Getting Rid of “Bomb Pushing the Womb”: Dysmenorrhea Management

Abdul Kader Mohiuddin

Department of Pharmacy, World University of Bangladesh, 151/8, Green Road, Dhanmondi, Dhaka – 1205, Bangladesh

ABSTRACT

As indicated by the American Academy of Family Physicians, up to 20% of women experience the ill effects of menstrual cramping extreme enough to meddle with every day exercises. On the off chance that prostaglandins levels are higher, more pain is regularly connected with the issues. Cycle length, blood misfortune, period-related symptoms, liquid shading, and consistency are on the whole profoundly factor, notwithstanding for only one individual. Be that as it may, serious menstrual pain is probably going to be brought about by a medical problem, for example, PMS, fibroids, or endometriosis and needs medical help. At the point when scientists examined recurrence and span of exercise and contrasted it with reports of period pain, they discovered exercise did little to lessen discomfort, and in truth this persevered notwithstanding when a scope of different components—including weight, ethnicity, smoking and utilization of the birth control pill—were mulled over. A few women may likewise incline toward not to utilize hormonal contraceptives, as they can bring undesirable reactions, for example, variances in weight and disposition. A few strategies can likewise somewhat raise the danger of specific cancers, including bosom cancer (despite the fact that they diminish the danger of others, including womb cancer).

Keywords: dysmenorrhea, premenstrual syndrome; irregular menstruation; pelvic pain; yoga; aromatherapy; menstrual disorders
There are different kinds of menstrual issue, including dysmenorrhea, premenstrual symptoms, menorrhagia, polymenorrhea, strange vaginal bleeding, amenorrhea, oligomenorrhea, and unpredictable feminine cycle [1]. The significant variations from the norm are dysmenorrhea, premenstrual disorder (PMS), and menstrual anomalies [2]. The prevalence of dysmenorrhea fluctuates from half to 90% internationally [3]. Nakame et.al, 2019 announced a scope of over half to 85% in Europe and America for the equivalent and 60% to 85% in Asia [4]. Around 75% of women experience PMS, as detailed by Wilbur et.al, 2019, which incorporates emotional and physical symptoms that happen somewhere in the range of one and two weeks before feminine cycle [5]. All out yearly healthcare expenses were around 2–3 times higher in patients with dysmenorrhea contrasted with women without the condition [6]. Endometriosis, one of the primary drivers of auxiliary dysmenorrhea, initiates non-menstrual pelvic pain, dyspareunia and infertility, bringing about checked decrease of personal satisfaction during reproductive age [7,8]. In the Western populaces, endometriosis is assessed to happen in 5% to 10% of the populace; in any case, the prevalence of endometriosis is suspected to be higher in Asian women, influencing roughly 15% of women [9]. The assessed social insurance consumptions for endometriosis at about $70 billion every year in the United States, $7.4 billion in Australia, roughly 380 billion JPY Japan [10-12]. Heavy menstrual bleeding (HMB) is the second most astounding positioned purpose behind an emergency clinic referral and records for 12% of every gynecologic referral [13]. As per Kwak et.al, 2019 prevalence of sporadic feminine cycle differs from 5% to 35.6% contingent upon age, occupation, and the nation of habitation [14]. Rad et.al, 2018 detailed that dysmenorrhea is progressively regular in women and young ladies with the accompanying attributes: low age, early menarche, positive familial history, smoking, stress, heavy exercise, move work, in more seasoned women, increasingly characteristic births, marriage in low age and light games [15]. As indicated by Rafique et.al, 2018 the most predominant menstrual issues (dysmenorrhea and premenstrual symptoms) in the objective populace were emphatically connected with pressure [1]. Bajalan et.al, 2019 prescribed mental evaluation before the decision of helpful strategies as there is a huge connection between sorrow, nervousness, stress, alcohol misuse, somatic clutters and dysmenorrhea [16]. Payne et.al, 2019 expressed that essential dysmenorrhea (PDM) is related with upgraded pain sensitivity and transient summation in grown-up women, which may mirror the nearness of central pain forms [17]. Additionally, Yang et.al, 2019 inferred that women with PDM had auxiliary and practical irregularities in the amygdala, which related with pressure hormone levels, pain force and negative state of mind, may reflect irritated emotional and pain tweak in women with PDM [18]. Dysmenorrhea was impressively higher in young ladies who were reliably eating fast food. Since junk foods are wealthy in soaked unsaturated fats, and these acids influence the metabolism of progesterone in the menstrual cycle [2]. Junk foods additionally need micronutrients, which may be in charge of activating dysmenorrhea, premenstrual symptoms, and menstrual anomalies [19]. Mohiuddin, 2019 expressed that diet impediment and skipping breakfast lead corpulence and gynecological issues [20], explicitly the hormonal changes which cause menstrual issue in the vast majority of the females [21]. An android muscle to fat ratio circulation is related with minimal measure of menstrual bleeding. What's more, heftiness can expand the generation of estrogen, which thusly is identified with body weight and its fat substance. Fat tissue stores different lipids which can use steroids, for example, androgens [22]. Kafaei-Atrian et.al, 2019 expressed that menstrual bleeding was observed to be higher in obese women. Besides, it has been accounted
for that over the top weight is a significant factor for uterine issues during feminine cycle and improves the probability of delayed pain [23]. Menstrual issue have a wide scope of manifestations. Be that as it may, some of them can prompt noteworthy issues and can even be considered as significant reasons for infertility [23]. Another 2 surveys by Mohiuddin, 2019 announced that during puberty, alteration of the sebaceous lipid profile, dysmenorrhea, stress, bothering, beautifying agents and potential dietary components lead to inflammation and development of various sorts of acne lesions [25,26]. Sharghi et.al, 2019 indicated both utilized of NSAIDs and steroids in dysmenorrhea pain the executives. Their long haul use has been related with normal confusions like gastrointestinal bleeding, expanded acute asthma, dysuria, and acne [27]. Tantamount pain force of dysmenorrhea and renal colic has been accounted for by Akiyama et.al, 2018 and lacovides et.al, 2015 [28,29]. Chen et.al, 2018 revealed that dysmenorrhea is additionally connected with other pain conditions, for example, headaches, fibromyalgia (FM), and IBS [30]. Galvani et.al, 2019 additionally announced that FM is much of the time determined in women to have a background marked by headache, dysmenorrhea, IBS, temporomandibular joint issue or other local pain disorders [31]. Terzi et.al, 2015 additionally revealed an expanded recurrence of premenstrual disorder and dysmenorrhea in FM patients [32]. Different investigations additionally uncovered that, decrements in wellbeing utilities for dysmenorrhea were like those related with chronic headache [33,34]. The prevalence of menstrual headache is 3% in the overall public, yet it distresses 35%–70% of female migraineurs [35]. The pain is because of expanded degree of prostaglandins causing uterine constriction, uterine ischemia, and expanded sensitivity to pain strands and at last causes pelvic pain [36-38]. In certain investigations, there is likewise a connection between levels of hormones, for example, progesterone, estrogen, vasopressin and sex-bound hormones (SHBG) [15], [39-41]. Dehnavi et.al, 2018 announced that sports movement diminishes the degree of serum aldosterone by lessening the degree of renin and expanding estrogen and progesterone and accordingly diminishes and improves physical symptoms [42]. Albeit, Chinese Olympic medalist Fu Yuanhui recognized that menstrual pain influenced her Olympic swimming presentation [43]. Reinforcement et.al, 2019 additionally detailed absenteeism from work or school, decreased support in game and social activities, adjusted pain observation and resting issues [44]. Absence of palatable pain alleviation and successful medical intercessions in essential dysmenorrhea prompts a take-up of self-care procedures by women [45]. Non-pharmacological self-care methods or way of life intercessions, either physical or mental, that can be drilled by women themselves, for example, exercise (counting yoga and Pilates), heat, reflection, aromatherapy, self-back rub or pressure point massage may satisfy these criteria, enabling women to conceivably lessen their menstrual pain and requirement for analgesics, and improve their HRQoL [46]. McGovern et.al, 2018, Yonglitthipagon et.al, 2017 and 2 different investigations presumed that yoga is a protected and viable QOL improvement strategy for women with essential dysmenorrhea [47-50]. The use of local heat can decrease muscle strain and loosen up muscular strength to lessen pain brought about by muscle fits. Jo et.al, 2018 additionally revealed that heat can likewise build pelvic blood dissemination to dispose of local blood and body liquid maintenance and decrease clog and swelling, consequently empowering a decrease in pain brought about by nerve pressure [51]. Aromatherapy, the utilization of basic oils for a remedial reason for existing, is a prevalent kind of CAM in the UK, USA, Australia and Canada [52-54]. Basic oils can be consumed by means of olfaction, through the outside skin, inside skin, and ingestion, and the applications are
partitioned into inhalation, topical use, and oral use. Song et al., 2018, Lee et al., 2018 and Fernández-Martínez et al., 2019 detailed that aromatherapy back rub was a viable intercession for diminishing dysmenorrhea [3], [52], [56]. Chinese home grown medications (CHM) are well-acknowledged in the treatment of essential dysmenorrhea in East Asia, for example, China, Korea, and Japan. Audits from Gao et al., 2019 demonstrated a critical bit of leeway contrasted and different medicines [57]. Sharghi et al., 2019 showed that restorative plants, drugs, and pressure point massage appear to smother pain by lessening the degree of prostaglandins, interceding nitric oxide, expanding beta-endorphin levels, obstructing the calcium channel, and upgrading circulatory course through the uterine pathway [27]. Traditional Chinese medicine (TCM) or Korean medicine identified blood stagnation as the main factor causing abdominal pain during menstruation [58]. Mirabi et al., 2014 revealed advantage of several plant parts or plant derived medicines like *Foeniculum vulgare*, *Zingiber officinale*, Menastil® (calendula oil and mint essential oil), *Cumminum cyminum*, Menstrugol® (saffron, celery and aniseed), *Matricaria chamomilla*, *Valeriana officinalis*, *Cinnamomum zeylanicum*, *Stachys lavandulifolia*, *Zataria multiflora*, *Mentha piperita*, *Vitex agnus-castus*, *Echinophora platyloba*, *Achillea willhemsii* etc [59]. Kartal et al., 2018 recommended diet therapy including balanced nutrition, low-fat diet, some herbal teas, reducing salt intake in the diet, fish oil, magnesium, zinc, Vitamins B and E and protein intake that were found to be effective in pain reduction in earlier studies [60].

**Figure. A symbolic figure of woman with depression.** Feminine cycle can intensify debilitating physical or emotional wellness issues including endometriosis and wretchedness; it can likewise be troubling or tricky for individuals with sexual orientation dysphoria (Source: Davis N. 'We don't need to bleed': why many women are giving up on periods. The Guardian, 18 July 2019).

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**Abbreviations**

Premenstrual Syndrome (PMS); Heavy menstrual bleeding (HMB); Premenstrual Syndrome (PMS); Primary dysmenorrhea (PDM); irritable bowel syndrome (IBS); Chinese Herbal Medicines (CHM); Complementary And Alternative Medicine (CAM); Traditional Chinese
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