cycle. The global prevalence of PMS has increased from 652.5 million in 1990 to 956.0 million in 2019, with South Asia showing the highest burden in the region (1). The exact cause of this syndrome is still unknown; however, recent studies reported that the fluctuations in allopregnanolone, a progesterone-derived neurosteroid, alter the GABA-A receptor activity, resulting in paradoxical anxiety, irritability, and mood swings.

A recent survey among university students found that approximately 96.4% of females were aware of PMS, with half of them reporting that it disrupts their regular lifestyle routine (2). Despite its high prevalence, it remains taboo due to the reinforcement of cultural beliefs. The societal invisibility of menstrual-related suffering blurs the lines between reproductive and mental health, resulting in frequent misdiagnosis. Thus, societal silence often presents it as “female moodiness” rather than being considered as a clinically significant syndrome with biological, psychological, and behavioral components. With time, it results in a lack of validation and emotional support, leading to sustained emotional disturbance, diminished self-esteem, and internalization of negative attitudes (3). In advanced cases, it appears as premenstrual dysphoric disorder (PMDD), a severe depression, irritability, and suicidal thoughts. (4)

Beyond emotional lability, PMS symptoms often include fatigue, loss of appetite, sleep disturbances, difficulty concentrating, and reduced interest, which affect daily productivity. This can result in decreased professional growth, loss of teamwork, and an increase in the risk of women’s unemployment. (5)

PMS is emerging as a significant women's health concern, and addressing the stigma and taboo is essential to acknowledge menstrual care and health outcomes. Educational seminars, public health messaging, and training healthcare workers to emphasize the respectful, non-stigmatizing terminology to be used to normalize PMS within public discourse. This ensures the timely diagnosis and treatment of the syndrome.

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