

# Comparative Study on Ginger Supplement and Aerobic Exercise on Primary Dysmenorrhea: the Case of Debre Markos University Students, Amhara Regional State, Ethiopia

Dagnanesh Kinde

Debre Markos University

Edosa Jabesa Tolasa (✉ [edosajabesa@yahoo.com](mailto:edosajabesa@yahoo.com))

Wollega University

---

## Research Article

**Keywords:** Aerobic Exercise, Ginger Supplement, Primary Dysmenorrhea

**Posted Date:** May 19th, 2021

**DOI:** <https://doi.org/10.21203/rs.3.rs-537457/v1>

**License:** © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

---

# Abstract

**Background** Primary dysmenorrhoea is a chronic cyclical pelvic pain associated with menstruation in the absence of an identifiable pathological condition. Dysmenorrhea is one of the most common complaints of gynecological problem worldwide among young females. The purpose of this study was to investigate the effects of 12 week ginger supplement and aerobic exercise on primary dysmenorrhea the case of DebreMarkos university students.

**Methods** Forty (40) female students who had the history of primary dysmenorrhea aged between 19–22 years from departments of sport science and stastics students in Debre Markos University were selected by using purposive sampling technique. The selected subjects were divided into aerobic group (20) and ginger supplement group (20). Ginger supplement group consumed ginger tea for five days per week with once a day and aerobic group underwent aerobic exercise three days a week with in 60 minutes for 12 weeks. Pre and post test was conducted on variables such as VAS, MSQ and BMI. The data collected from subjects were analyzed by SPSS version 20.0 and the comparison of mean value results were carried out by paired sample t-test. The level of significance was  $p \leq 0.05\%$ .

**Result** The finding of the present study indicates that MSQ test from pre to post test showed positive significant change for ginger supplement group. Also VAS pre to post test showed significant change (MD,0.900) for aerobic group and (MD,1.600) for ginger supplement group and BMI pre to post test showed (MD,0.725) for aerobic group and (MD, 0.642) for ginger supplement group. The result of the study showed that ginger group was more significant change than aerobic group in menstrual symptom questionnaires.

**Conclusion** It was concluded that 12 week ginger supplement and aerobic exercise had positive effect on primary dysmenorrhea to reduce pain during menstruation.

## Summary Boxes

### What is already known

- Exercise causes to delay the start of prostaglandins gathering and reduced the menstrual pain by increasing endorphins and reducing stress and sympathetic nervous activity, and also by increasing the blood flow to the pelvic (Shahrjerdi and Shaych, 2010).
- Research suggests that compounds found in ginger may help to protect against the increases in inflammation, by inhibiting the body's production of prostaglandins (a class of pro-inflammatory chemicals involved in triggering the muscle contractions that help the uterus shed its lining).

### What are the new findings?

- Treatments of primary dysmenorrhea in students with ginger tea and aerobic exercise for 12 weeks were significant effect on reducing intensity and duration of pain during menstruation and

- Ginger tea group shows more significant change than aerobic exercise group on reducing pain intensity during and before menstruation.

## Background

Menstrual period is a natural phenomenon which occurs throughout the reproductive years of every woman. Most females experience certain degree of pain and distress during their menstruation period.<sup>[1]</sup> Dysmenorrhea is a painful/cramping sensation in the lower abdomen often accompanied by other biological symptoms including dizziness, fatigue, sweating, backache, headache, nausea, vomiting, and diarrhea all occurring just before or during the menstruation. The term dysmenorrhea is derived from Greek words dys (difficult, painful or abnormal) mena (month) and reha (flow). It is considered as very common gynecological problems.<sup>[2]</sup>

Dysmenorrhea may be categorized into two types as primary and secondary. Primary dysmenorrhea is defined as painful menses among females with normal pelvic anatomy, frequently beginning during adolescence. It is observed only in ovulatory cycles, frequently emerging within 6 to 12 months after menarche with no pathology or organic basis. Secondary dysmenorrhea is a menstrual pain associated with underlying pathology and its onset might be years after menarche.<sup>[3]</sup>

Primary Dysmenorrhea begins when young girls first experience the ovulatory cycles at puberty and its prevalence increases during adolescence(15-17years) and reaches to its highest in 20-24 years and decreases progressively there after. Primary Dysmenorrhea is characterized by cramping lower abdominal pain that may radiate to lower back and upper thighs and is commonly associated with nausea, headache, fatigue and diarrhea. Primary dysmenorrhea affects 60% of females, with systemic symptoms such as headache 60% lower back pain, nausea and vomiting 80% diarrhea 50% irritability 30% and adynamia 45%.<sup>[4]</sup>

According to Ethiopian standard treatment guideline, dysmenorrhea occurs in about 50% of menstruating women. Dysmenorrhea in some years following menarche is usually primary, but the secondary characteristically occurs many years after menarche.<sup>[5]</sup>

Ginger is known as an effective medicine in several traditional herbal remedies, such as the treatment of nausea, increasing appetite, treatment of indigestion, fever, and infections, and body cleansing. Researchers have reported that regular exercise is effective in reducing the symptoms of Premenstrual Syndrome, as well as the duration and intensity of primary dysmenorrhea pain.<sup>[6]</sup> The present study aimed to compare the effectiveness between aerobic exercise and ginger supplement over pain and menstrual symptoms in subjects with primary Dysmenorrhea.

## Methods

### Study Area

The study was conducted at Debre Markos University. The University is found at Debre Markos town which is located in north western part of Ethiopia. Debre Markos town is 300Km Northwest of Addis Ababa, the capital city of Ethiopia, and 265Km Southeast from Bahir Dar, the Regional capital city of Amhara regional state.

## Study Design

Completely randomized comparative trial, consisting of a pre-test and post-test evaluation without control group was employed

## Study Population, Sampling and Sampling Technique

The Study populations were 265 sport science and statistics female students of Debre Markos University. Forty (40) volunteer students with in the age of 19-22 were selected by purposive sampling technique.

## Inclusion and Exclusion Criteria

The subjects who are not taking any medicine, free from any pelvic problem and give positive response for the exercise readiness questionnaire were included. However, Subjects who haven't primary dysmenorrhea, taking home remedies for dysmenorrhea, taking oral analgesics for the dysmenorrhea, under medical treatment and age above and below the gap were excluded.

## Data Collection Procedures

Ethical clearance was obtained from concerning body and meets the participants of the study, during the familiarization session; participants were informed of all procedures and familiarized with all measurement techniques before conducting the study. Next to this before the participants were going to aerobic exercise and ginger supplement work outs the pre general history towards primary dysmenorrhea test was taken and recorded by the help of data recorders. Subjects were included in the study and grouped in to two groups' aerobic exercise group which are sport science students and ginger consumption groups which are statistics departments. The training program of aerobic exercise was given for 12 weeks, three days a week and the duration was 60 minutes in a day and also ginger consumption was given for 12 weeks, five days in a week. Ginger was consumed in the dose of 2 g of ginger and 2 g of tea is boiled with 100ml of water for 10 minutes and cooled. Add brown sugar to ginger tea then, the amounts of ginger tea is 100 ml was taken one times a day totally five times a week. The study was recorded data by the help of assistant data recorder.

## Instruments

### Visual Analogue Scale (VAS) Questionnaires

A Visual Analogue Scale (VAS) is a measurement instrument that tries to measure a characteristic or attitude believed to range across a continuum of values and cannot easily be directly measured. For example, the amount of pain that a patient feels ranges across a continuum from none to an extreme

amount of pain. From the patient's perspective this spectrum appears continuous ± their pain does not take discrete jumps, as a categorization of none, mild, moderate and severe would suggest. It was to capture this idea of an underlying continuum that the VAS was devised.<sup>[7]</sup> Assess the severity of menstrual Pain by using numerical pain rating scale. No pain 0, mild pain 1-3, moderate pain 4-7, severe pain 8-10. Based on the response it has been scored as No symptoms (1), Mild symptoms (2), Moderate symptoms (3), severe symptoms (4). The VAS score is determined by measuring in millimeters from the left hand end of the line to the point that the patient marks.

## Body Mass Index

BMI is calculated by taking a person's weight and dividing by their height squared.

## Materials/equipment

- Scales
- Stadiometeras for weight and height.

## Procedures to measure body mass index

1. First measure weight in kilogram and height in meter
2. Then divide a person's weight in height

Formula:  $\text{weight (kg)} / [\text{height (m)}]^2$

## Statistical Analysis Method

The data collected through questionnaire, visual analogue scale and body mass index were analyzed and interpreted in to amending full idea using computer to compare aerobic exercise and ginger consumption on the mean value by using paired T- test and SPSS version 20.0 Soft ware at level of significance  $p \leq 0.05\%$ .

## Ethical Issue

The study was going in such a way that ethical issues are properly addressed. Privacy of the subjects protected and confidentiality was strictly observed and maintained throughout the study. Generally this research was conducted based on the research ethics of Debre Markos University. The protocol was approved by the university guidelines. The subjects were informed earlier with a written consent/ agreement letter.

## Results And Discussion

The purpose of this study was to compare the effects of 12 weeks aerobic exercise and ginger supplement on primary dysmenorrhoea the case of Debre Markos University. Forty subjects were selected

from department of sport science and Stastics students. They were randomly assigned in to two groups of aerobic group and ginger supplement group with 20 subjects for each group. Pre and posttest were conducted on variables such as VAS, MSQ and BMI. The data collected from subjects were analyzed by SPSS version 20.0 and the comparison of mean value results were carried out by paired sample t-test.

#### 4.1. Mean Value of Pre and Post Test Result of Menstrual Symptom Questionnaire

**Table 1** Mean and Standard Value of Pre and Post Test for Physical Symptoms of Primary Dysmenorrhea

Variable	PT		POT	
	Aerobics	Ginger Supplement	Aerobics	Ginger Supplement
Tiredness	2.40±0.883	1.90±0.788	2.75±1.069	2.40±0.940
Headache	2.30±0.923	2.40±0.883	2.800±0.951	3.30±1.031
Sleeplessness	2.40±0.940	2.50±1.235	2.850±0.587	3.50±1.051
Felling fullness in lower abdomen	2.30±0.923	2.40±0.995	2.900±0.640	2.90±0.911
Back pain	2.40±0.882	2.25±1.0196	3.15±0.933	3.20±0.894
Tenderness of breast	2.350±0.875	2.55±1.234	2.60±0.882	3.30±1.080
Knee pain	1.950±0.826	1.75±0.716	2.65±0.988	2.10±0.788
Swelling of legs	2.300±0.924	2.05±0.686	2.70±0.801	2.85±0.745

*Values in the form of Mean ± SD, PT=Pre training test, POT=Post test*

The above table shows that there was significant change in pre-post test results. the result was seen on physical symptom mean differences values due to 12 week ginger supplement and aerobic exercise training, in which the subjects were engaged in. the mean value for Tiredness of aerobic group before training was 2.40±0.882, while the ginger group was 1.90±0.788.

Posttest mean of aerobic group and ginger supplement group was 2.75±1.069, 2.40±0.940 respectively after 12 weeks ginger supplement and training program. Based on the result significance were recorded on Ginger supplement group. The mean value for Headache of aerobic group before training was 2.30±0.923, while ginger supplement group was 2.40±0.882 and the posttest mean was aerobic and ginger supplement group was 2.80±0.951, 3.30±1.031 respectively. The result shows that a significant change between groups and there was a change on pre and posttest. When we compare aerobic group and ginger supplement group, ginger supplement group was significant than aerobic group.

The pretest mean value of Sleeplessness for aerobic group was 2.40±0.940, ginger supplement group was 2.50±1.236. Posttest mean of aerobic group was 2.85±0.587, ginger group was 3.50±1.051. The result shows that both groups were significant but ginger supplement group was a significant than aerobic group. The pretest mean of Felling fullness in lower abdomen for aerobic group was 2.30±0.923, ginger supplement group was 2.40±0.994. Posttest mean of aerobic group and ginger supplement group was 2.40±0.994; 2.90±0.911 respectively. The results were show significance in both groups.

The pretest result for Back pain of aerobic group was 2.40±0.882. Ginger supplement group was 2.25±1.019. Posttest mean of aerobic and ginger supplement group was 3.15±0.933; 3.200±0.894

respectively. Both groups were significance. When we compare both groups ginger supplement group was significant change than aerobic group. The pretest response for Tenderness of breast of aerobic group was  $2.35 \pm 0.875$ , while ginger supplement group was  $2.55 \pm 1.234$ . Posttest mean of aerobic and ginger supplement group were  $2.60 \pm 0.882$ ,  $3.30 \pm 1.080$  respectively. The result shows that ginger supplement group was apposite effect than aerobic group.

The pretest mean for Knee pain of aerobic group was  $1.950 \pm 0.826$ . Ginger supplement group was  $1.75 \pm 0.716$ . Posttest mean of aerobic group and ginger group were  $2.65 \pm 0.988$ ,  $2.10 \pm 0.788$  respectively. The result shows that both groups were significance. The pretest means for Swelling of legs of aerobic and ginger group were  $2.30 \pm 0.923$ ,  $2.05 \pm 0.686$  respectively. Posttest mean result of aerobic group was  $2.70 \pm 0.801$ , ginger supplement group was  $2.85 \pm 0.745$ .

The post test result of both group were show significance. When we compare two groups ginger supplement group was significance than aerobic group. Finally the result shows that the effects of aerobic exercise and ginger supplement on primary dysmenorrhea were indicate apposite effect when compare to pretest and post test result. When we compare the significance of two groups ginger supplement group was asignificant change than aerobic group. The finding of this study showed that ginger could significantly reduce the physical symptom of primary dysmenorrhoea. So according to the availability and the safety of ginger, ginger can be an appropriate treatment in reducing symptoms of primary dysmenorrhoea.

Research suggests that compounds found in ginger may help to protect against the increases in inflammation, by inhibiting the body's production of prostaglandins (a class of pro-inflammatory chemicals involved in triggering the muscle contractions that help the uterus shed its lining). Because the onset of menstrual cramps appears to be linked to excessive production of prostaglandins, it's thought that consuming ginger in dietary supplement or tea form can help reduce menstrual pain.

Many findings support the fact that exercise has positive effect on dysmenorrhoea. Studies have shown that physical exercise is beneficial to adolescents with primary dysmenorrhoea. Exercise causes to delay the start of prostaglandins gathering and to increase the rate of accumulation of waste from the body. It reduced the menstrual pain by increasing endorphins and reducing stress and sympathetic nervous activity, and also by increasing the blood flow to the pelvic.<sup>[8]</sup>

**Table 2 Mean and standard deviation value of pre and post test for gastrointestinal symptom of primary dysmenorrhoea**

Variable	PT Aerobic	Ginger supplement	POT Aerobic	Ginger supplement
Loss of appetite	$2.20 \pm 0.894$	$2.05 \pm 0.887$	$2.90 \pm 0.968$	$2.40 \pm 0.995$
Nausea	$2.30 \pm 1.031$	$2.150 \pm 0.812$	$3.05 \pm 0.945$	$2.750 \pm 0.786$
Vomiting	$2.70 \pm 0.979$	$2.150 \pm 0.746$	$3.10 \pm 1.020$	$3.100 \pm 0.640$

*Values in the form of mean  $\pm$  SD, PT=pre training test, POT=post test*

As the above table indicates that there was significant change between pre- post test results on ginger supplement group and aerobic group. So the result indicates that physical symptom of primary dysmenorrhea was significantly reduced after 12 weeks ginger supplement and aerobic exercise. Pre test mean value for Loss of appetite of aerobic group was  $2.20 \pm 0.894$ , ginger supplement group was  $2.05 \pm 0.887$ . Post test mean of aerobic and ginger supplement group were  $2.90 \pm 0.968$ ,  $2.40 \pm 0.994$  respectively. The results indicate that both groups were a significant change.

The pretest mean value for nausea of aerobic group was  $2.30 \pm 1.0311$ , ginger supplement group was  $2.15 \pm 0.812$ . Post test mean result of aerobic group was  $3.050 \pm 0.944$ ;  $2.75 \pm 0.786$  for stretching. The results were show significant difference was observed between aerobic and ginger supplement group of pre and post test. When we compare two groups, ginger supplement group were significant than aerobic group. The pre test mean value of vomiting was  $2.70 \pm 0.979$  aerobic group;  $2.15 \pm 0.745$  ginger supplement group. Post test mean value was  $3.10 \pm 1.020$  aerobic group,  $3.10 \pm 0.640$  ginger supplement group. Both groups were a change between the pre and post test.

Finally the result indicates that ginger was more significant on nausea and vomiting than aerobic exercise. In addition, [9] studied the effectiveness of dietary ginger v/s active exercise on primary dysmenorrhea among adolescent girls. The results showed that active exercise increased the blood flow and metabolism of the uterus during exercise which may be effective in the reduction of dysmenorrhea symptoms. Moreover, the study observed that dietary ginger is more effective than active exercise among adolescent girls in Primary Dysmenorrhea.

**Table 3 Mean and Standard Deviation Value of Pre and Post Test for Psychological Symptom of Primary Dysmenorrhea**

Variables	PT		POT	
	Aerobic group	Ginger group	Aerobic group	Ginger group
Depression	$2.00 \pm 0.918$	$1.80 \pm 0.834$	$2.70 \pm 0.979$	$2.65 \pm 0.812$
Mood swing	$2.25 \pm 1.251$	$1.95 \pm 0.759$	$3.10 \pm 0.788$	$2.65 \pm 0.587$
Irritability	$2.30 \pm 0.86$	$2.15 \pm 0.745$	$2.95 \pm 0.945$	$2.35 \pm 0.670$
In ability of concentration	$2.30 \pm 1.080$	$2.10 \pm 0.788$	$2.80 \pm 0.523$	$2.40 \pm 0.883$
Nervousness	$1.95 \pm 0.945$	$1.70 \pm 0.864$	$2.35 \pm 0.988$	$2.20 \pm 0.768$

*Values in the form of mean  $\pm$  SD, PT=pre training test, POT=post test*

The above table indicates that there was a significant change observed in psychological symptom of primary dysmenorrhea pre-post tests means values score of 12 weeks ginger supplement and aerobic exercise. The mean value pre test results of depression  $2.00 \pm 0.918$  were aerobics group and  $1.80 \pm 0.834$  was ginger supplement group. Post test mean value of aerobics and ginger supplement group were  $2.70 \pm 0.979$ ,  $2.65 \pm 0.812$  respectively. The result indicates that both groups were significant.

The pre test means of mood swing of aerobics was  $2.25 \pm 1.251$  while  $1.95 \pm 0.759$  was ginger group. Post test mean of  $3.10 \pm 0.788$  was aerobics group  $2.65 \pm 0.587$  was ginger supplement group. The result shows

that both groups were significant and also there was a change in pre and post test in both groups. Irritability of pre test mean value was  $2.30 \pm 0.865$  aerobics group and  $2.15 \pm 0.745$  ginger supplement group. Irritability post test mean value was  $2.95 \pm 0.945$  and  $2.35 \pm 0.670$  for ginger supplement group. When we compare the two groups aerobic group was significant than supplement group.

In ability of concentration of pre test mean value was  $2.30 \pm 1.080$  aerobics and  $2.10 \pm 0.788$ . In ability of concentration post test mean value was  $2.80 \pm 0.523$  and  $2.40 \pm 0.882$  for ginger supplement group. The result indicates that both groups were significant. Nervousness of pre test mean value was  $1.950 \pm 0.945$  aerobics group and  $1.70 \pm 0.865$  ginger group.

Nervousness post test mean value of aerobic group was  $2.35 \pm 0.988$  and  $2.20 \pm 0.768$  for ginger supplement group. The result shows that a significant change in reduce symptoms of the subjects due to ginger supplement and aerobic exercises to compare psychological symptoms of primary dysmenorrhea of pre and post test results of the subjects after 12 weeks of ginger supplement and aerobic exercise.

Finally mean value of pre- post test results show that the effects of ginger supplements on primary dysmenorrhea were significant change comparing to aerobic group. Exercise may increase concentration and improve mood and behavior.<sup>[10]</sup> Primary dysmenorrhea (PD) is a very common and serious problem that can often directly affect the quality of life for women, interfering in activities such as working or studying.<sup>[10]</sup>

#### 4.2. Mean Value of Pre and Post Test Result of BMI of Primary Dysmenorrhea

**Table 4 Mean and Standard Deviation Value of Pre- Post Test Result of BMI on Primary Dysmenorrhea**

Variable	PT		POT	
	Aerobic group	Ginger group	Aerobic group	Ginger group
BMI	$20.275 \pm 1.848$	$20.157 \pm 2.1209$	$19.55 \pm 1.486$	$19.515 \pm 1.289$

*Values in the Form of Mean  $\pm$  SD, PT=Pre Training Test, POT=Post Test*

The above table shows that there was a change in pre and posttest mean value of both groups. Mean value of Body mass index before training was  $20.275 \pm 1.848$  for aerobic group and  $20.157 \pm 2.1209$  was ginger supplement group. Posttest mean value of body mass index for aerobics group was  $19.55 \pm 1.486$  and  $19.515 \pm 1.289$  was ginger supplement group.

The result shows that both groups were a significant change between pre and post test results after 12 week ginger supplement and aerobic exercise. Active ingredients in ginger are known to speed up the [metabolism](#), specifically due to their thermogenic qualities.<sup>[11]</sup>

This can increase your body's level of passive fat-burning and aid weight loss efforts; ginger is also known to suppress the appetite, which can further help you shed those pounds. In order to maintain your weight after weight loss, experts recommend that you do 60 to 90 minutes of daily moderate- intensity

physical activity while continuing to eat nutritious foods that do not exceed your calorie requirements. Studies show that physical activities are very important to successful long term weight control.

#### 4.3. Mean Value of Pre and Post Test Result of VAS of Primary Dysmenorrhea

**Table 5 Mean and Standard Deviation Value of Pre and Post Test Result of VAS on Primary Dysmenorrhea**

Variable	PT		POT	
	Aerobic group	Ginger group	Aerobic group	Ginger group
VAS	7.40±1.188	7.20±1.105	7.40±1.539	5.600±1.465

*Values in the Form of Mean ± SD, PT=Pre Training Test, POT=Post Test*

The above table indicates pretest mean value 7.40±1.188 was aerobic group and 7.20±1.105 ginger supplement group. Posttest mean value of aerobics group and ginger supplement group were 7.40 ±1.539; 5.60±1.465 respectively. So the result shows both groups were significant.

Studies have shown that women who experience higher levels of pain have higher levels of inflammatory prostaglandins or hormone-like substances in their bodies. High levels of prostaglandins can promote painful uterine contractions, decreased blood flow to the uterus, and pain. So in many cases, the solution for menstrual cramps is to avoid foods that increase inflammation, and emphasize foods that decrease inflammation. So ginger was used for anti-inflammatory purpose to reduce pain level. The anti-inflammatory properties of ginger have been known and valued for centuries.<sup>[12]</sup>

#### 4.4. Mean Difference and Significance of Aerobic and Ginger Group

**Table 6 Mean Deference and Significance of Aerobic and Ginger Supplement Group for MSQ of Primary Dysmenorrhea**

Physical symptom	MD		Significance	
	Aerobics	Ginger supplement	Aerobic	Ginger supplement
Tiredness	-0.350	-0.500	0.110	0.008
Headache	-0.500	-0.900	0.008	0.002
Sleeplessness	-0.450	-1.000	0.025	0.013
Felling fullness in lower abdomen	-0.600	-0.500	0.004	0.047
Back pain	-0.750	-0.9500	0.003	0.000
Tenderness of breast	-0.250	-0.750	0.309	0.036
Knee pain	-0.700	-0.350	0.072	0.015
Swelling of legs	-0.400	-0.800	0.003	0.001

*Values in the form of MD=mean difference, PT =pre training test, POT = post training test*

Ginger supplement and aerobic exercise shows positive effect on menstrual symptom of primary dysmenorrhea. But when comparing ginger supplement group and aerobic group, ginger supplement was more significance than aerobic exercise. Evidence suggests that aerobic exercise reduces negative effect

on women who exercise regularly exhibit lower levels of negative effect and physical symptoms across the menstrual.<sup>[10],[ 13]</sup>

**Table 7 Mean Deference and Significance of Aerobic and Ginger Supplement Group for Gastrointestinal Symptom of Primary Dysmenorrhea**

Gastrointestinal symptom	MD		Significance	
	Aerobic	Ginger group	Aerobic	Ginger group
Loss of appetite	-0.700	-0.350	0.002	0.015
Nausea	-0.750	-0.600	0.004	0.000
Vomiting	-0.400	-0.950	0.072	0.000

*Values in the form of MD=mean difference, PT =pre training test, POT = post training test*

As the above table shows that Ginger supplement was a significant change to reduce pain during menstruation.

**Table 8 Mean Deference and Significance of Aerobic and Ginger Supplement Group for Psychological Symptom of Primary Dysmenorrhea**

Psychological symptom	MD		Significance	
	Aerobic	Ginger supplement	Aerobic	Ginger supplement
Depression	-0.700	-0.850	0.001	0.002
Mood swings	-0.850	-0.700	0.002	0.005
Irritability	-0.650	-0.200	0.006	0.104
In ability of concentration	-0.500	-0.300	0.038	0.110
Nervousness	-0.400	-0.500	0.148	0.029

*Values in the form of MD=mean difference, PT =pre training test, POT = post training test*

As the above table shows that both variables (Aerobic exercise and Ginger supplement) showed positive effect on psychological symptom of depression and mood swing because of 12 week ginger supplement and aerobic exercise. So the result of 12 week treatment was significant in order to reduce these menstrual symptoms of Primary Dysmenorrhea.

#### 4.5. Mean Difference and Significance of Aerobic and Ginger Group of BMI on Primary Dysmenorrhea

**Table 9 Mean Deference and Significance of Aerobic and Ginger Supplement Group of BMI on Primary Dysmenorrhea**

	MD		Significance	
	Aerobic group	Ginger group	Aerobic group	Ginger group
BMI	0.725	0.642	0.016	0.014

*Values in the form of MD=mean difference, PT =pre training test, POT = post training test*

The above table indicates that both groups aerobic and ginger supplement was a positive effect on body mass index. When we compare ginger supplement group and aerobic group, ginger supplement group was a significant change than aerobic group. The relation between dysmenorrhea and BMI was found to be highly significant with increased prevalence of dysmenorrhea in low and high BMI group. Overweight, especially BMI was over 35 it was likely that are not getting regular periods and also the intensity of pain was severe because of increased fat mass or adipose tissue produces extra estrogen that was partly responsible for problems on ovulation and missed periods. Also underweight was not getting regular periods. Finally overweight and underweight on the body that causes hormonal changes that interfere with ovulation. This also causes Avery low estrogen level, which is especially bad for bone health.

#### 4.6. Mean Difference and Significance of Aerobic and Ginger Group of VAS on Primary Dysmenorrhea

**Table 10 Mean Deference and Significance of Aerobic and Ginger Supplement Group of VAS on Primary Dysmenorrhea**

	MD		Significance	
	Aerobic group	Ginger group	Aerobic group	Ginger group
VAS	0.900	1.600	0.07	0.00

*Values in the form of MD=mean difference, PT =pre training test, POT = post training test*

As the above table indicates that both variables (Aerobic exercise and Ginger supplement) showed positive effect on Primary Dysmenorrhea because of 12 week Ginger supplement and Aerobic exercise. So the result of 12 week treatment was a significant change in order to reduce pain during menstruation. The finding of the current study showed that both aerobic exercise and ginger supplement were effective in reducing the intensity of pain during menstruation. But ginger supplement was more significant change than aerobic exercise to reduce pain intensity during menstruation. So students can use either of them depending of their condition and interest.

Laboratory studies suggest that ginger has some compounds that inhibit lipoxigenase and cyclooxygenase pathway and has effects on the arachidonic acid metabolism which is a precursor of prostaglandins production. Ginger has possibly anti-inflammatory and antioxidant effects by inhibiting the production of prostaglandins and leukotriene, prostaglandins during menstruation period.<sup>[14]</sup> A lack of exercise can increase the severity and duration of symptoms associated with dysmenorrhea. In addition to a regular physical exercise regimen, a good moving meditation can help balance the emotions, reduce stress, strengthen the organs, and regulate menstruation. Regular exercise, including exercise right before and during your menstrual cycle can and will help lessen the severity of menstrual cramping.<sup>[15]</sup>

## Conclusions

Based on the major finding of this study the following points were stated as conclusions.

- 12 weeks ginger supplement and aerobic exercise significantly reduce intensity and duration of pain during and before menstruation. But ginger was more significant change than aerobic exercise on reducing pain intensity during and before menstruation.
- Ginger supplement was a positive effect on menstrual symptom of primary dysmenorrhea when comparing with aerobic exercise.
- Both Aerobic and Ginger supplement groups were had a positive effect on BMI and VAS.

## Recommendations

- Health care providers can recommend these ginger remedies to women's for management of dysmenorrhea. However, well-designed studies about roles, doses, and side effects of ginger remedies should be conducted.
- Students use ginger because ginger preparation was an easily available and effective home remedy which has significant effect in relieving primary dysmenorrhea. So, it is important to enhance the usage of natural and home remedies for management of dysmenorrhea with less expensive, less side effects and easily available methods.
- Further studies should be conducted on effects of ginger supplement and aerobic exercise on primary dysmenorrhea on large number of population.

## Abbreviations

BMI: Body Mass Index, DMU: DebreMarkos University, HRQoL:Health Related Quality of Life, MSQ:Menstrual Symptom Questionnaire, NSAID: Non Steroid Anti Inflammatory Drug, PD:Primary Dysmenorrhea, PG: Prostaglandin, PoT: Post Test, PT:Pre Test, SPSS:Statistical Package for Social Science, VAS:Visual Analogue Scale

## Declarations

### Acknowledgment

We thank Debre Markos University for logistic support. We are grateful to study participants for their cooperation in the success of this study. The authors were also highly obliged to acknowledge those who helped to carried out this work directly or indirectly.

### Funding

The study was funded by Debre Markos University. The funder had no role in study design, data collection and analysis, decision to publish or preparation of the manuscript.

### Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

#### Authors' contributions

EJ contributes in the design of the study, analysis and write up of the manuscript. DK made the data analysis, drafting, interpretation and edition of the data, monitoring the study and edition of the manuscript. Both authors critically revised the manuscript and have approved the final manuscript.

#### Ethics approval and consent to participate

Ethical clearance was obtained from the Institutional Review Board (IRB) of Debre Markos University, College of computational and natural sciences. A written informed consent was obtained from the participants. All participants got the right to opt out of the research. This was done by explaining the objective and importance of the study as it would be beneficial for quality service delivery for future encounters. Neither the case records nor the data extracted was used for any other purpose. The confidentiality and privacy of participants were assured throughout by removing identifiers from data collection tools using different codes.

#### Consent for publication

Not applicable.

#### Competing interests

None declared.

## References

1. Kaur S, Sheoran P, Sarin J. Assessment and comparison of dysmenorrhea in terms of severity of pain and utilization of non steroid anti-inflammatory drugs among unmarried and married women. *International Journal of Caring Sciences*. 2015;8(3):737–745.
2. Shanthi L and Dr. Latha V. Effectiveness of Ginger tea on dysmenorrhea among college students. *International Journal of Applied Research* 2016; 2(12): 669-671
3. Sharma N., et al. Menstrual characteristics and prevalence of dysmenorrhea in college students. *International Journal of Scientific and Research Publications*. 2014;4(10):1–6.
4. Yeh M, Yu-Ling H, Hsing-Hsia C. et al. Auricular acupressure combined with an internet-based intervention or alone for primary dysmenorrhea: a control study. *Evidence-Based Complementary and Alternative Medicine*. 45(9): e332-e335.
5. Minaleshewa BG Abebe BM , Yonas GT, et al. Prevalence, Impact, and Management Practice of Dysmenorrhea among University of Gondar Students, Northwestern Ethiopia: A Cross-Sectional Study. *Int J Reprod Med*. 2017; Volume 2017, 8 pages

6. Ebrahimi BA , Habibian M , Askari B. The Effectiveness of the Combination of Cinnamon and Ginger with Exercise Training in the Treatment of Dysmenorrhea and Premenstrual Syndrome. *Iran Journal of Nursing (IJN)*, Dec 2019; Vol 32, No. 121, 73- 87.
7. Wewers M and Lower N. A critical review of visual analogue scales in the measurement of clinical phenomena. *Research in nursing & health*, 1990;13(4): 227-236.
8. Shahrjerdi SH, Shaych Hosaini R. The effect of 8 weeks aerobic exercise on primary dysmenorrhea in 15-17 aged high school student girls in Arak. *J Shahrekord Univ Med Sci*. 2010; 11(4): 84-91.
9. Hiralben T. Sijo K. Effectiveness of Dietary Ginger V/S ActiveExercise on Primary Dysmenorrhea among Adolescent Girls. *International Journal of Innovative Research & Development*, 2016; 5: 35-40
10. Chaudhuri A, Singh A, Dhaliwal L. A randomised controlled trial of exercise and hot water bottle in the management of dysmenorrhoea in school girls of Chandigarh, India. *Indian J PhysiolPharmacol*, 2013; 57(2): 114-122.
11. Christine AH, Neal LB, Peyton J. Hemodynamic effects of ephedra-free weight-loss supplements in humans. *The American journal of medicine*, 2005; 118(9), 998-1003.
12. Sirvan A and Shapol R. Effect of eight-week high-intensity interval training and ginger supplementation on primary dysmenorrhea in nonathletic female students. *IJOGI*, Vol. 20, No. 12, pp. 23-31, Feb 2018
13. Cerda P, Cervelló E, Cocca A. et al. Effect of an aerobic training program as complementary therapy in patients with moderate depression. *Perceptual and motor skills*, 2011.112(3):761-769.
14. Rahnama P, Ali M, Hassan F. et al. Effect of Zingiber officinale R. rhizomes (ginger) on pain relief in primary dysmenorrhea: a placebo randomized trial. *BMC Complementary and Alternative Medicine* 2012; 12:92
15. Amanda D. The role of exercise in the treatment of menstrual disorders: *the evidence*. *British Journal of General Practice* 2009; 59 (561): 241-242.