

## My Wretched Menstrual 'Cramps'?!

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At 15 years old I remember asking myself, "Is this what they mean by menstrual 'cramps'?" The term 'cramp' just seemed too mild to explain the horrid, 1 or 2 day experience, which regularly preceded the start of my monthly period. Back pain, 'front' pain, nausea, and sweats...felt more like a suffering from the flu...(with an elephant stepping on my back!)... than what I'd describe as menstrual 'cramps'. The usual 'mother's home remedies' like a heating pad, hot tea, or over-the-counter pain reliever, hardly ever seemed to do enough, but I adhered to the regimen every month anyway...What else was I going to do?

As a Gynecologist, I now know the significance of the menstrual 'cramps'. In our rhythmic, monthly, hormonal cycle, and in response to the rise in our ovarian hormones (estrogen and progesterone), our ovaries form the 'dominant follicle', which releases the fertilizable egg for that month. At the same time, the uterine lining develops a thick, shaggy layer (like a shag carpet) to enhance implantation of a fertilized egg (egg fertilized by a male sperm=pregnancy.) On the other hand, if no egg fertilization occurs (no pregnancy), the ovarian hormones decline, allowing for release/shedding of the previously developed thickened uterine lining tissue (representing our 'menstrual flow'), and the obvious sign of menstrual bleeding.

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Once our hormones have declined, allowing for shedding, they start to slowly rise again, preparing for the next cycle. The actual menstrual 'cramps' represent uterine 'contraction'-like activity, closing open blood vessels in the uterine lining to diminish the bleeding. The whole process is rhythmic and organized (in regular menstrual cycles.) The uterine

'cramping/contractions' begin 1-2 days in advance of the actual bleeding, to bring about the cessation of flow, even before the actual bleeding has begun. Have you noticed your cramps starting, well before, the actual flow begins? Most women notice, by the time the actual flow begins, the cramping is pretty much over.

### So Here's the Facts

Aside from hormones, other compounds (called 'prostaglandins') are also responsible for initiating the actual uterine cramping. This is the reason why certain medications (prostaglandin inhibitors such as ibuprofen and naproxen) are helpful with menstrual cramping. They block the response of the prostaglandins in initiating the uterine contractions, thus relieving the menstrual cramping. They are also helpful, to some degree, in reducing the amount of menstrual bleeding. These medications are also called Non-Steroidal Anti-Inflammatory Drugs (NSAID's) and are available over-the-counter, and in prescription doses as written by your health provider. NSAIDs are considered the first line treatment for menstrual cramping. Studies suggest these meds to be up to 80% effective in reducing menstrual discomfort. They are most effective if started **before** the menstrual cramping begins. If your period is regular, timely, and predictable, it may be more helpful to start the medication a day or so before you anticipate your cycle (or the cramping) to begin.

If NSAIDs are not effective, the second line treatment is the use of oral contraceptive pills (OCP's.) OCPs block the hormones allowing for ovulation (thus the 'preparatory' cycle leading to menstrual shedding), and diminish the prostaglandin response. (Use of the OCP usually does result in a 'withdrawal' bleed—'menstrual flow'—at the end of the pack, but this is due to 'withdrawal' of the medication—the 'sugar' pills—and not preceded by the natural 'hormonal cycle' pattern that contributes to such significant cramping.) Many women find OCPs more effective for menstrual cramping than NSAIDs alone, also making this a good choice for women who also desire contraception.

If neither of these treatments are effective in treating significant menstrual pain, your doctor may recommend a laparoscopy (an outpatient surgical procedure to visualize the inner pelvic organs) to rule out other conditions which may be causing the pain (i.e., endometriosis, pelvic adhesions.) When child-bearing is complete, a hysterectomy may also be an option. Speak with your gynecologist or healthcare provider to learn more about your options in treating your

menstrual pain.

Dr. Suzanne Hall

@drsuzzyhall

Eastside Gynecology Obstetrics

Roseville, Grosse Pointe, Macomb, Rochester, MI

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