



QUALITATIVE OBSERVATIONAL INVESTIGATION ON FACTORS ATTRIBUTING MENORRHAGIA (PERUMBADU) IN REMOTE ZONE OF TAMIL NADU: CURRENT SCENARIO AND FUTURE PERSPECTIVE

R.Shalini Priya^{*1}, P.M. Sathya Priyanka², N.Anbu³

^{*1&2} P.G Scholar, Department of Maruthuvam, Government Siddha Medical College, Arumbakkam, Chennai 600 106, Tamil Nadu, India.

³Head of Department, Department of Maruthuvam, Government Siddha Medical College, Arumbakkam, Chennai 600 106, Tamil Nadu, India.

ABSTRACT

Menorrhagia is a condition of heavy menstrual bleeding reported with symptoms such as pain and cramps during their period. It was called by several terminology in local vernacular terms whereas according to siddha system of medicine it was termed as “perumbadu”. Diagnostic approach for menorrhagia involves ultrasound scanning or by womb examination. Further hormonal examination shall also be performed to ascertain the actual cause of the excessive bleeding. Standard treatment protocol for management of menorrhagia includes hormonal and surgical therapy. Present observational study provides an evidence based data on some core parameters like perception level, sanitary awareness, dietary impact, living style pattern and home remedies followed by women’s with menorrhagia. Study conducted on 40 women’s at Cheyyur village a remote zone of Tamil Nadu. Results of the study indicates that 60% of the women under study never ventured into self-medication. 57 % never consult physician for this issue. Around 65% of women’s prefer taking rest (during the periods) further remaining 25.64% of the women’s still rely on cloth napkins and 75% of the women are well aware of the benefits of the sanitary pads. It was concluded from the result analysis of the present investigation that there is dire need of health education and sanitary habituation required among the women’s for proper guidance on medical opinion to find out the actual route cause for menorrhagia. Another novel outcome of the study is majority of the women’s are not relying on self-medication and hence the change of adverse effect caused due to it are greatly minimized.

KEY WORDS: *Siddha, Menorrhagia, Perumbadu, Self-medication, Home remedies, Sanitary awareness.*

Corresponding Author: Dr. R.ShaliniPriya

P.G scholar, Post graduate department of Medicine, Government Siddha Medical College, Arumbakkam, Chennai 600 106, Tamil Nadu, India.

Email: shalurajachellam18@gmail.com

1. Introduction

Menorrhagia, one of the most frequently encountered symptoms in gynaecology, is defined as menstruation periods at regular cycle but with excessive flow which may last more than 7 days. Menorrhagia can cause menstrual bleeding of more than 80 mL in each cycle [1]. In the developed world an average woman undergoes 400 repetitive cycles of monthly menstrual bleeding with shedding of her superficial endometrial functional layer. In as many as 20–30% of women, this bleeding is excessive and is termed heavy menstrual bleeding HMB [2] or simply called by its name menorrhagia. Apart from the physical symptoms of anemia (fatigue, lethargy and exertional dyspnea), HMB can interfere with normal daily life and may affect the social and emotional wellbeing of women, reducing their productivity in society.

Menorrhagia accounts for major cause of anemia often associated with idiopathic menorrhagia, and with heavy bleeding due to fibroids, adenomyosis, or use of intrauterine devices (IUDs). Further this affects the normal lively hood of the women's throughout the world [3]. Majority of women with uterine fibroids are commonly associated with menorrhagia they are treated by hysterectomy although developments in endoscopic surgery have enabled a more conservative approach in some circumstances. LHRH agonists are the only medical agents which cause substantial shrinkage of fibroids although regression is not permanent [4].

Current gold standard for measuring menstrual blood loss is a modification of the alkaline haematin technique [5], but this method is impractical in clinical practice and not used outside a research setting and makes generalisability of studies that report only measured menstrual blood loss difficult. A number of alternative more practical methods have been suggested. The pictorial blood loss assessment chart is a semi-quantitative method with a scoring system, but its accuracy as a diagnostic test has been questioned [6].

The basic general complete gynecologic history and physical examination will be extremely helpful. The main aim of the present observational study is to provide an evidence based data on some core parameters like perception level, sanitary awareness,

dietary impact, living style pattern and home remedies followed by women's with menorrhagia.

2. Materials and Methods

2.1. Study design

Qualitative Observation study comprises of 40 volunteers subjected to survey on Menorrhagia (Perumbadu) was chosen for the individualized in-depth evaluation. The entire study was conducted at Cheyyur, Kancheepuram district, Tamil Nadu, India. Study conducted according to the principles of qualitative research with application of Focus Group Discussions for collection of information on the health seeking behavior and other relevant issues from different homogenous, groups of the rural community. Institutional ethical committee and health department clearance was obtained for this study with the total study period of 3 months. All the women were comprehensively explained about the objectives of this study before requesting them for their voluntary participation in this study. Participants were also explained that completion and submission of the questionnaire would be taken as consent to participate in this study. Data were dealt with the high level of anonymity and confidentiality.

2.2. Questioner Pattern

The questionnaire was divided into fundamental section that includes age, marital status, regularity of menstrual period, perception, frequency, cause, factors influencing menorrhagia etc.

3. Results

3.1. Age group

Out of 40 women's included in the present investigation 30-35 years (30%) closely followed by the age group of 41-45 years (25%). The women in the age group of 36-40 years represented 25% and the women in the age group 46-55 years put together had share of 25%.

Table 1: Age categorization

Age Group	Frequency	Valid Percent
30-35	12	30.0
36-40	8	20.0
41-45	10	25.0
46-50	6	15.0
51-55	4	10.0
Total	40	100.0

3.2. Frequency of parity

It was observed from the data's obtained from the preset investigation that parity for 2 times (34.1%) followed by 20.5% women had parity for 3 times the women group 6.8% of the women is not having any babies so far owing to the fact that being single Parity for 4 times was also recorded with a percentage of 11.4. More importantly miscarriage was also reported among the women on which 9.1% per cent of the women had parity for only one time with a record percentage of 18.2%. 9.1% per cent of the women had parity for only one time. As shown in figure 1.

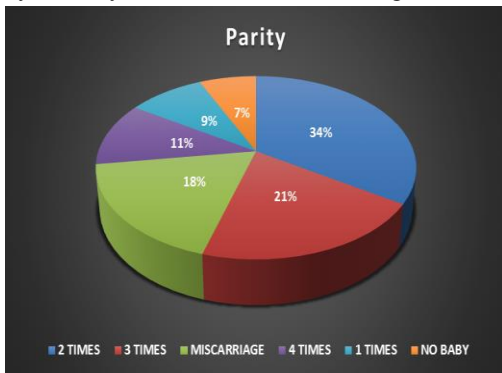


Figure 1: Frequency of parity

3.3. Duration of menstrual cycle

From the data's collected it was observed that the menstrual cycle of the selected women ranged from 2 to 8 days. Among them, 16 women (40%) had the cycle of 3 days followed by 11 women (27.5%) with a period cycle of 5 days. It was also noted that one woman has an unusual period cycle of 8 days in a month. As shown in figure 2.

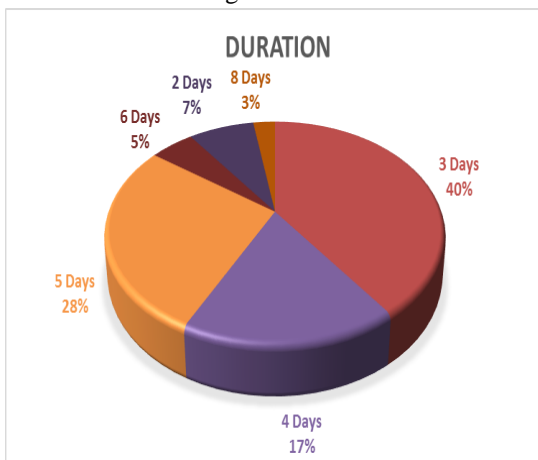


Figure 2: Duration of menstrual cycle

3.4. Women's Perception about Menorrhagia

Out of 40 women surveyed nearly 13.24% suggestively has opinion that this might be due to cyst in the ovary whereas almost an equal proportion of women (11.76%) are of the opinion that the said problem might be due to physical weakness. Around 1.47% to 2.94 % women also believe that it might be due to irregular menstrual cycle, hormonal imbalance, fibroids and hereditary factor. As shown in figure 3.

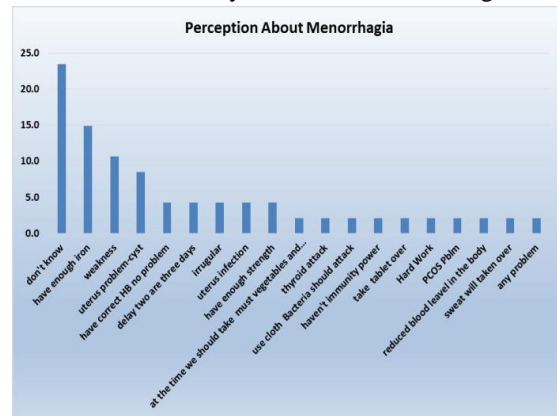


Figure 3: Women's Perception about Menorrhagia

3.5. Awareness on utilization of sanitary napkins

It was observed that 25.64% of the women's still rely on cloth napkins though they are considered to be highly unhygienic. Meanwhile, it is worth to note that the remaining 75% of the women are well aware of the benefits of the sanitary pads. When it comes to the statistics the women who use the sanitary pads, 20.51 % of them use 3 pads/ day during the menstrual cycle. There were women who used 5pads/day during the cycle with a share of 10.26 % in the group per of pads used, it was noted that the use of sanitary pads ranged from 2pads/day to 5 days/day. As shown in figure 4.

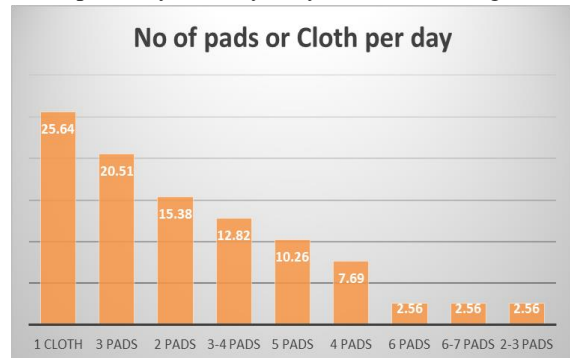


Figure 4: Awareness on utilization of sanitary napkins

3.6. Impact of Diet adopted during the menstrual cycle

Majority (27.1%) expressed that they are having only ordinary food owing to the fact that they did not have the inclination to have other type of food during those days. Interestingly, 16.7% of the women studied expressed that to preferred to have only liquid food rather than taking solid foods. There were women (14.5%) who remain in fasting in all those days with merely taking water. However, around 12.5%. Another major share of people (10%), expressed that they won't prefer non-veg diet during those days. As shown in figure 5.

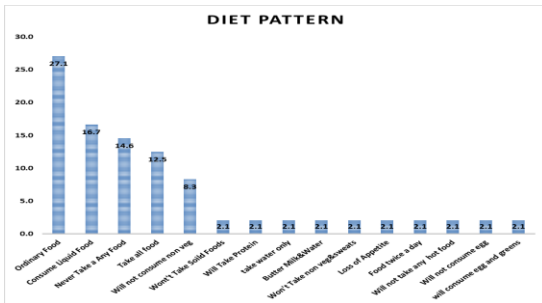


Figure 5: Diet adopted during the menstrual cycle

3.7. Pattern of living style during the time of menstrual cycle
 Around 65% of women expressed that they prefer taking rest during that time 16.3% of the women preferred to do all kinds of works without any inhibitions barring all their physical weakness. Among the women, 2.3 % expressed that they would prefer to sleep on the floor during those days. Around 4.7% preferred to stay away from house as that of the practices adopted in olden days. .As shown in figure 6.

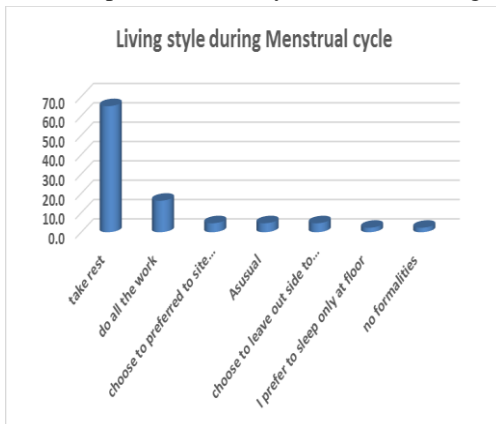


Figure 6: Pattern of living style during the time of menstrual cycle

3.8. Awareness on Medical consultation

Around 57% of the women surveyed falls in this group. However, 33 % are aware of the importance of consultation with the doctors during the time of menstrual cycle for any issues related to the same. As shown in figure 7.

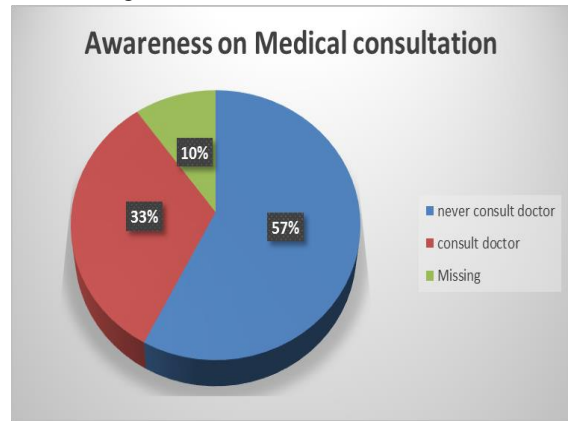


Figure 7: Awareness on Medical consultation

3.9. Preference on vernacular terminology

Present survey revealed that still the terminology "VeettuThooram (24.4%) exists among the women, while others express it in the name of "theettu" (17.4%), "Time"(17.4%), "periods" (17.4%). Other terminologies like date, perumbadu, menstrual cycle and menstrual period. As shown in figure 8.

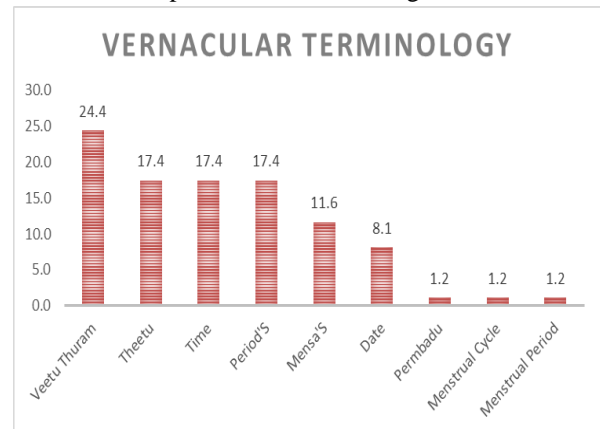


Figure 8: Preference on vernacular terminology

3.10. Practice of Home remedies and self-medication during menstrual time

Most of the respondents (18.6%) reported that they used to take vadas (dish) made up of black gram. Similarly 11.9 % respondents told that they will use lemon during those days and 10.2% use banana flower

Some have the peculiar habit of eating puttu, drumstick leaves and masikkai (3.4% each). Further data collected have revealed that 60% of the women under study never ventured into self-medication is a healthy sign. Around 15.2% of the women expressed that they shall consult the doctors only for taking tablets and injection. As shown in figure 9 and 10.

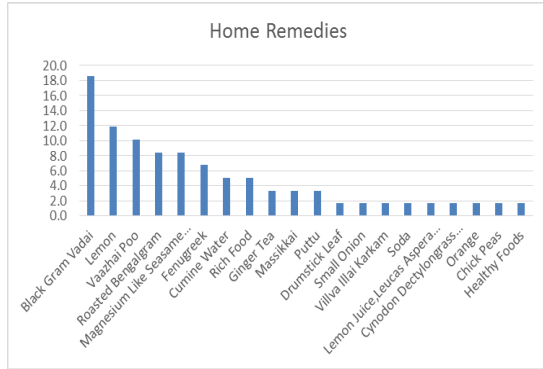


Figure 9: Practice of Home remedies

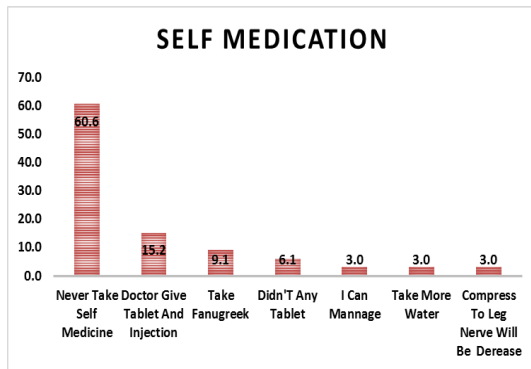


Figure 10: Self-medication

4. DISCUSSION

Nearly one-third of women will experience abnormal uterine bleeding in their life, with irregularities most commonly occurring at menarche and perimenopause. A normal menstrual cycle has a frequency of 24 to 38 days, lasts 7 to 9 days, with 5 to 80 milliliters of blood loss [7]. The prevalence of abnormal uterine bleeding among reproductive-aged women internationally is estimated to be between 3% to 30% [8,9]. Many women do not seek treatment for their symptoms, and some components of diagnosis are objective while others are subjective, making exact prevalence difficult to determine [10]. In present investigation out of 40 women surveyed nearly 13.24% suggestively has opinion that this might be due to cyst in the ovary whereas almost an equal proportion of women

(11.76%) are of the opinion that the said problem might be due to physical weakness. Around 1.47% to 2.94 % women also believe that it might be due to irregular menstrual cycle, hormonal imbalance, fibroids and hereditary factor

Many women who have heavy periods feel weak and tired during their period and shortly afterwards. Women who feel very exhausted may have difficulties coping with the demands of everyday life, whether at home or at work. Even social activities and hobbies that are usually enjoyable can become a burden [11]. In the present study around 65% of women expressed that they prefer taking rest during that time 16.3% of the women preferred to do all kinds of works without any inhibitions barring all their physical weakness. Among the women, 2.3 % expressed that they would prefer to sleep on the floor during those days. Around 4.7% preferred to stay away from house as that of the practices adopted in olden days.

Women with benign heavy menstrual bleeding have the choice of a number of medical treatment options to reduce their blood loss and improve quality of life. The role of the clinician is to provide information to facilitate women in making an appropriate choice. Effective medical management of heavy menstrual bleeding relies on excellent communication between a woman and her doctor [12]. It was observed from our present study that around 57% of the women surveyed falls never seeks medical assistance for this issue. However, 33 % are aware of the importance of consultation with the doctors during the time of menstrual cycle for any issues related to the same.

The etiology of menorrhagia includes hormonal, mechanical and clotting abnormalities. Hormonal causes include: anovulation, hypothyroidism, Mechanical causes include: cancer, endometriosis, and endometritis [13]. Hygiene-related practices of women during menstruation are of considerable importance, as it may increase vulnerability to Reproductive Tract Infections (RTI's). Poor menstrual hygiene is one of the major reasons for the high prevalence of RTIs in the country and contributes significantly to female morbidity [14]. From the present study it was observed that 25.64% of the women's still rely on cloth napkins though they are considered to be highly unhygienic. Meanwhile, it is worth to note that the remaining 75% of the women are well aware of the benefits of the sanitary pads. When it comes to the statistics the

women who use the sanitary pads, 20.51 % of them use 3 pads/ day during the menstrual cycle. There were women who used 5pads/day during the cycle with a share of 10.26 % in the group per of pads used, it was noted that the use of sanitary pads ranged from 2pads/day to 5 days/day.

Although the evidence on the relationship between dietary factors and menstrual disorder is inconclusive, it seems that high consumption of fish, fruits and fiber may reduce the intensity of menstrual pain [15]. So far limited studies have investigated the association between dietary patterns and dysmenorrhea. Recently, focusing on dietary pattern approaches has been considered an alternative method to evaluate the association between diet and risk of diseases [16]. Unlike a single-food approach, dietary patterns declare the habitual consumption of individuals according to proportion, frequency and variation of food, drinks and nutrients [17]. Present observational study reveals that 16.7% of the women studied expressed that they preferred to have only liquid food rather than taking solid foods. There were women (14.5%) who remain in fasting in all those days with merely taking water. However, around 12.5%. Another major share of people (10%), expressed that they won't prefer non-veg diet during those days.

5. CONCLUSION

Menorrhagia considerably has significant impact on personal, social, family and work life of women and thereby reduces their quality of life. Further it is largely responsible for iron deficiency and iron deficiency anaemia both of which have negative effects on women health. Proper education on sanitation and medical awareness greatly helps rural women's in understanding the need of treatment for medical condition like menorrhagia, this will not only safeguard but also improves the quality of life of the women's in rural areas.

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