LEARNING IN CLINICAL CASES

Acupressure and ginger drinks for dysmenorrhea pain among teenage girls

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Abstract
Dysmenorrhea is characterized by abdominal-to-pelvic pain, such as cramps before or at the beginning of menstruation. Overcoming dysmenorrhea can be done with non-pharmacological therapy such as a combination of acupressure and ginger drink. The use of this therapy is limited in the literature. This study aims to apply and determine the effectiveness of acupressure and ginger drink in treating dysmenorrhea. This research uses a case study method using purposive sampling. The samples were two young women aged 14-15 who experienced dysmenorrhea. The intervention was given for several days. The evaluation was conducted after completing the study. The ginger drink contains essential oils, and the content of gingerol in ginger can block prostaglandins so that it can reduce menstrual pain. Community nurses can use this therapy in the course of pain management.

Keywords: Acupressure; ginger drink; dysmenorrhea; teenager; pain management

Introduction

Menstrual pain, or dysmenorrhea, is a common condition that affects a significant portion of the female population, with the highest prevalence among adolescents who have recently experienced menarche (the onset of menstruation) (Itani et al., 2022). Dysmenorrhea is considered a symptomatic disorder, meaning it is not a disease itself but rather a symptom that can cause discomfort and disruption in women's lives. The World Health Organization (WHO) has found that more than 80% of women of childbearing age suffer from dysmenorrhea during their menstrual cycles, with the highest incidence (67.2%) occurring in the 13-21 age group (Bernardi, Lazzeri, Perelli, Reis & Petraglia, 2017). Despite the widespread nature of this condition, many women do not report their symptoms or seek medical attention. Menstrual pain is believed to be caused by an increased level of prostaglandins in the endometrium (the inner lining of the uterus), leading to excessive myometrial contractions (uterine muscle contractions) and subsequent ischemia (reduced blood flow), followed by a decrease in progesterone levels at the end of the luteal phase (Molla et al., 2022). This hormonal imbalance and uterine muscle activity can result in pain before, during, and after menstruation. The impact of dysmenorrhea extends beyond the physical discomfort, as it can also affect emotional well-being, leading to conflicts, tension, and anxiety (Sima et al., 2022). These emotional challenges can, in turn, impact a woman's overall competence and skills, including self-awareness, rational thinking, social skills, academic performance, and vocational abilities (Azagew, Kassie, & Walle, 2020). The disruption caused by dysmenorrhea can be particularly problematic during educational activities, as the decreased concentration and inability to fully engage with the material can hinder learning and skill development (MacGregor, Allaire, Bedaiwy, Yong, & Bougie, 2023). This underscores the importance of addressing menstrual pain and its associated challenges to ensure that women, particularly adolescents, can thrive academically and personally.

Treating dysmenorrhea, or menstrual pain, involves a multifaceted approach that addresses the underlying causes and aims to alleviate the associated symptoms **(Figure 1)**. The primary goals of treatment are to reduce pain, improve quality of life, and minimize the disruption to a woman's daily activities. One of the first-line treatments for dysmenorrhea is the use of over-the-counter pain medications, such as nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen or naproxen. These medications work by inhibiting the production of prostaglandins, the key

mediators of uterine contractions and inflammation, thereby reducing menstrual pain (Bernardi et al., 2017). Healthcare providers may also prescribe stronger analgesics or hormonal contraceptives, such as combined oral contraceptive pills, to help regulate the menstrual cycle and alleviate symptoms. In addition to pharmacological interventions, lifestyle modifications can play a significant role in managing dysmenorrhea. Regular exercise, such as aerobic activities and yoga, has been shown to reduce the severity and duration of menstrual pain (Azagew et al., 2020). The incorporation of stress management techniques, such as meditation, deep breathing exercises, and relaxation practices, can also help mitigate the emotional and psychological aspects of menstrual pain (Sima et al., 2022). For women with underlying conditions contributing to their dysmenorrhea, such as endometriosis or uterine fibroids, targeted medical treatments may be necessary. These can include hormonal therapies, surgical interventions, or a combination of approaches, depending on the specific diagnosis and the severity of the condition (MacGregor et al., 2023).

Figure 1. Illustration of dysmenorhea (*Courtesy of unsplash.com*).

It is important to note that the treatment of dysmenorrhea should be tailored to the individual's needs, considering factors such as age, severity of symptoms, and personal preferences. Healthcare providers, in collaboration with patients, should develop a comprehensive treatment plan that addresses both the physical and emotional aspects of menstrual pain, empowering women to manage their condition effectively and maintain a good quality of life. Dysmenorrhea, or menstrual pain, can be effectively managed through a combination of pharmacological and non-pharmacological approaches. While medication-based therapies can provide relief, there is growing interest in exploring safer, non-drug alternatives that can address the condition without the risk of side effects.

One promising non-pharmacological intervention for dysmenorrhea is acupressure, a form of therapeutic touch that involves the application of pressure to specific points on the body (Sharghi et al., 2019). Studies have shown that targeting acupressure points such as L14 (Hoku/hequ), SP6 (San Yin Jiao), and ST36 (Zusanli/leg three miles) can help alleviate menstrual pain and cramps (Gharloghi, Torkzahrani, Akbarzadeh, & Heshmat, 2012). The application of pressure to these points is typically performed for 1-2 minutes, repeated up to five times, and can provide relief within 30 minutes. Respondents in these studies have reported feeling more relaxed and experiencing a reduction in abdominal pain and uterine cramps, allowing them to resume their daily activities (Selçuk & Yanikkerem, 2021; Mirbagher-Ajorpaz, Adib-Hajbaghery, & Mosaebi, 2011). The mechanism behind the effectiveness of acupressure is believed to be related to its ability to stimulate the body's natural energy flow and promote the release of endorphins, which can help alleviate pain and discomfort. Another non-pharmacological approach that has shown promise in managing dysmenorrhea is the use of herbal remedies, such as ginger (Zingibers Officinale Rosc.). Ginger has been recognized for its analgesic, antipyretic, and anti-inflammatory properties, making it a potential natural alternative for menstrual pain relief (Sharghi et al., 2019). In one study, participants consumed a ginger-based drink, prepared by boiling 15 grams of ginger with 10 grams of red sugar and 400 milliliters of water, twice daily during the first two days of their menstrual cycle. The respondents reported a significant decrease in menstrual pain, as well as a sense of relaxation and the ability to resume their daily activities.

Figure 2. Illustration of acupressure (*Courtesy of istock.com*).

Interestingly, the rapid absorption and short plasma concentration of ginger's active compounds, which can occur within 15 minutes to 1 hour, may contribute to its quick-acting pain-relieving effects (Sharghi et al., 2019). This suggests that ginger extract could be a highly effective non-pharmacological option for managing dysmenorrhea. In conclusion, the integration of non-drug interventions, such as acupressure and herbal remedies like ginger, offers a safe and potentially more holistic approach to addressing menstrual pain. By leveraging the body's natural healing mechanisms and the therapeutic properties of traditional plant-based medicines, healthcare providers can empower women to manage their dysmenorrhea without the risks associated with pharmaceutical treatments. The

study is warranted to continue exploring the efficacy and long-term benefits of these non-pharmacological strategies in alleviating the burden of menstrual pain.

Method

The case study method is selected in this study, but the sampling technique used is the purposive sampling. The purpose of using the case study method in this study is twofold. Firstly, the researchers aim to analyze the typical cases of dysmenorrhea (painful menstruation) in women. The passage states that "these cases of dysmenorrhea are typical in women", indicating that the case study approach is well-suited to explore this common condition. Secondly, the researchers seek to understand how each person has a different pain threshold when experiencing dysmenorrhea. The passage mentions that "each person has a different pain threshold, so it needs to be analyzed using this design." By employing the case study method, the researchers can conduct an in-depth analysis of the specific cases of dysmenorrhea experienced by the two teenage respondents, aged 14 and 15. This approach allows them to explore how the pain levels and other factors related to dysmenorrhea can vary between individuals, even though it is a common condition in women. The chosen respondents were two teenage daughters aged 14 and 15 who had dysmenorrhea, the first respondent with a seven-pain scale and the second respondent with a six-scale pain. Data collection in this study was taken using interview methods, participatory observation, physical examination, and documentation. Data collection tools include the assessment format 13 NANDA domains, the observation format, the action approval sheet, the stethoscope and sphygmomanometer for physical examination, the camera for documentation, pain measurement using the NRS (Numeric Rating Scale) and VAS (Visual Analog Scale). Data analysis is carried out after the research, and the results are made in the form of a nursing orphanage narrative.

This study uses a qualitative research approach and a case study research strategy because these cases of dysmenorrhea are typical in women, but each person has a different pain threshold, so it needs to be analyzed using this design. Dysmenorrhea experienced by both respondents was felt periodically each time they had menstruation. This activity is carried out directly by performing nursing care on both respondents, conducting interviews at the time of data collection, and performing physical examination as intervening in patients with data collection tools such as the evaluation format 13 domain NANDA, observation format, pain measurement using NRS (Numeric Rating Scale) and VAS (Visual Analog Scale). The data was analyzed according to the finding of the assessment.

Results

The data obtained from the assessment conducted on June 5-8, 2021, revealed that the first respondent was 14 years old, and the second respondent was 15 years old. Both respondents were students and Muslims. The first respondent's mother worked as a midwife, while the second respondent's mother worked as a teacher. Both respondents reported experiencing dysmenorrhea (painful menstruation). The first respondent typically took acetylsalicylic acid medication and had sufficient rest to manage the dysmenorrhea. The second respondent usually overcame dysmenorrhea with adequate sleep/rest. Menarche (first menstrual period) occurred at age 11 for the first respondent and age 12 for the second respondent. Both clients had a 30-day menstrual cycle, with each period lasting for seven days.The first respondent reported that the pain on the first day of menstruation was felt in the lower abdomen and spread to the waist, with a pain scale of 7. The second respondent experienced menstrual pain a day before menstruation in the lower abdomen, with a pain scale of 6. Both respondents stated that their activities and thought processes were disturbed due to the pain.

The comprehensive assessment using the 13 NANDA domains revealed the following key findings: In the Health Promotion domain, both respondents presented with the primary complaint of menstrual/dysmenorrhea pain. The first respondent's pain was described as a scale of 7, felt like being struck, and radiated from the lower abdomen to the waist. The second respondent's pain was a scale of 6, felt like it was in the air, and was localized to the lower abdomen. In the Comfort/Comfort domain, both respondents reported that the menstrual pain was experienced during movement or activity. The first respondent's pain scale was 7, while the second respondent's pain scale was 6. Both respondents stated that there were no other accompanying symptoms. Based on the assessment data, the primary nursing diagnosis was acute pain related to biological injury agents. The planned interventions, following the Nursing Intervention Classification (NIC), aimed to help the respondents recognize when pain occurred, describe the causal factors, use non-pharmacological pain reduction measures, and report-controlled pain.

For the first respondent, the intervention involved teaching the use of herbal ginger drinks to reduce the dysmenorrhea pain. For the second respondent, the intervention focused on teaching non-pharmacological techniques, such as acupressure at specific points (L14, SP6, and ST36), to alleviate the dysmenorrhea pain. The implementation of these interventions was carried out over four days. The evaluation on June 8, 2021, showed positive outcomes for both respondents. The first respondent reported no pain, with a pain scale of 0, and was able to resume normal activities and learning. The second respondent experienced a significant reduction in pain, with a pain scale of 1, and was able to comfortably engage in daily activities and learning. The case study approach allowed for a detailed exploration of the individual experiences and responses to the interventions, providing valuable insights into the management of dysmenorrhea in these two teenage respondents.

Discussion

The case study compared the changes in the rate of menstrual pain before and after the administration of acupuncture and ginger drinks in two teenage daughters with dysmenorrhea. The data collection process began with the researchers searching for data on adolescents with dysmenorrhea that met the established inclusion criteria. Dysmenorrhea is a common disorder experienced during menstruation, particularly by adolescents. A hallmark symptom of dysmenorrhea is pain that can affect daily life and performance. Typically, dysmenorrhea is characterized by pelvic pain, such as cramps that begin shortly before or at the start of menstruation and occur for 1-3 days during the menstrual period (Proctor & Farquhar, 2006). Dysmenorrhea is a normal process that occurs during menstruation. Primary menstrual cramps are caused by intense contractions of the uterine muscles, which aim to shed the uterine lining that is no longer needed. Primary dysmenorrhea is caused by natural chemicals called prostaglandins produced by the cells of the uterine lining. Prostaglandins stimulate the fine muscles of the contracting uterine walls. The higher the level of prostaglandins, the stronger the contraction, and the more intense the pain sensation (Bernardi, Lazzeri, Perelli, Reis & Petraglia, 2017). The hormone levels are very high on the first day of menstruation. On the second and subsequent days, the uterine lining begins to shed, and prostaglandin levels decrease, leading to a reduction in menstrual pain (Barcikowska, Rajkowska-Labon, Grzybowska, Hansdorfer-Korzon & Zorena, 2020). The examination in this case study was conducted through interviews, physical assessment, and observation. Neither respondent had a history of reproductive disease, indicating that they had primary dysmenorrhea. This is consistent with Sinaga's theory (2017), which states that primary dysmenorrhea is a normal process experienced during menstruation, caused by intense uterine muscle contractions to shed the uterine lining. These common symptoms of primary dysmenorrhea are important for healthcare providers, including community nurses, to be aware of in order to effectively identify and manage this condition in adolescent and young adult populations (Itani et al., 2022; Guimarães & Póvoa, 2020; Bernardi, Lazzeri, Perelli, Reis, & Petraglia, 2017). Both respondents were not considered to have secondary dysmenorrhea, as according to Lowdermilk (2013), secondary dysmenorrhea is menstrual pain that occurs later in life, after age 25, and is associated with pelvic abnormalities such as endometriosis, adenomyosis, pelvic inflammatory disease, endometrial polyps, uterine fibroids, or the use of intrauterine contraceptives.

Both respondents reported the highest volume of menstrual blood on the second and third days of their cycle, as this is when the most uterine lining is shed. The characteristics of the menstrual blood also followed a similar pattern, with the blood being light and red on the first day, thick or clumped and bright red on the second, third, and fourth days, and then becoming fresher and darker red or brown on the fifth to seventh days (Jain, Chodankar, Maybin, & Critchley, 2022). The analysis revealed the same problem and cause in both respondents: acute pain related to biological injury agents. This diagnosis was made because both respondents reported experiencing pain in the lower abdomen during menstruation, with the highest pain scales being 7 and 6 on a scale of 0-10. The first respondent described the pain as radiating from the lower abdomen to the waist, while the second respondent felt the pain localized in the lower abdomen. According to Sari and Listiarini (2021), acupressure and ginger drinks are effective ways to manage menstrual pain. The respondents were taught to perform acupressure and make ginger beverages. The researchers chose these interventions because acupressure can improve blood circulation, allowing prostaglandins to be carried away in the bloodstream and not accumulate in the uterus, thereby reducing menstrual pain and relaxing the muscles (Negi, Sharma, Gaur, Bahadur, & Jelly, 2021). Ginger drinks were chosen because the essential oils in ginger can block prostaglandin production and alleviate menstrual pain **(Figure 3)**. These interventions were selected as they are inexpensive, easy to perform, and do not cause harmful side effects.

Figure 3. Illustration of ginger drink (Courtesy of unsplash.com).

The aim of applying acupressure and ginger drinks was to help the adolescent respondents reduce and prevent menstrual pain. Additionally, these interventions could serve as alternative therapies for managing dysmenorrhea (Chen, Barrett, & Kwekkeboom, 2016). The case study data showed that administering acupressure and ginger drinks to the teenage daughters with menstrual pain/dysmenorrhea significantly decreased their pain, with the ginger drinks being more effective. The survey results indicate that acupressure was performed for two days, and the pain intensity results were evaluated up to 30 minutes after the intervention. Herbal therapies, such as ginger (*Zingibers Officinale Rosc.*), can also be effective, as the active compounds in ginger have analgesic, antipyretic, and anti-inflammatory properties. The study by Sari and Listiarini (2021) showed that the intensity of pain before the intervention was mostly severe, and after the intervention, it was mostly moderate, concluding that ginger administration was more effective than acupressure. The results of the case study on both respondents showed a decrease in menstrual pain was observed in the first respondent, from a scale of 7 (severe pain) down to a scale of 0 (no pain), and the second respondent experienced decreased menstrual pain from a scale of 6 down to a pain scale of 1. Typically, both respondents felt their menstrual pain disappear on the third day. However, with the interventions, both respondents felt the menstrual pain disappear, and the pain was already significantly reduced on the fourth day.

The first respondent felt the pain disappear on the fourth day because, on the third day, they still felt some pain, even though it was only on a scale of 1 (mild pain), so the researchers continued to apply ginger drinks to this respondent. The second respondent felt the menstrual pain decrease on the fourth day because, on the third day, they still felt pain on a scale of 2, so the researchers continued to apply acupressure to this respondent. The difference in the decrease in pain scale was due to the first respondents receiving ginger drinks, while the second respondents received acupressure. This case study demonstrates that the administration of ginger drinks to reduce menstrual pain/dysmenorrhea is more effective than acupressure. The study findings suggest that ginger administration is more effective than acupressure because the concentration levels in the plasma are very short, between 15 minutes and hours. Respondents reported feeling a warming sensation in their stomachs, which quickly reduced their menstrual pain (Rahnama, Montazeri, Huseini, Kianbakht, & Naseri, 2012). The study by Sari and

Listiarini (2021) also showed that the intensity of pain before the intervention was mostly severe, and after the intervention, it was mostly moderate. When acupressure and ginger drinks are applied correctly and regularly, the results can be effective. Menstrual pain during adolescence can have a significant impact, causing emotional conflicts, tension, and anxiety. These emotional factors can affect the individual's skills and competencies, including personal, social, academic, and vocational domains. Dysmenorrhea can disrupt learning activities and concentration. Therefore, it is crucial to address dysmenorrhea to ensure that teenage girls experiencing it can remain active and engaged, just like their peers who are not menstruating. Furthermore, the promising results of this case study suggest that future research should explore the efficacy of acupressure and ginger drinks in reducing menstrual pain among female students in higher education settings. This case study demonstrates the potential of acupressure and ginger drinks as effective, non-pharmacological interventions for managing menstrual pain in teenage girls. The findings highlight the important role that community nurses can play in educating and empowering adolescents to take control of their menstrual health. By collaborating with other healthcare professionals and parents, community nurses can help normalize these pain management strategies and ensure that teenage girls have the necessary knowledge and resources to maintain their physical, emotional, and academic well-being during menstruation.

Conclusion

This case study examined the effectiveness of acupressure and ginger drinks in reducing menstrual pain (dysmenorrhea) in two teenage daughters. The findings demonstrate that both interventions were able to decrease the intensity of menstrual pain over the course of the study. Community nurses are well-positioned to educate teenage girls in school settings about these effective, low-cost, and safe pain management strategies. By equipping adolescents with the knowledge and skills to utilize acupressure and ginger drinks, community nurses can empower them to take an active role in managing their menstrual pain and discomfort. This education could help minimize the disruption to daily activities and learning that is often associated with dysmenorrhea during the teenage years. Expanding the investigation to include older adolescents and young adults could provide valuable insights into the broader applicability of these interventions across different stages of reproductive life. Additionally, larger-scale studies with more diverse samples would help strengthen the evidence base and guide the development of tailored educational programs and clinical guidelines.

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Author's perspective

Key points
- Acupressure and ginger drinks were able to decrease the menstrual pain in time
- Community nurses play significant role to evaluate the therapy effectiveness
- It is necessary to collaborate with stakeholders to improve this treatment

Potential areas of interest
- How can the family be involved in this collaborative therapies?
- What supportive factors lead to successful treatment?
- When must healthcare technology be evaluated for this treatment?