Cramping Your Style

Menstruation a pain in the pelvis? Curse not, our dispensary-loving Nursie is staggering your way.

July 1, 2000 By Greg Lugliani

Hey, Sis!
God is a man. No female deity, however vengeful, would invent the evil menstrual cramps I've been having. Help me out, Nursie. And hurry.

—Biting the Bullet

Dear Biting:
We could argue theology from here to menopause, but you're seeking swifter succor, no? Menstrual cramps—go for the Greek, girls: dysmenorrhea—plague as many as three out of four women, making this monthly curse one of the most common health issues we of the fairer sex suffer during our years of fertility. Rumor has it that Eve's HIV positive daughters have more than their share of menstrual cycle irregularities, including demonic cramps, but with the exception of severely immune-suppressed women, clinical studies don't bear this out.

Whether you have HIV or not, dysmenorrhea's no romp in the Garden. In addition to the lower abdominal pains that are its hellish hallmark, about 15 percent of sufferers report a swarm of additionally debilitating symptoms. That's why the "curse" causes a mind-boggling 140 million missed work hours a year.

Wherefore this monthly torture? Powerful, involuntary contractions of the uterus—the largest mass of smooth muscle in the body—are what cramps are all about. These waves of muscle movement occur before, during and even after menstruation. Biting, you've probably snapped that bullet in two by now, so I won't diddle with dysmenorrhea's types (primary and secondary). Let's shoot straight into treatments, which are simple and generally effective. Over-the-counter nonsteroidal anti-inflammatories such as acetaminophen (Tylenol), ibuprofen (Advil or Motrin) or naproxen (Aleve) are the most common remedies for menstrual cramps, although your doctor may order others such as diclofenac sodium (Voltaren), ketoprofen (Orudis), mefenamic acid (Ponstel), or even an oral contraceptive, which dampens the hormone prostaglandin, in turn lowering the tension of those contractions. Commonly prescribed varieties include Brevicon, Loestrin, Ortho-Novum and Triphasil. A one-two punch—the Pill and a nonsteroidal anti-inflammatory—might be necessary to knock out particularly pernicious pelvic pains.

Believers in nature also have cupboards full, but even the greenest remedies ought to be used

only in consultation with a physician. During the Blitz, British researchers discovered that raspberry leaf tea acted like a tonic. Black cohosh (Cimicifuga racemosa—yum!), relied upon by Native-American women, contains phytoestrogens (plant estrogens); two to four droppers of its tincture, two to three times a day during your period, should do the trick. Magnesium supplements (500 to 1,000 mg a day) can also put the kibosh on cramping. Two- or 3-gram capsules or tablets of dong quai (Angelica sinensis)—a.k.a. the “female ginseng”—reportedly restore hormonal balance and send those pains a-packing. (Pregnant or lactating women should avoid dong quai, and the herb may cause increased sensitivity to sunlight.) Common ginger root is another uterine relaxer, and—gag not—even fish oil (1,720 mg a day) has shown an ability, albeit odoriferous, to relieve discomfort. Finally, marijuana has made more than one Mary start rolling at that time of the month.

They don’t pay me the big bucks to wear this ghastly uniform for nothing, so here are a few more cramp-countering tips: Physical activity, especially aerobic, stimulates the release of the body’s built-in painkillers, endorphins. Keep an eye on the diet, limiting salt, chocolate and meat, as they all stimulate prostaglandin production. And, since dehydration intensifies cramps, keep up your intake of fluids (coffee and booze don’t count). Eschew tampons in favor of sanitary napkins to reduce irritation to that tender tabernacle of thy womanhood. For extra relief, try going for the big “O.” I always find that sex-cum-climax works wonders.

Causes and cures aside, menstrual cramps are sometimes confused with other serious conditions, including pregnancy complications, ectopic (outside the uterus) pregnancies, missed or incomplete abortions and urinary tract infections. Memo to you: Any unusual or persistent pains, especially those in the vicinity of your pudenda, should be reported to your doctor straightaway. It’s only common sense, dears, that if we take good care of plumbing, it will take good care of us for years to come.
