

	<h2 style="color: blue;">Women's Troubles: Painful Menstruation</h2>
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<p>ABSTRACT</p>	<p>This article presents general information, classification, clinical picture, diagnosis and treatment of dysmenorrhea. It also discloses age characteristics and the percentage of patients with dysmenorrhea.</p>
<p>Keywords:</p>	<p>Dysmenorrhea, algomenorrhea, prostaglandin, menarche.</p>

Today, women make up 49.5% of the world's population, and almost every second woman experiences a painful menstrual cycle, that is, dysmenorrhea. This condition is one of the main reasons why women experience trouble in their lives.

Dysmenorrhea (from the Greek dys - a prefix denoting a qualitative disorder and menorrhoea - monthly flow) is a cyclic pathological process in which severe pain in the lower abdomen occurs during menstruation. It is accompanied by vegetative-vascular, vegetative and psychoemotional disorders. Dysmenorrhea occurs in most young girls and women aged 14 to 45 years and accounts for 30-52%. In 10% of patients, work capacity decreases due to the intensity of the disease. Dysmenorrhea is also called algomenorrhea or algodismenorrhea in medicine. There are two forms of dysmenorrhea: primary and secondary. Each of them has its own diagnostic and treatment features.

The leading role in the development of the menstrual cycle belongs to the gastrointestinal tract. The coordination of vegetative and hormonal regulation of the menstrual function is carried out at the hypothalamic level [1, 2, 4, 6]. Often, syndromes leading to menstrual cycle disorders (MCD) are not accompanied by endocrine-gynecological pathology affecting the menstrual cycle [3, 5]. MCD in adolescents manifests itself in the form of painful periods, delayed or absent menstrual cycle, uterine bleeding and occurs in 10-37.3% [4, 5, 7]. Algomenorrhea is one of the manifestations of MCD. the leading symptom of which is pain syndrome in the form of pain during menstruation in the lower abdomen, in the sacrum,

lumbar region and accompanied by general malaise and psychovegetative disorders.

distinguish central and peripheral mechanisms of development of pain syndrome (algo-dysmenorrhea). The central

mechanism is caused by a decrease in the adaptive capabilities

at the level of the thalamus and hypothalamus, increased

excitation of the nociceptive system, which leads to a decrease in the threshold of pain sensitivity and, as a consequence, the occurrence

of pain in response to physiological processes occurring in the body. peripheral

mechanism is associated with hyper- or hypotonia of the vessels in the pelvic organs, which causes

hypoxia of cells with the accumulation of algogenic

substances (histamine, serotonin, catecholamines,

kinins, prostaglandins). irritation from tissue nociceptors along the afferent spinothalamic and gangliobulbar pathways enters the nuclei of the hypothalamus and the underlying parts of the central nervous system (CNS).

Primary (functional), not associated with diseases of the internal genital organs and pelvic organs. Usually observed in teenage girls with the onset of their first menstruation (menarche) and the onset of ovulation, or 2-3 years after the onset of menstruation. In this case, headache, feeling of heat, sleep disturbance, nausea, vomiting, dizziness, tachycardia or bradycardia, etc. are manifested. Secondary (organic), caused by the presence of diseases of the genitals and pelvic organs. These include endometriosis, uterine fibroids, ovarian tumors, uterine malformations, varicose veins of the pelvis, etc. With the first dysmenorrhea, the body produces excess prostaglandins.

This leads to spastic contractions of the smooth muscles of the uterus and blood vessels. As a result of such strong and prolonged contractions, toxic metabolic products accumulate in the uterus, which irritate the nerve endings and a pronounced pain syndrome occurs. Since the uterus is located in the pelvis, the ovary, bladder, and intestines are located near it, pain sensations are transmitted to these organs via nerve endings. Primary dysmenorrhea subsides after the onset of sexual activity or after the first birth.

With secondary dysmenorrhea, organic changes occur in the pelvic organs. It occurs several years after the onset of menstruation or intensifies up to 1-2 days before the onset of menstruation. Secondary dysmenorrhea most often occurs in women after 30 years of age. It can also be caused by the use of an intrauterine device.

Dysmenorrhea is also divided by severity:

- I degree - menstrual pain is weakly developed, which can periodically lead to a decrease in the woman's activity. Requires taking analgesics.
- II degree - menstruation is more painful, daily activity is reduced. Regular intake of analgesics is required.
- III degree - severe pain. A sharp disruption of daily activity during menstruation. Taking analgesics is not very effective. In this case, headache, fatigue, nausea and diarrhea appear.

There are compensated (the severity and nature of symptoms and days of menstruation do not change over time) and decompensated dysmenorrhea (increasing pain intensity over time).

Dysmenorrhea can be an anomaly in the development of the uterus and vagina. In this case, cyclic pain syndrome is noted with the period of menarche.

Diagnostics: Gynecological examination, ultrasound, NSAIDs, and other methods to exclude the organic form of dysmenorrhea.

Regardless of the form and degree of dysmenorrhea, it is necessary to eliminate pain. In this case, medications should be aimed at reducing the production of prostaglandins, which are the cause of pain. When treating dysmenorrhea, it should be remembered that it can be a symptom of some gynecological diseases. At any degree of dysmenorrhea, women should consult a gynecologist.

Conclusion, it can be said that a woman who always leads a healthy lifestyle, plays sports and eats foods enriched with vitamins has a low risk of developing this disease.

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