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Medicine

INCIDENCE OF DYSMENORRHEA AND ITS DISTRESS AMONG YOUNG WOMEN IN LUCKNOW

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ABSTRACT Dysmenorrhea is very common gynecological problem in women of reproductive age worldwide. It begins with the first ovulatory cycle and occurs about two years after menarche. Although it is not life threatening, it can be painful for many adolescents .It is one of the leading cause of recurrent short term absentee in school and work place. Objective of the present study is to assess the menstrual pattern and its common associated symptoms, at Central Research Institute of Unani Medicine Lucknow. An institute based cross-section was done during the April 2018 to November 2018 on 233 participants come to the Institute for their treatment of dysmenorrhea and their associate symptoms. Data were recorded on standardized pre design questionnaire for the study. At the end of the study it is found that the low back pain is the most common (95.27%) complaints before and during the menstrual cycle, and after that leg cramp (91.84%) , lower abdominal pain (83.69%) , nausea (62.23%) , headache (57.08%) , generalized weakness (51.07%) , poly urea (46.35%) , fever (49.78%) and anorexia (49.78%). The result of the study revealed that highest common symptoms are low back pain.

KEYWORDS :

INTRODUCTION

Dysmenorrhea is very common gynecological problem in women of reproductive age worldwide .Reports of dysmennorhea are greatest among individuals in their late teens and 20s and usually deckling with age . Although dysmenorrhea is not life threatening, it can be painful for many adolescents .It begins with the first ovulatatory cycle and occurs about two years after menarche and most of the severe episodes occurs before 25 years of age (1) .Dysmenorrhea word is derived from Greek words dys meaning difficult, painful or abnormal, meno meaning month and rrhoea meaning flow that means Painful menstrual flow. (2) The painful cramping sensation in the lower abdomen is often accompanied by some other symptoms including sweating ,lower backache ,fatigue ,diarrhea ,headache ,nausea ,vomiting , dizziness and in severe cases syncope etc (3,4) It is one of the leading cause of recurrent short term absenteeism of young women in school and workplaces , affecting their performances , social and sports activities (5) This situation has not only significant impact on personal health but also have a global economic impact . (6)

Unani Scholars have also discuss the various causes and management of dysmenorrhea under the chapter of waj-e-rahim, dared-e-rahim,Usre tamth ,Uterine pain (4) They worked on the theory of temperament and succeeded in locating the relationship between disease , various humours and disturbance in temperament . According to Unani Scholars, it is the altered temperament (Sue mijaz) that causes obstruction in flow of menstruation fluid that results difficult menstruation. (7). Treatment is therefore, aimed directly at restoring balance to patient's temperament and humours.

There are different method of treatments and regimen used to minimize the effects of dysmenorrhea including pharmacological, non pharmacological such as taking non steroid anti inflammatory drugs (NASAID), herbal dietary therapies, yoga meditation, and acupuncture. Even through primary dysmenorrhea is not a life threat but can affecting the quality of female's life and in case of severity it might lead to disability and inefficiency. Moreover dysmenorrhea can cause mental problems of the female resulting in their loneliness and reduced participation in different social activities.

In adolescents, moderate to severe pain that affects life style and does not respond to pharmacological treatment requires professional attention and appropriate diagnosis of possible underlying pelvic disease. The exact prevalence of dysmenorrhea is difficult to determine because of variety of diagnosis criteria and the subjective feature of the symptoms .In many countries primary dysmenorrhea is the principal cause of recurrent short term absenteeism in young girls and women.

The objective of the present study was to assess the menstrual pattern and its associated symptoms and the prevalence of dysmenorrhea among young both married and unmarried girls coming for the treatment at Central Research Institute of Unani Medicine, Lucknow.

MATERIAL AND METHOD

This is an Institute based cross sectional study especially design to assess the incidence of dysmennorhea and its distress , impact, discomfort and complications .The study was conducted on 233 young women attending General Out Patients Department (female) of Central Research Institute of Unani Medicine , Basaha Kursi Road Lucknow from April 2018 to November 2018 . The young women come with complaints of menstrual discomfort and associated symptoms from one month to five years duration .The symptoms of lower back pain , lower abdominal pain , leg cramp , polyurea , anorexia ,nausea , vomiting and generalized weakness before and during the menstrual cycle . A detail obstetric and gynecological history along with general history and previous medical illness .The study was conducted on the basis of some questionnaire / case record form, which was designed especially for the study, data was recorded on a standardized pre designed questionnaire. And women were given treatment according to their complaints. They were treated by the drugs available in Central Research Institute of Unani Medicine Luck now, and the drugs are Sharbat bazooro Motadil, Sharbat-e-Deenar, Habb-e-Rewand, Habb-e Tinkar, Habb-e-Mubarak, Habb-e-Shifa, Habb-e-Mudir and Habb-e-Banadiq-ul-Bazoor etc.

Distribution according to Marital status Table 1

Marital Status	Number of participants	Percentage
Unmarried	169	72.53
Married	64	2746
Total	233	100

Distribution according to Dietary habits Table 2

Dietary Habits	Number of participants	Percentage
Vegetarian	60	25.75
Non Vegetarian	173	74.25
Total	233	100

Distribution according to Socio economic status Table 3

Socio-economic status	Number of Participants	Percentage
High	21	9.01
Middle	170	72.96
Low	42	18.02

Classification according to education level Table 4

Education level	Number of Participants	Percentage
Nil	7	03.00
3rd class	01	00.42
5th class	21	09.01
6th class	06	02.57
7th class	10	04.29
8th class	17	07.29
9th class	20	08.58
10th class	34	14.59
11th class	04	01.71
12th class	38	16.30
Graduation	70	30.04
Post graduation	05	2.14

Classification according to living area Table 5

Living area	Number of participants	Percentage
Metro	06	02.57
Urban	86	36.90
Suburban	94	40.34
Rural	47	20.17
Total	233	100.00

Classification according to life style Table 6

Life style	Number of Participants	Percentage
Active	52	22.31
Moderate	120	51.50
Sedentary	61	26.18
Total	233	100.00

Classification according to general appearance / look Table 7

Appearance	Number of Participants	Percentage
Healthy	200	85.83
Unwell	31	13.30
Ill	01	00.42
Aesthetic	01	00.42
Total	233	100.00

Classification according to built Table 8

Built	Number of participants	Percentage
Bulky/Fatty	20	08.58
Muscular	16	06.86
Short	10	04.29
Normal	82	35.19
Tall	19	08.15
Thin	86	36.90
Total	233	100.00

Classification according to sign and symptoms of Dysmenorrhea Table 9

Sign and symptoms	Number of participants	Percentage
Low back pain	222	95.27
Leg cramp	214	91.84
Lower abdomen pain	195	83.69
Nausea	145	62.23
Headache	133	57.08
General weakness	119	51.07
Poly urea	108	46.35
Fever	115	49.35
Anorexia	115	49.35
Total		100.00
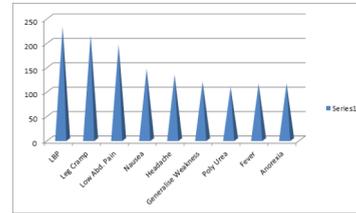
DATA COLLECTION AND MANAGEMENT

The data collection tools used in the study was adopted from studies and prepared in English, this was asked to the in local language and then fill in English .The questionnaire has three parts which focuced on socio demographic characteristics and menstruation characteristics and the treatment given to the participants.

RESULT AND DISCUSSION

Table no 1 shows the marital status of the participants ,out of 233 there are 64 participants have marital status and other 169 have unmarried status .The married participants are 27.46 % and unmarried are 72.53 % , the data shows that the incidence of the disease is more prone in unmarried than married .

The table no 2 shows the distribution according to dietary habits ,it reveals that maximum number of participants follow the non vegetarian diet , it reflects the relation between diet and prevalence of the disease .There are 173 (74.25 %) out of 233 follow the non vegetarian diet and 60 (25.25 %) participants follow the vegetarian diet . A study done by Nastaran Najafi et al to evaluate dietary pattern relation to menstrual pain .In this study , the results indicate that adherence to snacks pattern is associated with an increased risk of moderate to severe dysmenorrhea during menstruation among young women . The diet characterized by high consumption of sugars, salty snacks, sweets and desserts, tea and coffee, salt, fruits juices and added fat (labeled as "snacks" Pattern), is associated with an increased risk of dysmenorrheal among young women (8). Further study is needed to evaluate the dietary habits relation with the disease.

Table number 3 is classified according to socio economic status of the participants, there are only 21 participants out of 233 were belongs to high income group. Table number 4 shows distribution according to education level of the participants ,there are ill literate to post graduate degree holders are participated in the study ,07 (03.00%) participants are ill literate and had no formal education, never gone to school .1(00.42%) participants had got education up to 3rd class, 21 (09.01%) participants out of 233 had got education up to 5th class .There was 06 (02.57 %) participants had obtain the education up to 6th class, 10 (02.29%) participants out of 233 had the education up to 7th class , 17 (7.29%) out of 233 participants had get education up to 8th class . Up to 9$^{th\&10th}$ class there were 20 (8.58%) 0ut of 233 and 10th class 34 (14.59%) participants respectively. Only 4 (01.71%) participants have obtained their formal education up to 11th class , and up to 12th class 38 participants (16.30%) 0ut of 233. Highest number of participants have got their formal education up to graduation level, there are 70 (30.04%) out 233, and only 5 (2.14%) participants have their education up to post graduation level.

Table number 5 is classified according to living area it means urban and rural accordingly. There are highest number of participants living in sub urban area that's are 94 participants out of 233 (40.34%) and after that living in urban area 86 out of 233 participants (36.90%). 47 (20.17%) participants had come

from rural area and only 06 (02.57%) participants had come from metro area .Highest number of participants come from urban area it reflects that urban people are mare conscious about their disease.

Table number 6 were classified according to life style of the participants ,because in modern era it is related to life style .Life style a-is divided into three categories that's are active, moderate and sedentary .Highest prevalence of the disease observed in moderate life style there are 120 (51,50%) participants subsist the moderate life style out of 233 , 61 (26.18%) participants out of 233 participants were subsist sedentary life style and rest 52 (22.18%) participants habituated to follow active life style.

Table number 7 classified according to over all look and general appearance of the participants that's was divided into four group aesthetic ,healthy, ill and unwell .Only 1 (00.42%) was observed the aesthetic and same observed ill out of 233 participants during the study, 200 (85.83%) participants observed healthy appearance out of 233 and 31 (!3.30%) shown their appearance unwell .

Table number 8 shows the distribution according to built of the participants which is very important to find out the dysmenorrheal. There were observed Fatty 20(08.58%) participants out of 233, muscular 16 (06.86%) out of 233, thin 86(36.90%) , short 10(04.29%) out of 233, tall 19(08.15%) out of 233 and normal built 82(35.19%) out of 233 of the participants.

Graph 1& table number 9 shows the symptoms appeared before and during the menstrual cycle, it reflects LBP (low back pain) is the most recurrent symptoms in young adolescent women, out of 233 ,there was reported by 222 (95.27%) participants only 1(04.29%) participants reported the she did not experienced the low back before and during the menstrual period. Leg cramp is reported by 214 (91.84%) out of 233 participants. Low abdomen pain is reported by the 195 (83.69%) and 38 participants had no experienced the low abdominal pain before and during the menstrual cycle. 145 (62.23%) out of 233 observed the nausea before and during the menstrual cycle, 88(37.76%) participants were did not observed the nausea.

Headache is reported by 133 (57.08%) participants out of 233 and 100 (42.91%) participants had no experience of headache before and during the menstrual cycle. Out of 233 participants 119 (51.07%) felt generalized weakness before and during the menstrual cycle 114 (48.92%) participants did not feel the headache. The symptom of poly urea was experienced by 108 (46.35%) participants and 125 (53.64%) had no experienced the poly urea during and before the cycle. Fever is the very prominent feature of dysmenorrheal if it is occur before bad during the menstrual cycle , there was 115 (49.35%) suffered fever and 118 (50.64%) did not feel fever before and during the menstrual cycle . Anorexia was experienced by 116 (49.78%) participants and not reported by 117 (50.21%) out of 233 participants.

CONCLUSION
In this study it is found overall incidence and prevalence of dysmenorrheal among young girls of Lucknow district and surrounding areas urban, rural, sub urban and metro areas. Menstruation is physiological and important milestone for young women. Large number of participants experienced dysmenorrheal with their associated symptoms i-e low back pain, low bad pain, nausea, generalized weakness, poly urea, anorexia and fever .some of the participants were using medication to control their dysmenorrheal and associated symptoms they did not know about the adverse effect of the drugs.

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