Evaluation of EveCare in the Treatment of Dysmenorrhoea and Premenstrual Syndrome

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ABSTRACT
In a study group comprising 40 patients, 26 were suffering from dysmenorrhoea and 14 had premenstrual syndrome (PMS). They were advised to take EveCare at a dose of 2 teaspoonfuls twice daily for 3 months. At the end of the study period, all 26 patients with dysmenorrhoea were symptom-free and 11 patients with PMS were free from premenstrual symptoms. None of the patients experienced any side-effects.

INTRODUCTION
Menstrual disorders such as dysmenorrhoea and premenstrual syndrome are most commonly encountered in a gynaecologist's outpatient practice. In adolescents, the problem of dysmenorrhea is rather frequent, its incidence being between 30 to 50 percent. Dysmenorrhea was heretofore poorly understood, its treatment regimens comprising psychotherapy, exercise, vitamins or surgery. However, in the last five years, research has brought about a better understanding of its pathophysiology, thereby enabling the physician to rationally evaluate and properly treat this disorder.

Primary dysmenorrhea comprises painful menstruation without significant pelvic pathology. Typically, the onset of pain begins a few hours prior to or coincident with the onset of menstruation and may last from a few hours to 24 hours, occasionally persisting up to 3 days. Though its pattern is variable, it is usually characterized by sharp, colicky, suprapubic pain with radiation to the lower back and thighs. Nausea, vomiting, diarrhoea, irritability, or headaches may accompany these episodes.

An American gynaecologist, T. Frank, characterized the syndrome in 1931 but the term PMS was first coined in 1953. Premenstrual syndrome (PMS) encompasses a variety of emotional and physical symptoms that occur from several days to weeks before the onset of menstrual flow. Although many women experience some discomfort, these premenstrual changes do not disrupt their daily routine. In some women, however, they are characterized by debilitating mood and behavioural changes, in the week preceding menstruation, that interfere with their normal daily functioning. Overall, approximately 75% of the general population encounter some kind of premenstrual symptom. If specific diagnostic criteria for PMS is used, 3 to 8% of women with regular cycles can be diagnosed with PMS. Of those who seek medical treatment, approximately 40 to 50% meet this criteria.

In the treatment of dysmenorrhoea and PMS, a wide spectrum of drugs is available; however, the majority of them are hormones that are known to possess untoward side-effects. Hence, the efficacy of EveCare, a non-hormonal herbal medication was evaluated for its effect on dysmenorrhoea and PMS. The composition of EveCare comprises several herbal ingredients that have a pronounced action on the female genital system.
Some of the important ingredients are: *Saraca indica* that has been proven effective in dysmenorrhoea and possesses an oestrogen-like activity that helps in healing of the inflammed endometrium during menstruation\(^7,8,9\); *Symplocos racemosa* that has been reported to be useful in treating uterine disorders\(^10\); *Boerhaavia diffusa* that has a potent anti-inflammatory property\(^11,12\); *Asparagus racemosus* that contains saponins that hinder the oxytocic activity on the uterine musculature, thereby maintaining spontaneous uterine motility\(^13\); *Aloe vera* that improves fertility by regulating uterine hormones and is also effective in treating menstrual dysfunction\(^14,15\). *Acacia arabica* that is a known uterine stimulant\(^16\); *Cyperus rotundus* that has been found effective in the treatment of anaemia and general weakness that are common manifestations of this disorder\(^17,18\); *Hemidesmus indicus* that has a healing effect on the uterus and helps in uterine involution\(^19\) and *Tinospora cordifolia*, a well established immunomodulator that boosts the immune status and imparts a feeling of well-being\(^20,21\).

**MATERIAL AND METHODS**

The study group comprised 40 patients, of whom 26 patients had a history of dysmenorrhoea and 14 patients with premenstrual symptoms. The patients were diagnosed as suffering from premenstrual syndrome if their symptoms persisted for at least 3 consecutive months, if they were related to regular menstruation and if the severity disrupted their normal function. Patients who were diagnosed to be suffering from neoplasms, malignancy or other systemic illness associated with the above disorders were excluded from the study. All the patients were administered EveCare at a dose of 2 teaspoonfuls twice daily for a period of 3 months. Their menstrual cycles were evaluated monthly for a period of 3 months following the commencement of treatment.

**RESULTS AND DISCUSSION**

Though many factors have been implicated in the pathophysiology of dysmenorrhea, a consistent finding appears to be an increase in myometrial activity\(^22\). The aim of medical therapy in severe dysmenorrhoea is to reduce uterine activity. Non-addictive analgesics are often prescribed in the treatment of dysmenorrhoea. During menstruation, many women experience gastrointestinal upsets for which they are prescribed analgesics and anti-inflammatory drugs which more often than not produce gastrointestinal side-effects, apart from headache, dizziness, drowsiness and blurred vision. Other modes of treatment include antispasmodics, analgesics and amphetamine containing compound. The role of hormones (oestrogen-progesterone or contraceptive pills) as a prolonged therapeutic measure for dysmenorrhoea is itself debatable. If there are additional features, such as menorrhagia or a desire to avoid pregnancy on the part of the patient, this is perhaps justifiable. The relative benefits of symptomatic relief, especially if time has to be taken off work, has to be balanced against any potential or actual side-effects of the treatment prescribed.

There may be no pathognomonic symptoms, laboratory tests, objective or physical findings present to confirm the diagnosis of PMS, which solely depends on the patient's subjective report of symptoms. A retrospective report or recall of these symptoms is insufficient, because several changes, both symptomatic and behavioural, can be attributed to menstruation, which is a repetitive occurrence in a woman's reproductive phase\(^23\).

Previous studies with EveCare have shown that it has a beneficial effect in the treatment of menstrual disorders\(^24\). In this study, it was observed that EveCare brought about reduction in the symptoms of dysmenorrhoea and PMS beginning from the menstrual cycle following the commencement of treatment. Patients suffering from dysmenorrhoea reported a reduction in lower abdominal and back pain after one month of therapy and all of them were totally symptom-free after 2 to 3 months, which is statistically significant. In 14 patients who experienced PMS, there was a decrease in symptoms such as fullness in the breast, lower abdomen, face and feet and 11 of them
were free from premenstrual headache and gastrointestinal upsets that they experienced prior to the treatment.

CONCLUSION
From the above study, it is evident that EveCare was totally effective in all patients with dysmenorrhoea and in 80% of cases with PMS. None of them experienced any adverse effects. It can be concluded that EveCare can be used as a safe and cost-effective drug in the treatment of dysmenorrhoea and PMS.

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REFERENCES


