



Natural Remedies And Yogic Practices For Menstrual Pain: A Review

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ABSTRACT:

Women feel pain or discomfort before, as well as during the period, which is mostly caused by the contraction of the uterus to release the uterine pledged. The pain that slightly reminds of cramps is very common occurrence just before the period and usually lasts one or two days. It can feel in the pelvis, back thighs or abdomen. Usually being immediately under the navel and spread to the thighs and back. The intensity of these menstrual cramps different from woman to woman. This can be Twitter by natural remedies which helps relief in period pain, reduce cramps, contraction of uterus, period pain in pelvic area lower abdomen and also reducing inflammation. The herbal alternates as relievers were categorized on the basis of the respective role being played by them as nutritional supplements, analgesics, anti-inflammatory and as aromatherapy agents. There are various plant sources which are mild as well as effective relievers of menstrual cramps. This review highlights the various plants which have been proven to be useful in dealing with the various issues of painful menstruation. They deal with all the complications and issues, arising during this time.

Keywords: Ginger, Cinnamon, Fennel, Papaya, Turmeric, Spinach, Pineapple, Essential oil, Dietary changes.

INTRODUCTION:

Period pain, also known as dysmenorrhea, affects many individuals during their menstrual cycles. While over-the-counter medications are commonly used for pain relief, natural remedies can offer alternative approaches that are gentle yet effective. This paper explores various natural ingredients and methods that can help alleviate period pain.

The initiation of menstruation, called menarche, usually happens between the ages of 12 and 15. Menstrual cycles typically continue to age 45 to 55, when menopause occurs. Many women find themselves reluctant to discuss the existence and normality of menstruation. The word menstruation has been replaced by a variety of euphemisms, such as the curse, my period, my monthly, my friend, the red flag, or on the rag. Most women experience deviations from the average menstrual cycle during their reproductive years. As a result, it is not uncommon for women to display certain preoccupations regarding their menstrual bleeding, not only in relation

to the regularity of its occurrence, but also in regard to the characteristics of the fl, such as volume, duration, and associated signs and symptoms. Unfortunately, society has encouraged the notion that a woman's normalcy is based on her ability to bear children. This misperception has understandably forced women to worry over the most miniscule changes in their menstrual cycles. Indeed, changes in menstruation are one of the most frequent reasons why women visit their clinician. Menarche is the most readily evident external event that indicates the end of one developmental stage and the beginning of a new one. It is now believed that body composition is critically important in determining the onset of puberty and menstruation in young women. The ratio of total body weight to lean body weight is probably the most relevant factor, and individuals who are moderately obese (i.e., 20–30% above their ideal body weight) tend to have an earlier onset of menarche. Widely accepted standards for distinguishing what are regular versus irregular menses, or normal versus abnormal menses, are generally based on what is considered average and not necessarily typical for every woman. According to these standards, the normal menstrual cycle is 21 to 35 days with a menstrual flow lasting 4 to 6 days, although a flow for as few as 2 days or as many as 8 days is still considered normal.

PHYSIOLOGY OF MENSTRUAL CYCLE:

An ovulatory Cycles

In some cases, ovulation fails to occur during the menstrual cycle. Such cycles are called an ovulatory cycle, and they are common for the first 12-18 months after menarche (The occurrence of the first menstrual period) and again before the onset of menopause. When ovulation does not occur, usually no corpus luteum is found, and the effect of progesterone on the endometrium is absent. Estragon continues to cause the growth of the Phases of the Menstrual Cycle.

PHASES OF MENSTRUAL CYCLE:

The menstrual cycle is divided into four phases, namely:

- Menstrual phase: Day 1, uterus lining which is prepared for implantation starts to shed which lasts 3 to 5 days
Follicular phase: In this phase, the primary follicle starts developing into a mature Graffian follicle. The endometrium also starts proliferating. The uterus starts preparation for another pregnancy.
- Ovulatory phase: Mid-cycle phase, this is the phase in which ovulation takes place i.e., day 13-17. The end of the follicular phase along with the ovulation period defines the fertilisation period.
- Luteal phase: It is the post-ovulation phase, where the fate of the corpus luteum is decided. If fertilisation occurs, pregnancy starts. If fertilisation doesn't occur, it marks the onset of another cycle. Endometrium, however, and the proliferative endometrium becomes thick enough to break down and begin to slough. The time it takes for the bleeding to occur is fluctuating, but it generally occurs in less than 28 days from the previous menstrual period. The flow is also inconsistent and ranges from scanty to relatively profuse.

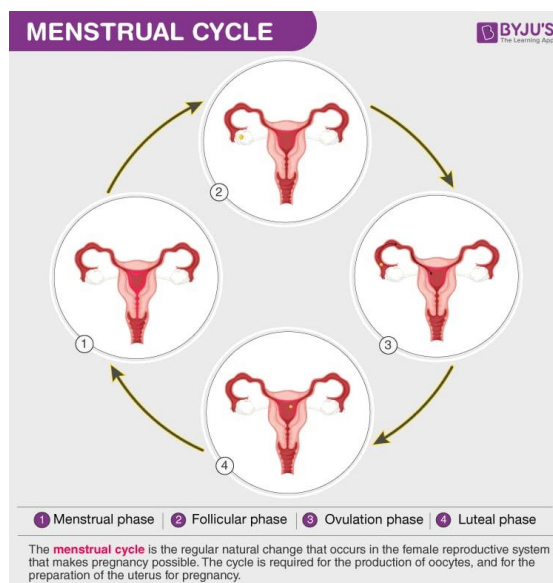


Fig 1: MENSTRUAL CYCLE

REVIEW OF LITERATURE

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DIAGNOSIS OF PERIOD CRAMPS

Diagnosing period pain, also known as dysmenorrhea, involves a combination of medical history assessment, physical examinations, and sometimes additional diagnostic tests.

1. **Medical History :** The healthcare provider will ask about: The nature and severity of the pain (e.g., sharp, dull, cramping)The timing and duration of the pain (e.g., starting just before or with menstruation, lasting for a few hours or days)Any accompanying symptoms (e.g., nausea, vomiting, diarrhoea, fatigue)The impact on daily activities (e.g., school, work, social life)Menstrual history (e.g., age of onset, cycle regularity, flow characteristics)Sexual history and contraceptive use Family history of menstrual issues or gynaecological conditions.
2. **Physical Examinational physical exam, including a pelvic exam, may be conducted to:** Check for abnormalities in the reproductive organs Identify signs of infections or other conditions.
3. **Additional Diagnostic Tests If the primary assessment suggests the possibility of underlying conditions, further tests may be recommended:** Imaging Tests Ultrasound: To visualize the reproductive organs and detect abnormalities such as ovarian cysts, fibroids, or endometriosis. RI (Magnetic Resonance Imaging): For more detailed images if endometriosis or adenomyosis is suspected. Laboratory tests Blood tests: To check for infections or other systemic conditions. Urine tests: To rule out urinary tract infections or other urinary condition. Specialized Procedures Laparoscopy: A minimally invasive surgical procedure that allows direct visualization of the pelvic organs. It is especially useful for diagnosing endometriosis, Hysteroscopy: Involves inserting a small camera into the uterus to check for abnormalities inside the uterine cavity.

Types of Dysmenorrhea Primary Dysmenorrhea Cause:

Usually caused by natural chemical substances (prostaglandins) produced in the lining of the uterus, leading to contractions. Characteristics: Pain typically begins with the onset of menstruation and lasts 1-3 days. It often improves with age or after childbirth. Secondary

Dysmenorrhea Cause: Results from an underlying reproductive system disorder.

Common Conditions: Endometriosis: Tissue similar to the lining of the uterus grows outside the uterus. Adenomyosis: Tissue that normally lines the uterus begins to grow within its muscular walls. Fibroids: Noncancerous growths in the uterus. Pelvic inflammatory disease (PID): Infection of the reproductive organs. Cervical stenosis: Narrowing of the cervix, impeding menstrual flow. Treatment Approaches Based on the diagnosis, treatment options may include: Medications: NSAIDs (e.g., ibuprofen), hormonal contraceptives, and other pain relief medications. Lifestyle Changes: Regular exercise, heat application (e.g., heating pads), dietary modifications. Surgical Options: For conditions like fibroids or endometriosis, surgical interventions might be necessary.

Alternative Therapies: Acupuncture, herbal remedies, and other complementary approaches may provide relief for some women. Proper diagnosis and personalized treatment planning are crucial for managing period pain effectively. Women experiencing severe or persistent pain should seek medical advice to identify and address any underlying conditions.

Ultrasound: This test uses sound waves to create an image of your uterus, cervix, fallopian tubes and ovaries. Other imaging tests. A computed tomography (CT) scan or Magnetic resonance imaging (MRI) scan provides more detail than an ultrasound and can help your doctor diagnose underlying conditions. CT combines X-ray images taken from many angles to produce cross-sectional images of bones, organs and other soft tissues inside your body.

MRI uses radio waves and a powerful magnetic field to produce detailed images of internal structures. Both tests are non-invasive and painless.

Laparoscopy: Although not usually necessary to diagnosis menstrual cramps, laparoscopy can help detect an underlying condition, such as endometriosis, adhesions, fibroids, ovarian cysts and ectopic pregnancy. During this outpatient surgery, your doctor views your abdominal cavity and reproductive organs by making tiny incisions in your abdomen and inserting a fibre -optic tube with a small camera lens

TREATMENT OF PERIOD CRAMPS

1. Treatment of periods cramps by the allopathy.
 - Nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs help relieve pain.
 - Cyclooxygenase-2 (COX-2) inhibitors. Help relieve pain and have fewer gastrointestinal side effects than NSAIDs.
2. Treatment of period scraps by the natural ingredients.

• GINGER:

Scientific classification

Scientific name	Zingiberales Officinalei
	Zingiber
Order	Zingiberales
Family	Zingiberaceae
Species	Zofficinale

This zesty root has been used for centuries as a natural painkiller and anti-inflammatory agent. Whether you add it to your tea, cook with it, or simply chew on a slice, ginger can help alleviate menstrual cramps and reduce inflammation. Say goodbye to those pesky pains and hello to ginger's soothing embrace. Ginger is more effective for cramps and reduce bleeding. It is used as when eighth of a teaspoon of Ginger powder is taken three times a day during once period then it shows potent action.

Ginger is also used for work better for the premenstrual syndrome. Ginger, with its anti-inflammatory properties, has been used traditionally to relieve menstrual cramps. Consuming ginger tea or adding fresh ginger to meals can help reduce pain and inflammation associated with periods.

**PINEAPPLE:**

Tropical comfort: Need a tropical escape from period pains? Look no further than the juicy and tangy pineapple! bursting with bromelain, an enzyme with anti-inflammatory properties, pineapple can help ease menstrual cramps and reduce bloating. So, grab a slice of paradise and let your troubles melt away.

**BOTANICAL CLASSIFICATION**

Domain: Eukarya
Kingdom: Plantae
Phylum: Anthophyta
Class: Lilopsida
Order: Bromeliales
Family: Bromeliaceae
Subfamily: Bromelioideae
Genus: Ananas
Species: Ananas comos

TURMERIC: Golden Goodness

Turmeric contains curcumin, a compound with anti-inflammatory properties. Incorporating turmeric into meals or taking a turmeric supplement may help alleviate period pain. In the realm of natural remedies, turmeric is a true superhero. Its active compound, curcumin, possesses powerful anti-inflammatory properties that can



alleviate menstrual pain. Spice up your dishes with this golden goodness or enjoy a warm cup of turmeric-infused milk for a double dose of comfort.

Kingdom Plantae Plants

Subkingdom: Tracheobionta

Superdivision: Spermatophyte

Division: Magnoliophyta

Class: Liliopsida

Subclass: Zingiberales

Order: Zingiberales

Family: Zingiberaceae

Genus: Curcuma

SPINACH:

Popeye's Secret Weapon

Popeye may have known a thing or two about strength, but did you know that spinach can also be your secret weapon against period pain? Packed with iron, magnesium, and vitamins, spinach can help reduce cramps and replenish the nutrients your body needs. So, toss some spinach into your salads or add it to your favourite smoothies for a nutritional boost!

**SCIENTIFIC CLASSIFICATION**

SCIENTIFIC NAME: (*Spinacia oleracea* L.)

COMMON NAME: Vilayati palak, Angreji Palak

CHROMOSOME: 2 FAMILY: Chenopodiaceae

CENTRE OF ORIGIN: Iran

CHAMOMILE TEA:

There's nothing like a soothing cup of chamomile tea to relax your mind and body. Chamomile tea has calming properties that can help relieve menstrual pain and reduce anxiety. So, brew yourself a warm cup, take a deep breath, and let the gentle embrace of chamomile work its magic!



SCIENTIFIC CLASSIFICATION

Kingdom: Plantae

Phylum: Magnoliophyta Magnoliopsida

Order: Laurales

Family: Lauraceae

Genus: *Cinnamomum*

Species: *Cinnamomum zeylanicum*

Source-Farooqi, A.S., et al

ESSENTIAL OIL:

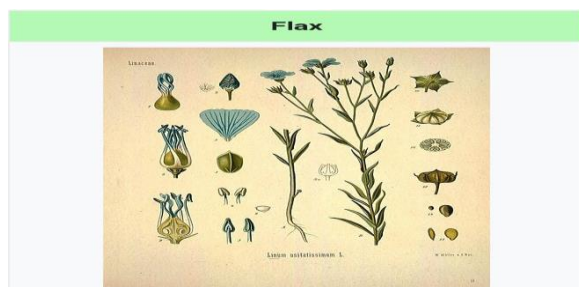
Lavender Oil: Known for its calming and analgesic properties, can be applied topically or used in aromatherapy.

Clary Sage Oil: Has anti-spasmodic effects, making it effective for relieving muscle cramps.

Marjoram Oil: Helps reduce pain and inflammation when applied to the abdomen or used in massage.

DIETARY CHANGES

Omega-3 Fatty Acids: found in fish, flaxseeds, and walnuts, have anti-inflammatory effects and can reduce prostaglandin production.



Magnesium: Found in leafy greens, nuts, and whole grains, helps relax muscles and may alleviate cramps.

Avoidance of Trigger Foods: Some women find that reducing intake of caffeine, alcohol, and high-sugar foods can help manage period pain.

BIOLOGICAL CLASSIFICATION OF WALNUTS:

Kingdom: Plantae
 Phylum: Angiosperms
 Class: Magnoliopsida
 Order: Fagales
 Family: Juglandaceae
 Genus: Juglans
 Species: *Juglans regia*

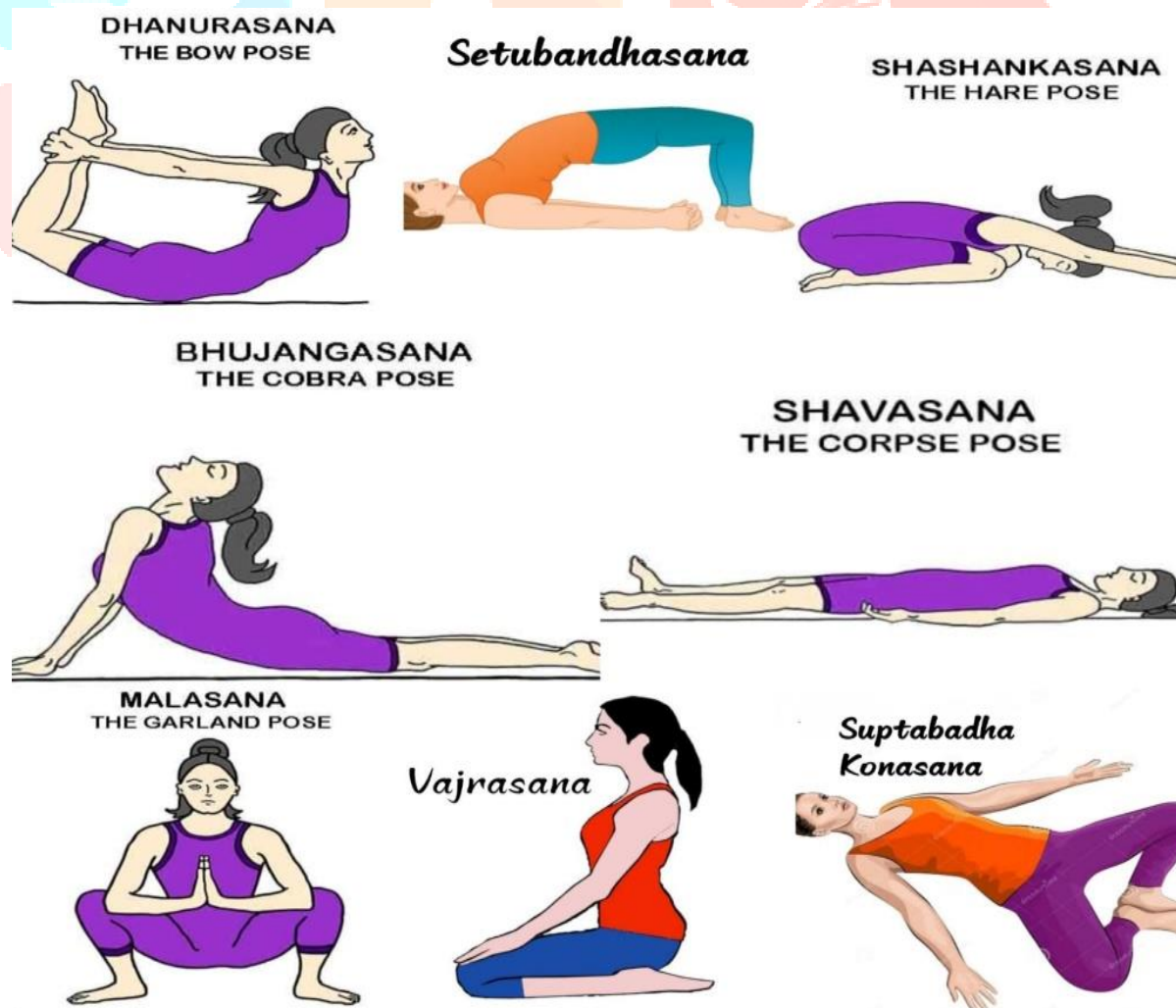
YOGIC PRACTICES FOR MENSTRUATION PAIN:

Yoga is very effective in curing menstrual pain. The cost of doing yoga is very low and the risk is also almost negligible. Yoga is very helpful in increasing strength and balance and reduces menstrual pain. The main yoga asana, pranayama, meditation, mudra and bandha that are helpful in curing menstruation pain are as follows:

ASANA:

Dhanurasana, Bhujangasana, Malasana, SetuBandhasana, SuptaBadhaKonasana, Shashankasana, Vajrasana, Shavasana.

Do all these asanas for 30-30 seconds every day and practice shvasana after every asana to relax the body. These asanas should be avoided only in days of heavy menstruation flow.



PRANAYAMA:

Nadishodhan, ujjayi, Bhramari pranayama.

Practice nadishodhan pranayama 10 to 20 rounds daily and do 5 to 10 rounds of bhramari and ujjayi pranayama.



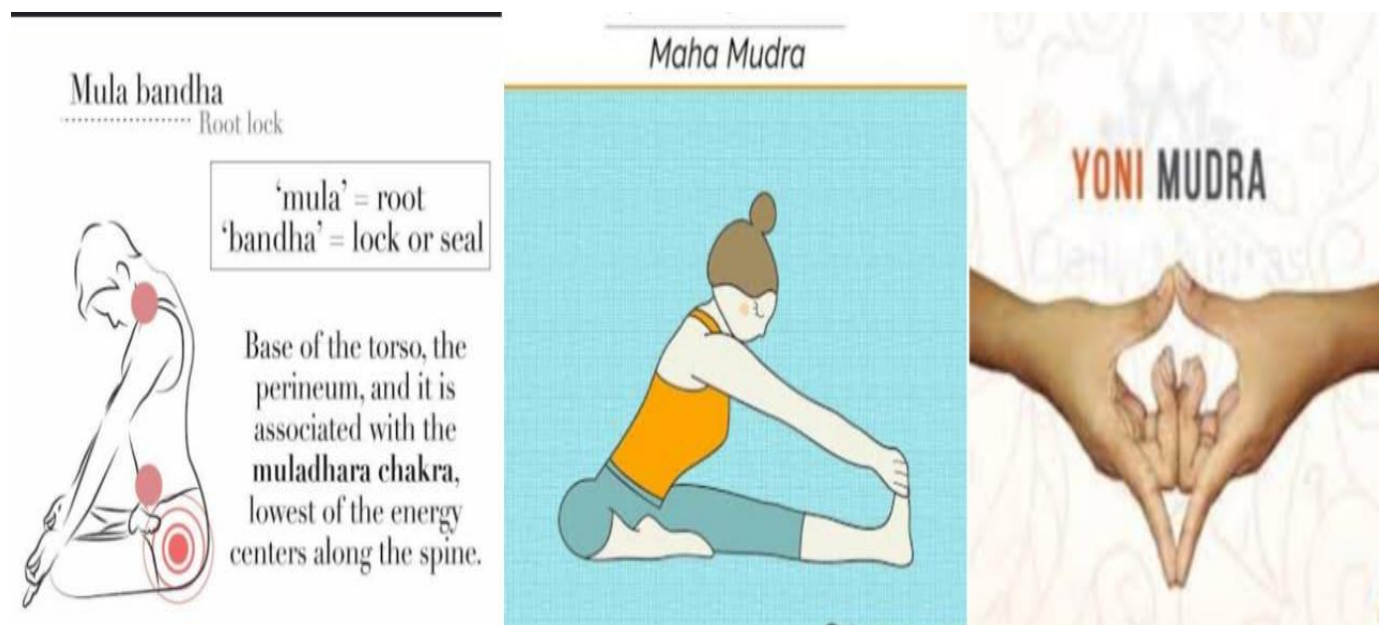
UJJAYI PRANAYAMA

THE PSYCHIC BREATH

**MUDRA AND BANDHA:**

Yoni mudra, Moolbandha mudra, Ashwini mudra, Mahamudra.

Practice all these yogic mudras and bandhas for at least 20 minutes every day.



MEDITATION:

Body scan Meditation, Breath Awareness Meditation, Naad Meditation.

These meditation techniques should be done daily for 20 to 30 minutes.

Meditation**CONCLUSION: -**

Most of the girls feel an extreme level of pain, mood swings, depression, anxiety, and stress during menstruation and they do not have much awareness regarding menstruation and hygiene practices. Young adolescent women suffer from more menstrual difficulties, the commonest being dysmenorrhoea. Natural remedies and yoga reduce menstruation pain and are cost effective and have almost no side effects.

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