PAINFUL MENSTRUATION
Dysmenorrhea, Painful Periods, Menstrual Cramps

Dysmenorrhea is a pain during menstruation. It is the most common menstrual disorder.

🔍 Symptom  ♂ Female

About Painful menstruation

Painful menstruation is the most common menstrual disorder affecting all women of reproductive age. It is characterized by painful feelings and cramps within pelvic and lower abdominal area. In severe cases it may be accompanied by symptoms like sweating, nausea, lower backaches, diarrhoea, vomiting, dizziness and fatigue. Dysmenorrhea usually starts approximately in time when menstruation begins and usually it does not last more than three days. Painful menstruation of young women usually occurs without underlying pathology. On the other hand, dysmenorrhea of older women is more often connected with underlying pathology in the pelvic area. Following the cause of painful menstruation, it can be classified as primary or secondary dysmenorrhea.

Primary dysmenorrhea means that no pathological condition is found to explain the cause of dysmenorrhea. As mentioned above, it is usually affecting younger women and its origin is in the hormonal overproduction. Specifically, increased production of prostaglandins causes intensive contractions of uterine muscle layer called myometrium which can cause the painful feelings. Prostaglandins are hormones that can be found in almost every body tissue and they have quite wide functional effects. In relation to menstruation, prostaglandin F2α plays the main role causing the uterine constriction. Elevated level of prostaglandin F2α are found in women suffering from primary dysmenorrhea. Prostaglandin is responsible not only for muscle contraction but also causes vasoconstriction, local ischemia and neural sensitization of uterus which may manifest by painful feelings. As risk factors for development of primary dysmenorrhea should be mentioned following: heavy periods, smoking, irregular periods, early menarche (first menstruation) and low body weight. Bearing child at early age (<25) and exercise practices proofs to be beneficial to prevent primary dysmenorrhea. Most women suffering from primary dysmenorrhea do not seek out professional medical attention but rather use some painkillers with anti-inflammatory effect. Physiotherapy, acupuncture or including musical therapy may also represent an effective way or at least beneficial to handle primary dysmenorrhea depending on its severity.

Secondary dysmenorrhea is united with some pathological condition within the pelvic area which is inducing the painful feelings among other symptoms. These pathological conditions include adenomyosis (the growth of inner endometrial layer into the middle muscular uterine layer), endometriosis (endometrial tissue growing outside the uterus), uterine fibroids (benign smooth muscle tumours of the uterus), pelvic inflammatory disease (infection of the upper part of the female reproductive system), cervical stenosis (atypically narrow opening in the cervix) and sexually transmitted disease. Asherman's syndrome is a condition characterized by adhesions and/or fibrosis of the endometrium which may cause the blockage of lower uterus and cervix. Due to these blockages the menstrual fluid is not allowed to pass through uterus and may cause painful feelings during menstruation. Most of these conditions are in some way connected with inflammation and overproduction of prostaglandins, which may affect the uterus in the same way as in case of primary dysmenorrhea. Secondary dysmenorrhea affects more often women above 25 years of age. To treat secondary dysmenorrhea, the primary pathological cause of the symptom needs to be attended.

Find more about related issues

🔍 Diagnoses
Menstrual cycle disorders
An abnormal condition in a woman’s menstrual cycle.
Learn more at: www.fertilitypedia.org/therapy/diag/menstrual-cycle-disorders

Endometrial polyp
The finger like overgrowths attached to the inner wall of the uterus that extend into the uterine cavity which are made of endometrial tissue.
Learn more at: www.fertilitypedia.org/therapy/diag/endometrial-polyp

Endometriosis
A state in which pieces of the tissue alike to the lining of the uterus (endometrium) grow in other parts of the body.
Learn more at: www.fertilitypedia.org/therapy/diag/endometriosis

Asherman’s syndrome
A medical condition, where the walls of the uterus stick to one another due to bands of scar tissue.
Learn more at: www.fertilitypedia.org/therapy/diag/asherman-s-syndrome

Unicornuate uterus
Congenital uterine anomaly (one of the Müllerian duct anomalies) usually associated with communicating or non-communicating rudimentary horn.
Learn more at: www.fertilitypedia.org/therapy/diag/unicornuate-uterus

Cervical stenosis
Narrowing of cervix - the opening to the uterus.
Learn more at: www.fertilitypedia.org/therapy/diag/cervical-stenosis

Tubal ligation
A permanent form of female sterilization, in which the fallopian tubes are severed and sealed or "pinched shut", in order to prevent fertilization.
Learn more at: www.fertilitypedia.org/therapy/diag/tubal-ligation

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