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29/6/2023**ORIGINAL RESEARCH****Acupressure and ginger drinks for dysmenorrhea pain among teenage girls**Adila Awani Fajaraina , Reni Mareta, Septi Wardani**Author information**

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 adilaawanif@gmail.com <https://doi.org/10.31603/ihs.9492>**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 condition that disturbs most women during menstruation regardless of age, with the most presentations in the early adolescent age who have just experienced menarche (Itani et al., 2022). Dysmenorrhea is also known as a symptomatic disorder, meaning this disorder is not a disease but only one of the symptoms that appear and can cause discomfort. Based on the incidence rate, women who experience menstrual/dysmenorrhea pain and the various disorders that occur in women during their menstruation elsewhere should be as active as women who are not experiencing menstruation (Nyirenda et al., 2023). World Health Organization (WHO) found that more than 80% of women of childbearing age suffer from dysmenorrhea during menstruation, and 67.2% of them occurred in the age group of 13-21 years (Bernardi, Lazzeri, Perelli, Reis & Petraglia, 2017). Most women who suffer from dysmenorrhea do not report or visit a doctor. Menstrual pain or dysmenorrhea occurs in the polyperation phase to the secretion phase. There is an increased level of prostaglandins in the endometrium excessively, resulting in myometrial contractions occurring ischemic, followed by a decrease in progesterone levels at the end of the luteal phase. It causes pain in the uterus muscles before, during, and after menstruation (Molla et al., 2022). Menstrual pain occurs during adolescence and can cause the impact of emotional conflict, tension and anxiety. Emotional conflict, stress and anxiety will affect his skill and skill (Sima et al., 2022). Competence and skills refer to as broad, personal competence that includes; self-recognition competence and competence of rational thinking, social competence, academic competence, and vocational competence (Azagew, Kassie, & Walle, 2020). Educational activities at the training stage lead more to the development of the learners' motor skills. Because of dysmenorrhea, learning activity in learning can be disrupted. Concentration decreases even so that the material given during learning can not be caught by women experiencing dysmenorrhea (MacGregor, Allaire, Bedaiwy, Yong, & Bougie, 2023).

Dysmenorrhea can be dealt with in two ways: therapy using medication and without the use of medication. Therapy without drugs is safer to deal with dysmenorrhea because no side effects are caused (Sharghi et al., 2019). Non-pharmacological treatment to reduce headache/dysmenorrhea pain with acupressure therapy and ginger drinks. Acupressure is a physiotherapeutic action that provides remediation and stimulation at certain points on the body (energy flow lines or meridians) to reduce headache pain and prove useful for preventing diseases. The acupressure points used are L14 (Hoku/hequ), SP6 (San Yin Jiao) and ST36 (Zusanli/leg three miles) (Gharloghi, Torkzahrani, Akbarzadeh, & Heshmat, 2012). Each pressure was performed for 1-2 minutes and performed as many

as five times, carried out for two days and waiting for the results of the pain intensity for up to 30 minutes. Respondents felt relaxed and reduced pain in the abdomen due to the cramps of the uterus that occurred during menstruation, and some respondents who could not do activity could reactivate (Selçuk & Yanikkerem, 2021; Mirbagher-Ajorpaz, Adib-Hajbaghery, & Mosaebi, 2011).

Other treatments, such as herbal therapy, can use traditional plant-based medicine. Some plant ingredients are believed to reduce pain. One such plant is ginger (*Zingibers Officinale Rosc.*), whose fragments serve as analgesics, antipyretics, and anti-inflammatory agents. During the study, ginger drinks were prepared by preparing 15 g of ginger plus 10 g of red sugar and 400 ml of water, then boiled until 200 ml remains and taken two times a day on the first and second day of menstruation when experiencing menstrual pain. Respondents felt a decrease in their menstrual pain. Respondents also said they were more relaxed and could return to activity. From the results of the study, it can be concluded that ginger administration is more effective than acupressure because the concentration levels in the plasma are very short, between 15 minutes and 1 hour. The patient feels warmer in his stomach, to quickly reduce menstrual pain. Thus, ginger extract can be one of the non-pharmacological treatment alternatives for menstrual pain. The study's results showed the intensity of pain before intervention, respondents with severe pain and after intervention with moderate pain. However, there is a limitation in using acupressure and ginger leaf for dysmenorrhea treatment. For this reason, this study aimed to investigate the impact of acupressure and ginger leaf to decrease pain during the period.

### **Method**

The case study method is selected in this study, but the sampling technique used is the purposive sampler. 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. Still, each person has a different pain threshold, so it needs to be analyzed using this design. The method used is purposive sampling. The samples were taken from two teenage daughters aged 14 and 15 who experienced dysmenorrhea, with the first respondent with seven pain scales and the second respondent with 6. Dysmenorrhea experienced by both respondents was felt periodically each time they had menstruation. The research data is collected using interviews, participatory observation, physical examination and documentation. 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). In addition, data is collected through documentation of health data at the previous time.

### **Results**

Data obtained from the assessment on 5-8 June 2021 showed that the first respondent was 14 and the second respondent was 15. Both respondents were students and Muslims. Identification of the first respondent. W is 51 years old and the second respondent. The first respondent's mother worked as a midwife, and the second respondent's mother worked as a teacher. The responsibility of both religions is Islamic. The study results obtained health history data of both respondents who said dysmenorrhea pain. Both respondents had dysmenorrhea. The first respondents typically took an acetylsalicylic acid medication and had sufficient rest. The second respondent usually overcomes dysmenorrhea with adequate sleep/rest. Menarche in the first respondent occurred at age 11, and in the second respondent at age 12. The cycle length of both clients is the same, i.e. 30 days, at once for seven days. The first respondent said that the pain of the first day of menstruation in the lower abdomen spread to the waist. The second respondent said menstrual pain a day before menstruation in the lower abdomen. The activity and thought processes of both respondents are disturbed.

The focus information found in the review of 13 NANDA domains, namely Health Promotion: The survey was conducted on June 5, 2021. Both respondents with the main complaints felt pain of menstrual/dysmenorrhea. The

first respondents complained that the pain in the lower abdomen spread to the waist, a pain scale of 7, and the pain felt like being struck. The second respondent felt pain in the lower stomach. On a pain scale of 6, it felt like it was in the air. The measurement of vital signs was obtained from the results of the first respondents' blood pressure (110/70 mmHg), pulse rate (84 x/min), temperature (36.5°C), and respiratory frequency (21x/minute). Vital signs of the second respondent obtained results of blood pressure (120/80 mmHg), pulse (86x/minute), temperature (36.5°C), and respiratory frequency (20x/min). In the Comfort/Comfort domain, The first respondent said menstrual pain during movement or activity. The first respondent felt menstrual pain, such as in the punches. On the pain scale of 7, the pain experienced disappeared. The second respondent said the pain was felt when moving/activity. The pain felt like an alarm. On the scale of pain 6, the pain sensed loss arose. Both respondents said there were no other indications that accompanied pain. It is based on the data of the examination results, after which an analysis of information is attempted until the primary nursing diagnosis is obtained that acute pain is related to biological injury agents. The author intends to focus on interventions to address the priority diagnosis.

Interventions planned following NIC (Nursing Intervention Classification). After four visits, both respondents were expected to recognise when pain occurred, describe causal factors, use pain reduction measures without analgesics, and report-controlled pain. Intervention for both respondents with acute pain diagnosis is related to biological injury agents, i.e., conduct a comprehensive evaluation of Provokes (P), Quality (Q), Region (R), Severity (S), Time (T), rationale to know the level of pain perceived by the client. Monitor vital signs rationally to know the general condition of the client, as the presence of an increase in blood pressure and pulse rate indicates if there is any pain in the client. For the first respondent, teach non-pharmacological techniques using herbal materials, namely ginger drinks, to reduce headache/dysmenorrhea pain. The second respondent teaches non-pharmacological courses by performing acupressure at point L14 (Hoku/hequ), which is at the highest point between the thumb and the index finger of the right and left hand, SP6 (San Yin Jiao), which is four fingers above the inner legs, and ST36 (Zusanli/leg three miles) which lies four fists below the knee, rationally to reduce the pain dysmenorrhea.

The implementation for both respondents was to analyses the characteristics of pain monitoring vital signs comprehensively. The first respondent taught the client to make drinks with herbal ingredients, i.e., ginger drinks of 200 ml in the morning and afternoon. On the first day, the researchers taught the first respondent how to make a ginger drink so the respondents could make their ginger drinks the next day. For the second respondent, guiding the client through non-pharmacological techniques by performing acupressure at points L14 (Hoku/hequ), SP6 (San Yin Jiao) and ST36 (Zusanli/leg three miles), each pressure is performed for 1-2 minutes, performed as many as five times and waiting for the pain intensity results to 30 minutes. Acupressure and ginger drinks are carried out for four days. For the first respondents who were given ginger drinks, it was done twice daily in the morning and afternoon. Acupressure is performed once a day every morning before and after the acupuncture, and ginger donation will be examined for the pain process felt by both respondents. On the second day to the fourth, do the same intervention.

The results of the evaluation on June 8, 2021, the first respondents obtained subjective data: the client said they no longer felt pain, the pain scale was 0, and the customer said they could be active as usual and learn with focus. Objective data: The client appears relaxed, the client can activate as expected, the customer can make ginger drinks independently without a guide and drink ginger in the morning, blood pressure 110/70 mmHg, pulse 82 x/min, temperature 36.7°C, respiratory frequency 20 x/min. Assessment: Acute pain problems related to biological injury agents are marked with the client not feeling pain with a pain scale of 0. Planning: Maintain intervention. Encourage the client to consume ginger drinks twice daily every morning and 200 ml in the afternoon during menstruation. The second respondent obtained subjective data: the client said menstrual pain had been reduced. On the pain scale 1, the customer said they can comfortably be active as usual and learn with focus. Objective data: The client appears relaxed, the client can activate as normal during the implementation of acupressure during four visits, acupuncture measurement carried out by the researcher, blood pressure 120/80 mmHg, pulse 82x/minute, temperature 36.5°C, respiratory frequency 20x/min. Assessment: Acute pain problems related to biological injury agents are characterized by dysmenorrhea pain reduced by a client's pain scale 1. Planning: Maintain intervention and encourage the client to perform acupressure at points L14 (Hoku/hequ), SP6 (San Yin Jiao), and ST36 (Zusanli/leg three miles) during menstrual pain/dysmenorrhea.

## Discussion

The case study compared changes in the rate of menstrual pain before and after taking acupuncture and ginger drinks in two teenage daughters who had dysmenorrhea. The process of data collection that the researchers have carried out started when searching for data on adolescents with dysmenorrhea that corresponds to the inclusion criteria that have been established. Dysmenorrhea is a disorder during menstruation often experienced by

adolescents. A common symptom of dysmenorrhoea is pain affecting daily life and performance. Typically, dysmenorrhea is characterized by pelvic pain, such as cramps beginning shortly before or at the start of menstruation that occurs on 1-3 days at the time of menstruation (Proctor & Farquhar, 2006). Primary dysmenorrhea is a normal process that occurs during menstruation. Primary menstrual cramps are caused by a very intense contraction of the uterine muscles, which is intended to relieve the layer of the walls that is no longer needed. Primary dysmenorrhea is caused by natural chemicals produced by the cells of the layer of the uterine wall called prostaglandins. Prostaglandins will stimulate the fine muscles of the contracting walls of the uterus. The higher the level of prostaglandins, the stronger the contraction, so the pain sensation is also stronger. Usually, on the first day of menstruation, prostaglandin levels are very high (Bernardi, Lazzeri, Perelli, Reis & Petraglia, 2017). On the second and next day, the layer of the uterine wall will begin to lose, and the level of prostaglandins will decrease. Menstrual pain and pain will subside as prostaglandin levels decline (Barcikowska, Rajkowska-Labon, Grzybowska, Hansdorfer-Korzon & Zorena, 2020).

The examination of this case study is carried out through interviews, physical analysis, and observation. Both respondents in this case study were 14 and 15 years old with dysmenorrhea. Both respondents did not have a history of reproductive disease, and it can be said that both respondents had primary dysmenorrhea. In line with Sinaga's theory (2017), primary dysmenorrhea is a normal process experienced during menstruation. Primary menstrual cramps are caused by a very intense contraction of the uterine muscles, which is intended to relieve the layer of the walls that is no longer needed. Both respondents were not said to have secondary dysmenorrhea because, according to Lowdermilk (2013), secondary dysmenorrhoea is menstrual pain that occurs later in life, after age 25. It is associated with pelvic abnormalities such as endometriosis adenomyosis, pelvic inflammatory disease, endometrial polyps, submucosal or interstitial fibroids (uterine fibroid), or the use of contraceptives in the womb. Menarche in the first respondent occurred at 11, and in the second respondent at age 12. The cycle length of both clients is the same, i.e. 30 days, at once for seven days. Both respondents produced the most blood volume on the second and third days of their menstruation because they had the most replacement of wrappers than on the other days. The changes, like the blood in both clients, are the same. On the first day, the blood nature is still light and red, and the amount of blood is still small. The nature of the blood on the second, third and fourth days is thick or clumps, coloured red and numerous, but need to be scaled down one day, not as much as on days two and three, on the fifth day to the seventh day, the nature of blood becomes fresh and no longer there is a clot, the colour becomes darker red or more brown, and the number is small.

After data is collected, data analysis is carried out to identify problems in nursing. The data analysis in both respondents found the same problem and cause, that is, acute pain related to biological injury agents. The diagnosis came because both respondents felt pain in the lower abdomen during menstruation. The highest pain scale expressed, including severe pain, is 7 and 6 in the range 0-10. In the first client, the pain was felt in the lower abdomen spread to the waist, while the second respondent only felt pain in the bottom abdominal. According to Sari & Listiarini (2021), acupressure and ginger drinks are one way to overcome menstrual pain. Then, respondents will be taught to acupressure and make ginger beverages at the case study planning stage. The researchers aim to choose acupressure and ginger drinks because acupressure can initiate blood circulation so that prostaglandins join the flow in the bloodstream and do not accumulate in the uterus, reducing menstrual pain and relaxing the muscles. In contrast, the aim of giving ginger beverages is because the contents of essential oils in ginger can block prostate glands and reduce menstruation pain. The researchers do acupressure and ginger drinks to reduce menstrual pain because it is not expensive, easy to do and does not cause harmful side effects to the body.

The aim of applying acupressure and ginger drinks is to help adolescents who experience dysmenorrhea reduce and prevent menstrual pain. In addition, using acupressure and ginger drinks can be an alternative therapy for dealing with dysmenorrhea. In case studies, data were obtained that administering acupressure and ginger drinks to teenage daughters with menstrual pain/dysmenorrhea significantly decreased the pain when given a ginger drink. There are studies to reduce menstrual pain/dysmenorrhea, i.e. with acupressure therapy and ginger drinks. The survey results show that acupressure was performed for two days and waiting for the pain intensity results for up to 30 minutes (Sari & Listiarini, 2021). Other treatments, such as herbal therapy, can use traditional plant-based medicine. Some plant ingredients are believed to reduce pain. One such plant is ginger (*Zingiber Officinale* Rosc.), whose fragments serve as analgesics, antipyretics, and anti-inflammatory agents (Suparmi, 2017). The study showed that the intensity of pain before intervention was almost all respondents with severe pain, and after intervention, it was almost entirely with moderate pain. From the results of this study, it can be concluded that giving ginger is more effective than providing acupressure (Sari & Listiarini, 2021).



The results of a case study of both respondents showed that one respondent experienced menstrual pain on the first day of menstruation with a pain scale of 7, and the second respondent had pain a day before menstruation on a pain scale of 6. During four visits, 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 pains from a scale of 6 down to the pain scale 1. Usually, both respondents felt menstrual pain disappeared on the third day. However, in the intervention, both respondents felt menstrual pain disappeared, and the pain was already significantly reduced on the fourth day. The first respondent felt the pain disappeared on the fourth day because, on the third day, the first respondent still felt pain even though it was only on a scale of 1 (light pain), so the researchers continued to apply ginger drinks to the first responders. The second respondent felt menstrual pain decreased on the fourth day because, on the third day, the client still felt pain on the scale 2, so the researchers continued to apply acupressure to the second respondent. The difference in this decrease in pain scale was because the first respondents were given ginger drinks, and the second respondents received acupressure.

This case study shows that giving ginger drinks to reduce menstrual pain/dysmenorrhea is more effective than acupressure. The results of this case study are similar to the survey conducted by Sari & Listiarini (2021). From the study results, ginger administration is more effective than acupressure because the concentration levels in the plasma are very short, between 15 minutes and hours. Respondents feel their stomachs warmer so that they quickly reduce menstrual pain. The study showed the intensity of pain before intervention, respondents with severe pain and after intervention with moderate pain. When acupressure and ginger drinks are applied correctly and regularly, the results will be effective. Menstrual pain occurs during adolescence and can cause the impact of emotional conflict, tension and anxiety. Emotional conflict, stress and anxiety will affect his skill and skill. Competence and skills are broad, both personal competence that includes self-recognition competence and competence of rational thinking, social competence, academic competence, and vocational competence. Educational activities at the training stage lead more to the developing of the learners' motor skills. Because of dysmenorrhea, learning activity can be disrupted. Concentration decreased. The importance of dysmenorrhea must be addressed so that teenage girls experiencing dysmenorrhea can be active like teenage princesses who are not menstruating. A study conducted by Sari & Listiarini (2021) mentioned that the study's results showed that giving ginger is more effective than providing acupressure. Effectiveness Before administering ginger drinks 13.3% experienced mild pain 13.3%, moderate pain 66.7% and severe pain 3%. After taking ginger, no pain at 46%, light pain at 46% and medium pain at 6.7%. Before acupressure, 20% of the pain is mild, 60% is moderate, 20% is severe, 3% is not painful, 60% is slight, and 3% is moderately bitter (Sari & Listiarini, 2021).

## Conclusion

Acupressure and ginger drinks were able to decrease the menstrual pain in time. The finding of the study many help community nurses in educating teenager in schools. Furthermore, community nurses, healthcare educators, and parents should work in tandem to use these treatments for pain reduction. Future studies are needed to reassess its efficacy among female students in higher education.

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### Author's perspective

#### Key points

- cupressure 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 these treatment?

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