

Dysmenorrhea and ginger

The Philippine Star · 25 Nov 2018 · 11 · CHARLES C. CHANTE, MD

Up to 90 percent of reproductive women around the world describe experiencing painful menstrual periods (dysmenorrhea) at some point. Younger women struggle more than older women. Dysmenorrhea can lead to absenteeism and presenteeism to the tune of about \$2 billion annually.



Dysmenorrhea can be partially explained by increased prostaglandin production resulting in increased uterine contractions and cramping pain. While NSAIDs are believed to exert their therapeutic benefit by reducing prostaglandin production through Cyclooxygenase-2 inhibition, some of my patients either prefer not to or cannot take standard therapies (NSAIDs or hormonal therapy) and still struggle with symptoms.

The next step was to find an alternative treatment method. Ginger root is used throughout the world as a seasoning, spice, and medicine. Ginger has been shown to inhibit COX-2 and has been studied for its potential role in reducing pain and inflammation. As a result, ginger may have a role in the treatment of dysmenorrhea.

A systematic review of the literature on the efficacy of ginger for treating primary dysmenorrhea was conducted.

It included all randomized trials investigating the effect of ginger powder on younger women. Included studies evaluated ginger efficacy on individuals aged 13-30 years. Most included studies excluded women with irregular menstrual cycles and individuals using hormonal medications, oral or intrauterine contraceptives, or a pregnancy history. Dosing was 750-2,000 mg ginger powder capsules per day for the first three days of the menstrual cycle.

Four studies were included in the meta-analysis, which suggested that ginger powder given during the first three to four days of the menstrual cycle was associated with significant reduction in the pain visual analog scale (risk ratio, -2.87 to -0.84; $P=.0003$).

I am not a consistent proponent of alternative therapies but mostly because it is difficult for me to keep up on the evidence for these treatment options. In this case, my bias is that individuals in this age group are much more willing to engage with alternative therapies and offering them may build trust.

For these patients, offering ginger powder may engage patients in self-help and help them appreciate you as a clinician willing to embrace alternative therapies. The hard part is recommending a brand that you know and trust, complicated by the lack of oversight and quality control for over-the-counter, non-traditional therapies.