

CRAMPING YOUR STYLE

Severe menstrual cramps are a dreaded occurrence every month for some women in Singapore. We take a look at the causes and effects.

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or female teenagers and adults alike, that 'time of the month' is not a particularly anticipated event. On top of grappling with constant trips to the bathroom in the name of hygiene, there is also that annoying little factor called pain to deal with.

Menstrual cramps are caused by contractions of the uterus or womb, and are a milder version of what is generally experienced during the course of going into labour. These contractions occur when blood vessels in the muscle wall are compressed, in order to shed the lining of the womb. As body tissues get starved of oxygen, chemicals called prostaglandins that trigger pain are released.

As a result, what starts as a dull ache in the pit of the groin area escalates into what feels like an intense stomach ache that won't go away. Better known as painful periods, menstrual cramps, also known as dysmenorrhoea, can have a serious impact on the quality of life. Girls suffering from a severe case of cramps may not be able to attend school or take part in sports.

PAIN, PAIN, GO AWAY

Dysmenorrhoea is not a hereditary condition. However, it is said that women who have never been pregnant, are smokers, or suffer from depression and anxiety have a higher risk of suffering from it — in one of two forms.

Primary dysmenorrhoea, which is defined as painful menstruation not resulting from any pelvic disease, usually begins during adolescence. It is characterised by cramps in the pelvic area and a dull ache in the lower back which begin at the onset of the period and last for one to three days.



BY MICHELLE BONG



Secondary dysmenorrhoea, meanwhile, has causes other than the natural production of prostaglandins. The condition usually begins later in life, years after puberty, and the pain associated with it often lasts longer than normal cramps. The pain may also begin long before the period starts, and get worse as the period progresses and after it ends.

The common causes of secondary dysmenorrhoea are endometriosis (a condition in which tissue from the lining of the uterus is found outside of the uterus yet still responds to monthly changes in hormones and breaks down outside of the uterus and vagina) and fibroids (tumours or growths of the muscle wall of the uterus which cause pain and heavy menstrual bleeding).

Pelvic infections, which may be caused by sexually transmitted diseases, are also known to cause secondary dysmenorrhoea.

ENTER ENDOMETRIOSIS

Dr Anupriya Agarwal, Associate Consultant, Department of Obstetrics & Gynaecology, National University Hospital, says what distinguishes secondary from primary dysmenorrhoea is the timing of the onset. Symptoms such as excessively heavy periods (the use of four or more fully-soaked sanitary napkins each day), pain while passing motion or urine, blood in the urine or motion during menstruation or pain during sexual intercourse are more common in women with secondary dysmenorrhoea. ❖



ALTERNATIVE THERAPIES

For those who'd rather not take medication, painful periods may be effectively relieved in the other ways, says Dr Anupriya Agarwal.

While there is no definite evidence of their effectiveness, Dr Agarwal reveals that some women who do not prefer to use medications seem to find treatments such as acupuncture, acupressure or transcutaneous electric nerve stimulation (TENS) helpful.

Acupuncture as a form of treatment has been supported by medical studies in both Germany and the United States. Studies published have verified that over time, patients found their pain levels reduced.

In the same way, acupressure (an ancient form of healing where fingers are used to apply force on acupuncture points, or meridians) is said to help by applying pressure on a meridian called Spleen 6, located near the inner ankle.

As for TENS, it is a treatment involving small electrodes placed on the abdomen to stimulate the nerve in the pelvic area so as to reduce pain. Products by lifestyle companies such as OTO Bodycare are known to offer such relief options.



PHOTOS: CORBIS

She adds that endometriosis is especially dangerous because it not only causes severe dysmenorrhoea and painful sex, but can also result in a woman having great difficulties in conceiving a baby.

If endometriosis is suspected on the basis of an internal examination or ultrasound scan, checking for the presence of cysts, or a laparoscopy may be performed to confirm the diagnosis.

The latter, a surgical procedure performed under general anaesthesia, involves the surgeon making a small cut near the navel, through which a thin, lighted device called a laparoscope is inserted into the abdomen. The laparoscope allows the doctor a bird's eye view of the pelvic organs so that he or she may remove endometriotic tissue growing outside the uterus and significantly reduce the pain.

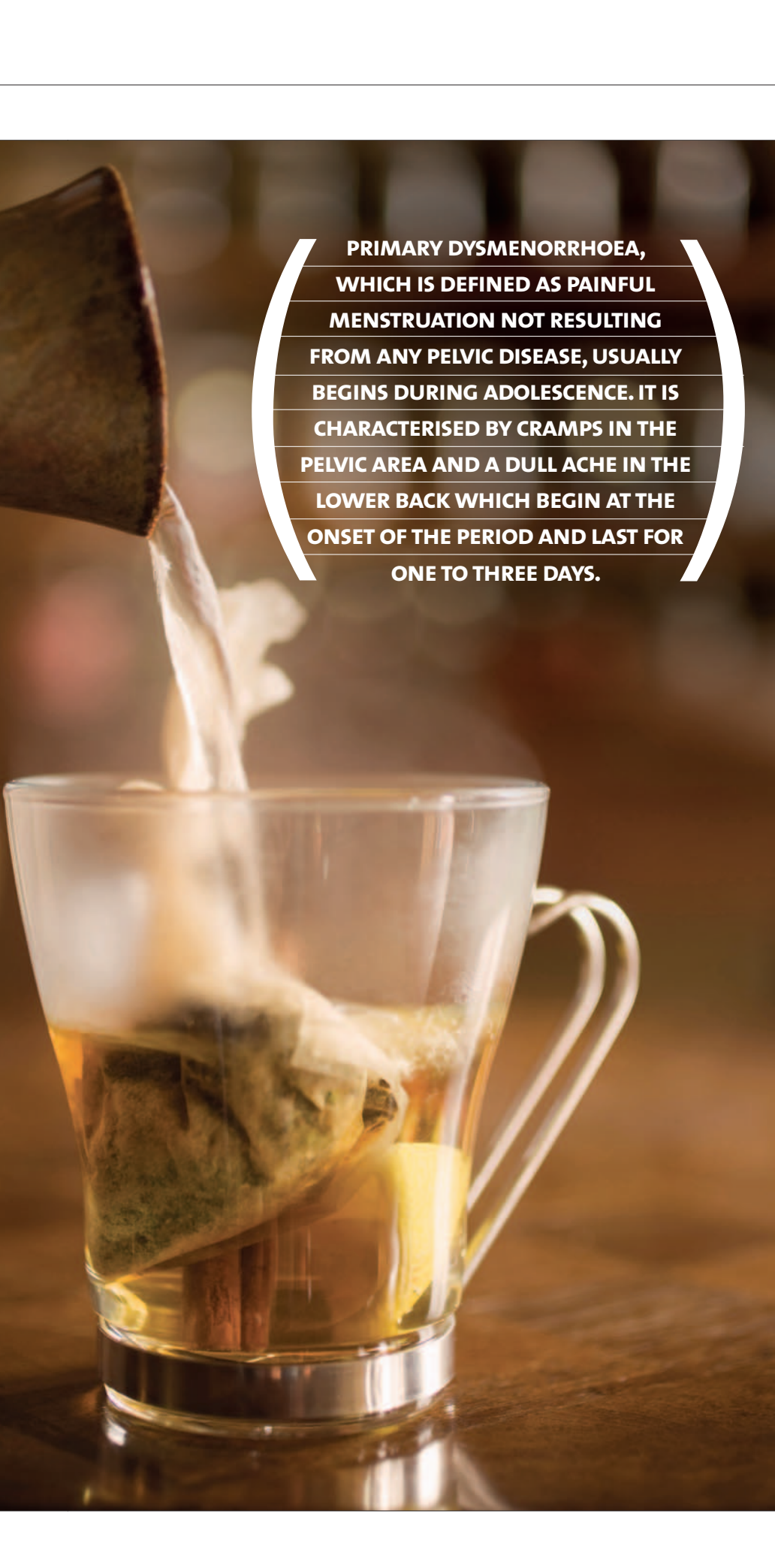
And if it is determined that fibroids are causing the pain, a gynaecologist may suggest surgery that would remove the fibroid or the entire uterus, depending on the age of the patient. The latter, known as a hysterectomy, is usually the last resort.

RELIEF OPTIONS

For those who prefer non-invasive treatment, there are a variety of options such as medications and techniques to relieve pain. Treatment generally focuses on removing or reducing the problem, says Dr Agarwal, adding that certain medications, called NSAIDs (non-steroidal anti-inflammatory drugs), block the body from making prostaglandins to make cramps less severe. "NSAIDs work best if taken at the first sign of the period or pain, but are not suitable for women with bleeding disorders, liver damage, stomach disorders, or ulcers."

Hormonal contraception such as birth control pills and patches are also effective in treating the pain. In some cases, the hormonal intrauterine device (IUD) may be recommended; the hormones in this form of contraception help control the growth of the lining of the uterus, so that less prostaglandin is released. This leads to fewer contractions, less blood flow, and consequently, less pain. Where necessary, contraception can be used with other medications that decrease estrogen levels or stop menstrual cycles.

Arming yourself with the right information and know-how is the first important step to managing period pain, be it severe or otherwise. It's important to see your gynaecologist for a proper examination and discussion, to find out what's the best option for your treatment. At the same time, it doesn't hurt to maintain a healthy lifestyle of regular exercise and sensible eating habits, to ensure your body is primed to overcome any physical ailments — natural or otherwise. +



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EASE THE PAIN

Some women may find that the following home remedies can help ease the discomfort of painful periods.

▶ EXERCISE

Exercising most days of the week can help. Aerobic workouts, such as walking, jogging, biking, or swimming help produce chemicals that block pain.

▶ APPLY HEAT

A warm bath, a heating pad or hot water bottle on the abdomen can be soothing.

▶ SLEEP

Getting enough sleep before and during your period can help you cope better with any discomfort.

▶ RELAX

Meditate or practice yoga. Relaxation techniques can help conquer pain.

▶ GIVE YOURSELF A MASSAGE

Massaging the abdominal area is known to help with circulation and ease the cramps.

▶ DRINK HOT TEA

This is known to help relax the body and reduce the discomfort. In particular, chamomile and ginger tea is said to work wonders.

▶ POP AN ASPIRIN

Ibuprofen and Naprogesic are some common medications known to be effective. But be sure to follow the instructions regarding dosage levels.

▶ AVOID COLD DRINKS OR FOODS

As many mothers have told their daughters, the consumption of cold food or beverages are said to worsen period pain and encourage heavier flows.

WHERE TO GET HELP

NATIONAL UNIVERSITY HOSPITAL

Women's Clinic, Kent Ridge Wing 2, Level 3,
Tel: 6772-2255/5403