



“Effectiveness of Kegel's Exercises on Reducing Pain and Menstrual Cramps in Dysmenorrhea Among College Hostel Girls”

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ABSTRACT

Background: dysmenorrhea is a common complaint among women during their reproductive age. dysmenorrhea is associated with significant emotional, psychological, and functional health impacts. Objective: to evaluate the effectiveness of kegel exercise on reducing pain and menstrual cramp in dysmenorrhea among college hostel girls Study Design And Setting: experimental study, han roever girls hostel girls hostel,perambalur Study Sample:15 girls tools: numerical pain rate scale , menstrual severity grading Procedure: a total of 15 girls between 18-25 years with dysmenorrhea who are participants in study. the subjects were selected under the condition of inclusion and exclusion criteria.the participants were randomly allocated to the kegel exercises (n= 15). all participants were given an explanation of the objective of the study. and its requirements and all who participants provided return informed concern. Results: the result found significant statistical difference in pre-posttest value for the given samples Conclusion: kegel exercise shown highly decreased the pain and menstrual cramp.

Key Words: dysmenorrhea, kegel exercise, menstrual cramp, menstrual severity grading

INTRODUCTION

Dysmenorrhea is a Greek term for “painly monthly bleeding.”Dysmenorrhea or painful menstruation, in absence of any specific pelvic disease, is one of the most common complaints of women and is also a common Gynecological problem worldwide. Dysmenorrhea begins when the young girls first experience the ovulatory cycles and its prevalence increases during adolescence (15-17- years) and reaches its highest in 20-24 years and decreases progressively thereafter. dysmenorrhea pain begins a few hours before or after the onset of menstruation and lasts for 24-48hours. The pain is more on the first day and rarely continues the next day. In a percentage of cases, girls may experience systematic symptoms such as backache , nausea , vomiting , diarrhea, fatigue and headache. Dysmenorrhea causes severe and frequent cramps and pain during your period.

Arnold Henry Kegel February 21, 1894[1] – March 1, 1972 was an American gynecologist who invented the Kegel perineometer and Kegel exercises as non-surgical treatment of urinary incontinence from perineal muscle weakness. Today pelvic floor exercises are widely held as first-line treatment for urinary stress incontinence and any type of female incontinence.

The supportive systems are composed of the pelvic floor muscles, the vaginal wall, the arcus tendineus fascia pelvis, and the endopelvic fascia. The pelvic floor muscles (PFM), which consist of the levator ani and coccygeus muscles , are crucial for supporting pelvic organs. They form a flat plate called the levator plate, helping stabilize the pelvic organ. Performing these Kegel exercises women can help train the muscles to treat bladder leaks, pelvic organ prolapses, and low back and hip pain, and can improve sex.

To maximize the benefits of Kegel exercises, the patients must exercise the right muscles with sufficient time for training. about 30% of women could not contract the pelvic floor muscles. The group undergoing supervised Kegel exercises showed better outcomes of pelvic floor function, including improvement of quality of life, decreasing urine leakage and higher satisfaction rate.

The numerical scale is most commonly 0 to 10, with 0 being “no pain” and 10 being “the worst pain imaginable.” The patient picks (verbal version) or draws a circle around (written version). The number that best describes the pain dimension, usually intensity. Advantages of NRSs include simplicity, reproducibility, easy comprehensibility, and sensitivity to small changes in pain.

The Menstrual severity grading {MSG} is the most frequently used self-report instrument for measuring menstrual cycle symptomatology. The MSG (Moos, 1985) is a multivariate self-report inventory designed to index a number of such clinically important symptoms and psychological changes across the menstrual cycle (Boyle, 1991b). Moos (1968) conducted an initial principal components analysis (together with Varimax orthogonal

rotation) of the inter correlational data derived from responses to 47 items (relating to symptoms such as anxiety, depression, insomnia, tension, headache.) Including sadness, fear, shame.

METHODOLOGY

MATERIALS:

- Stop watch
- Mat
- Pen
- Paper

STUDY DESIGN:

Experimental study

STUDY SETTING:

Study was conducted at in Han Roever Girls Hostel perambalur.

SAMPLE TECHNIQUE:

Convenience sample.

STUDY SAMPLE SIZE :

Total number of 15 subject taken for study

INCLUSION CRITERIA :

- Gender : female
- Regular menstruation for the last 6 months (every 21-35 days with no intermittent bleeding)
- Body Mass Index (BMI) is between 18-25,
- 18-25 years of age.
- Professional athlete.
- Voluntary acceptance of participation in the study.

EXCLUSION CRITERIA :

- With irregular or infrequent menstrual cycles (usually outside of the typical range of a 21-to-35-day cycle)
- Age: below 18.
- Depression and anxiety.
- Having systemic and chronic diseases.
- Physical disability.
- Using hormonal contraception (such as oral contraceptives and injections) and IUD.

STUDY PROCEDURE:

A Total of 15 girls between 18-25 years with dysmenorrhea who are participants in study. The subjects were selected under the condition of inclusion and exclusion criteria.

The participants were randomly allocated to the Kegel exercises (n= 15). All participants were given an explanation of the objective of the study. And its requirements and all who participants provided return informed concern.

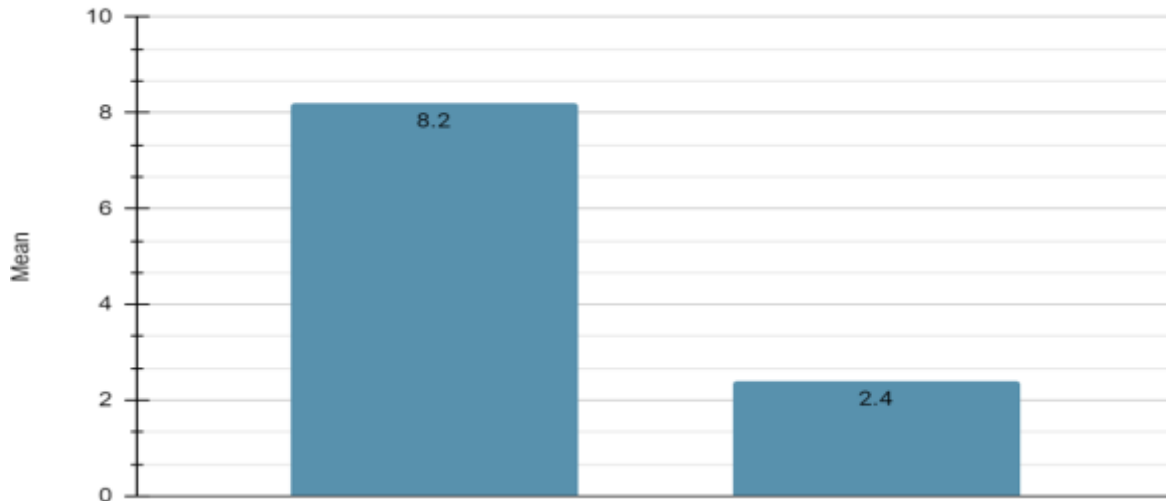
DATA ANALYSIS

A Sample of 15 subjects were included for the study. Mean and mean difference calculated the test was applied to the group Pre and Post treatment values.

Table 2; Mean value of Numerical Pain rate scale

	N	Mean	Mean difference
Pre	15	8.2	
Post	15	2.4	106

Mean value of Numerical Pain Rate scale

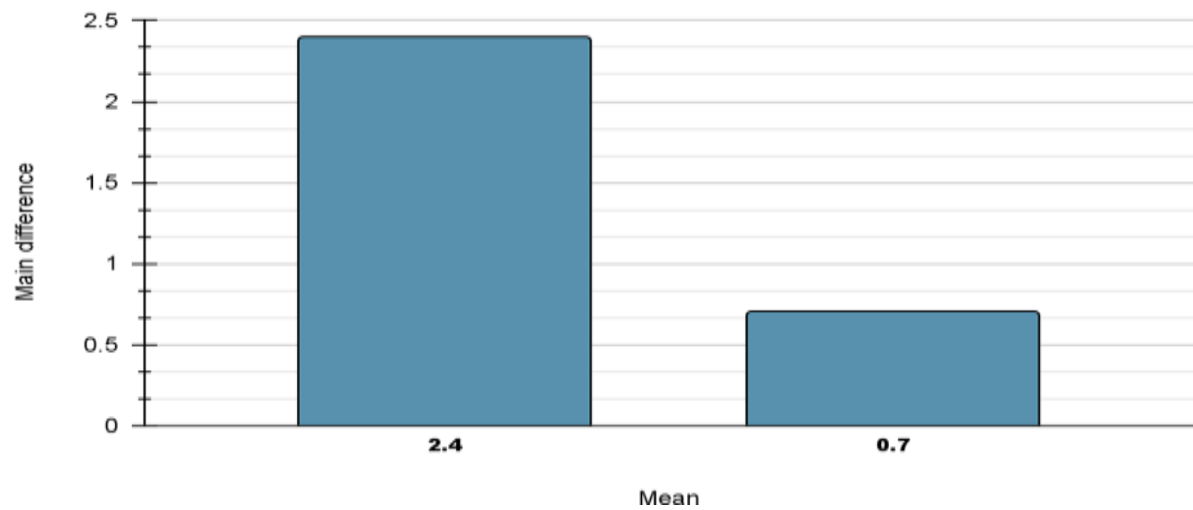


The above graph shows the Mean Pre and Post value of Numerical Pain Rate Scale at the beginning 8.2 and 2.4

Table 2. Mean value of menstrual severity grading.

	N	Mean	Mean difference
pre	15	2.4	109%
post	15	0.7	

Mean Value of Menstrual severity grading



The above graph shows the Mean Pre and Post value of Menstrual Severity Grading at beginning 2.4 and 0.7.

RESULT

At the beginning Menstrual pain was assessed by Numerical Pain Rate scale. The value is 8.2 and the menstrual severity was assessed by Menstrual severity Grading the value is 2.4

At the end Menstrual pain was assessed by Numerical pain rate scale. The value is 2.5 and the Menstrual severity was assessed by Menstrual severity grading value is 2.5.

DISCUSSION

Today the different method treatment for Dysmenorrhea has prevalence. And complicated treatment was found as a special place treatment of Dysmenorrhea. The reset of the study should be 4 weeks of Kegel exercise to significantly improve the severity of pain in Dysmenorrhea.

According to source sports exercise with increase in premenstrual pelvic blood flow the onset of prostaglandin accumulation in the day delays the onset of pain.

Exercise during the pain can lead to faster transfer of water and prostaglandin from the uterus. On the other hand, regular stress helps improve blood circulation and increase the level of endorphin and nerve transducers. As a result, dysmenorrhea reduces the blood flow to the uterus. Inhibition of stress is one of the most important relations between exercise and movement.

Exercise is widely used as a way to reduce daily stress and control chemical changes in the immune system. Performing favorite things, listening to music, meditating, self-hypnosis, and Exercising has been introduced as treatments for stress management. Exercise can reduce stress by reducing the sympathetic nervous activity increasing the activity of parasympathetic nerves during rest while reducing the symptoms of menstruation. In fact, the degree to which people respond to pain is different. This phenomenon is partly due to the ability of the brain to suppress the input signals of the brain by the pain control system.

Therefore, differences in findings may be due to individual differences in the amount of pain perception. Menstrual pain is probably due to increased uterine muscle contraction, which is nerve-mediated by the sympathetic nervous system. Stress helps to increase the activity of the sympathetic nerves and may increase the contraction of the muscles of the uterus and increase the pain of the menstrual period. Exercise by reducing stress can reduce the activity of the sympathetic nervous system and as a result, the symptoms and symptoms of Menstrual can be reduced.

CONCLUSION

In this study, concluded that Kegel exercise highly decreased the pain and Menstrual cramp. Base on the finding of the study it can be concluded that the use of regular Kegel exercise with moderate intensity can lead on prevent the occurrence of Certain Menstrual disorder therefore Kegels exercise can be used as a preventive, therapeutic or therapeutic approach as control dysmenorrhea and other Menstrual disorder.

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