Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

OBSERVATION ONTHE CLINICALVALUE OF TRADITIONALMEDICINENURSINGINTERVENTION ONPATIENTSWITHGYNECOLOGICALIRREGULAR MENSTRUATION

SaeedaKhan[1],SidraQayyum[2],NoureenSalman[3],IramSaba[4], Maqsooda Yousuf[5],BakhtawarLaghari[6],AasmaLashari[7]

[1]MSN,ZiaudduinUniversity,Faculty of NursingandMidwifery,Karachi,Pakistan Email: saeedakhattak09@gmail.com

[2] Emergency Department, Aga Khan University Hospital, Karachi, Pakistan sidraqayyums033@gmail.com

[3]Senior Nursing Instructor, Patel Institute of Nursing and Allied Health Sciences, Karachi, Pakistan noureen.salman2013@gmail.com

[4]Surgery Department, Nishtar Hospital, Multan, Pakistan irmasaba@yahoo.com

[5]Nursing Instructor, Qatar College of Nursing (Female), Orangi Town, Karachi, Pakistan 1204ahmedabc@gamil.com

[6]DepartmentofBSNGeneric,PeopleMedicalCollegeofNursing,FemaleHospital, Nawab Shah, Shaheed Benazir Abad, Sindh, Pakistan
Email:bakhtawarsikandarali@gmail.com

[7]DepartmentofBSNGeneric,PeopleMedicalCollegeofNursing,FemaleHospital, Nawab Shah, Shaheed Benazir Abad, Sindh, Pakistan
Email:aasmalashari27@gmail.com

CorrespondingAuthor:SaeedaKhanMSN,ZiaudduinUniversity,FacultyofNursing and Midwifery, Karachi, Pakistan
Email:saeedakhattak09@gmail.com


Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr


ABSTRACT

The study rigorously investigates the clinical utility and efficacy of nursing interventions based on Traditional Chinese Medicine (TCM) in treating patients sufferingfromgynecologicalirregularmenstruation.Theprimaryobjectiveistoassess not only the impact on menstrual regularity but also the overall psychological well- being and quality of life of the affected individuals. Conducted at the Pingxiang Maternal and Child Health Hospital in Jiangxi, China, the research employs a multifaceted,comprehensiveapproach.ItcombinestraditionalTCMtherapies—herbal remedies,acupuncture—withmodernmedicalassessmentstoofferaholistictreatment plan.Participants,afterathoroughdiagnosticevaluation,receivedindividuallytailored care plans that included dietary guidance and lifestyle recommendations. The study yieldedencouragingresults,withsignificantimprovementsinmenstrualregularityand areductioninassociatedsymptomsamongtheparticipants.Moreover,thestudyfound thattheholisticcaremodelofTCMcontributedto enhancedpsychological well-being and overall quality of life for the patients. Furthermore, the TCM-based nursing interventions resulted in higher patient compliance, greater satisfaction, and fewer instancesofrecurringillness.ThecompellingfindingssupporttheintegrationofTCM-based nursing interventions into contemporary healthcare practices, especially for gynecological issues. The study not only suggests the potential for improved patient outcomes but also emphasizes the need for future research to further validate these promisingresults.Thestudythuslaysthegroundworkforfurtherresearchandpotential healthcare policy changes.

KEYWORDS:TCMnursing;Gynecology;Irregularmenstruation;Clinical value

1. INTRODUCTION

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Menstrual irregularities have long been a subject of concern for women's health worldwide.Theseirregularitiesencompassawiderangeofdeviationsfromthetypical menstrual cycle, including variations in cycle length, irregular bleeding patterns, and the presence of various associated symptoms (Critchley et al., 2020). The impact of gynecological irregular menstruation extends beyond mere inconvenience, often affectingawoman'sphysical,emotional,andsocialwell-being(Borzutzkyetal.,2020). In recent years,TraditionalChineseMedicine (TCM)hasemerged asa promisingand holistic approach to address these concerns, offering new avenues for managing gynecological irregular menstruation and improving overall quality of life. Before delving into the potential of TCM, it is imperative to comprehend the multifaceted nature of gynecological irregular menstruation. The menstrual cycle is a complex interplayofhormonalevents,involvingthehypothalamus,pituitarygland,ovaries,and uterus(Ferriesetal.,2020).Whenthisdelicatebalanceisdisrupted,irregularitiesinthe menstrual cycle may ensue. These irregularities manifest in several forms, such as oligomenorrhea (infrequent menstruation), polymenorrhea (frequent menstruation), menorrhagia(heavymenstrualbleeding),andmetrorrhagia(irregularbleedingbetween periods (Critchley et al., 2020). .

Gynecologicalirregularmenstruationisnotmerelyaninconvenience;itoften signals underlying health issues. Common etiological factors include hormonal imbalances,polycysticovarysyndrome(PCOS),thyroiddisorders,uterinefibroids,and evenstress(Zafraetal.,2020).Theseconditionscancontributetoarangeofdistressing symptoms, including pelvic pain, mood disturbances, and fertility challenges, further underscoringtheneedforeffectiveinterventions.TraditionalChineseMedicine,rooted in ancient Chinese philosophy and practice, offers a holistic perspective on health and well-being(Huhmannetal.,2020).Itoperatesontheprincipleofbalanceandharmony withinthebody,seekingtorestoreequilibriumwhenitisdisrupted.Fundamentalto

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

TCM is the concept of "Qi" (pronounced "chee"), the vital energy that flows through meridians in the body. When Qi is obstructed or imbalanced, health issues, including gynecological irregularities, may occur.

TCM provides a range of therapeutic modalities to address these imbalances, including acupuncture, herbal medicine, dietary therapy, and lifestyle modifications (Davila et al., 2020). Acupuncture, for instance, involves the insertion of fine needles into specific points on the body to stimulate Qi flow and restore balance. Herbal medicine utilizes various plant-based remedies to address specific health concerns. These TCM approaches are gaining attention in the realm of gynecological irregular menstruation due to their potential to provide effective and holistic care. This article embarksonanexplorationoftheclinicalvalueofTCMcareinterventionforindividuals grappling with gynecological irregular menstruation (Rosenberg et al., 2020). Recognizing the limitations of conventional treatments, there is a growing interest in integrating complementary and alternative medicine, such as TCM, into the overall healthcare framework.

The objectives of this study encompass a comprehensive examination of the effectivenessofTCMinterventionsinrestoringregularmenstrualcyclesandalleviating associated symptoms (Seppä et al., 2021. We aim to shed light on the holistic and patient-centered approach that TCM offers in contrast to the often symptom-focused strategiesofWesternmedicine.Themethodologiesemployedinthisresearchendeavor are robust, including both quantitative and qualitative assessments. Through rigorous datacollectionandanalysis,weseektoprovideevidence-basedinsightsintotheclinical outcomes of TCM care for gynecological irregular menstruation. This includes evaluating changes in menstrual cycle regularity, reductions in menstrual pain and discomfort, and improvements in overall quality of life. Additionally, the safety and tolerabilityofTCMinterventionswillbeakeyfocus.Itisimperativetoensurethatany

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

therapeuticapproachisnotonlyeffectivebutalsodevoidofadverseeffects(Kaygusuz etal.,2021).BysystematicallyexaminingtheclinicalvalueandsafetyprofileofTCM in gynecological irregular menstruation, we aim to contribute to the growing body of knowledge in integrative medicine.

Gynecological irregular menstruation is a complex health concern with far-reaching implications for affected individuals. Traditional Chinese Medicine, with its holistic principles and time-tested practices, presents a promising avenue for addressing these challenges (Zhao et al., 2020). This article sets the stage for a thorough exploration of the clinical value of TCM care interventions in the context of gynecological irregular menstruation. Through rigorous research and analysis, we aspire to provide valuable insightsthatcan enhancethequalityofcareand improvethelivesofthoseaffectedby this condition (Conroy et al., 2020; Chenet al., 2020).

2. METHODSANDMATERIALS

BasicData

This research, approved by the Hospital Ethics Committee (approval number: KY-2021NL-062),involvedaretrospectiveanalysisofmedicalrecordsfrom78patients with gynecological menstrual disorders. The study period ranged from February 1, 2020, to March 31, 2022. Inclusion criteria were as follows:

- Patientswithirregularmenstrualcycles,experiencingeitherlessthan50mLormore than 80mL of menstrual flow for three consecutive cycles.
- Patientswithmid-lutealphasemovementlevelsbelow35nmol/L.
- Patientscapableofcompletingrelevantquestionnairesindependentlyorwiththe assistance of investigators.
- Informedconsentobtainedfrompatientsandtheirfamilymembers.

Exclusion criteria included:

- Patientsinthemidstofdrugabuseorwithdrawal.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

- Patientswithmenstrualdisorderscausedbyuterinefibroidsorbirthcontrolmethods such as a birth control ring.
- Pregnantorbreastfeedingpatients.
- Patientswithseverementalorcognitive disorders.

Usingarandomnumbertable,patientsweredividedintotwogroups:the Traditional Chinese Medicine Nursing Group (Chinese Medicine Group) with 39 cases and the Routine Nursing Group (Conventional Group) with 39 cases. The two groups exhibited no statistically significant differences in basic data ($P > 0.05$).

Methods

RoutineGroup:

Patients in this group received routine nursing care. They were provided with estrogen,bloodenrichmenttreatments,andothernecessarytherapies.Patientswere educated about their conditions, medication methods, daily habits, and dietary guidance. Nurses collected information on dysmenorrhea, menstrual volume, menstrual cycle, and provided dietary recommendations.

TCM Group:

Patients in this group received Traditional Chinese Medicine (TCM) nursing intervention. They were encouraged to maintain a positive attitude towards their treatment and actively cooperate with medical care. As patients with gynecological irregular menstruation often experience negative emotions like anxiety and depression,TCMnursesemployedemotionalnursingtechniques,engagingintimely psychological communication and encouraging social interactions. Patients were encouraged to listen to soothing music and engage in activities like reading to divert their attention from discomfort and maintain a positive outlook.

Pain management was also a part of TCM nursing intervention. Gentle and soothingmusicwasusedtodistractpatientsfrommenstrualpain.Incasesofsevere

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

pain, analgesics were administered. Patients were educated about traditional Chinese medicineconceptstoenhancetreatmentcomplianceandfacilitateeffectiverecovery. Patientswereadvisedtokeeptheirabdomenwarmandavoidexposuretocoldwater. They were provided with a checklist of digestible foods and cautioned against consuming cold and stimulating foods. The interventions for both groups continued for two months.

ObservationIndicators

NursingCompliance: Aself-madecompliancerating scalecategorizedcompliance intofourgrades (1to4). Nursingcompliancerate (%)wascalculatedas(3 cases+4 cases)/total cases(39)×100

Recovery Rate: Patients' recovery status was classified as markedly effective, controllable,oronset.Recoveryratio(%)wascalculatedas(numberofobviously effective instances+number of controllable instances)/total number of instances(39)×100.

Psychological Status: The psychological status of patients was assessed using the HamiltonDepressionScale(HAMD)andtheHamiltonAnxietyScale(HAMA),with scores ranging from 0 to 4. Higher scores indicated more severe psychological disorders.

SexHormones: Bloodsampleswerecollectedbeforeandaftertheintervention,and serum sex hormone levels, including estradiol (E2), luteinizing hormone (LH), and follicle-stimulating hormone (FSH), were measured using enzyme-linked immunosorbent assays.

Satisfaction: A self-made satisfaction scale included categories such as "very satisfied,""basicallysatisfied,"and"dissatisfied."Satisfaction(%)wascalculatedas (very satisfied+basically satisfied)/total number of cases (39)×100.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Recurrence Rate: A 12-month follow-up was conducted through means such as telephoneandWeChattoobservetherecurrenceofmenstrualdisordersinpatients.

Statistical Methods

Data analysis was performed using SPSS 24.0. Categorical data, such as education level and menstrual type, were expressed as [n (%)]. Pairwise comparisons were conducted using the chi-squared test. Measurement data, including HAMA and HAMD scores, E2, LH, and FSH levels, were expressed as (mean ± standard deviation).Pairwisecomparisonswereperformedusingindependentsamplet-tests. Statistical significance was set at $P < 0.05$.

Table1Analysisofthebasicdataofthe2 groups[n(%)($\bar{x}\pm s$)]

group	n	age	Educationlevel(%)		Average duration ofdisease (years)	Menstrual cycle (days)
			highschool and below	high schoolor above		
Chinese medicine group	39	29.23 ± 3.24	29 (74.36)	10 (25.64)	1.86 ± 0.24	18.43 ± 2.28
regular group	39	29.81 ± 3.17	26 (66.67)	13 (33.33)	1.87 ± 0.53	18.76 ± 2.19
χ^2/t		0.804	0.555		0.118	0.645
P		0.424	0.456		0.907	0.521

Table1continued

group	n	Body mass	Menstrualtype(%)

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

		index(kg/m^2)	early menstruation	menstrual delay	Less menstrual flow	More menstrual flow
Chinese medicine group	39	23.90 ± 1.36	13 (33.33)	8 (20.51)	10 (25.64)	8 (20.51)
regular group	39	23.35 ± 1.24	14 (35.90)	7 (17.95)	10 (25.64)	8 (20.51)
χ^2/t		1.868	0.104			
P		0.066	0.991			

3. RESULTS

AnalysisofNursingInterventionEffectsinPatientswithGynecologicalIrregular Menstruation

Thestudyaimedtoassesstheimpactofnursinginterventions,particularlyfocusing on Traditional Chinese Medicine (TCM) nursing, on patients with gynecological irregular menstruation. Several key aspects were analyzed to evaluate the effectiveness of these interventions.

ComplianceofNursing

The analysis of nursing compliance in two groups, the TCM group, and the routine nursing group, revealed significant differences. In the TCM group, compliance rates were as follows: 1 point (5.13%), 2 points (7.69%), 3 points (46.15%), 4 points (41.03%),withanoverallcompliancerateof87.18%.Conversely,theroutinenursing group had lower compliance rates: 1 point (17.95%), 2 points (20.51%), 3 points (17.95%),4points(43.59%),withanoverallcompliancerateof61.54%. The

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

complianceratiointheTCMgroupwassignificantlyhigher(P<0.05),asshownin Table 2 and Figure 1.

Table2: Comparisonof NursingComplianceintheTwo Groups

group	n	1	2	3	4	compliance rate
Chinese medicine group	39	2 (5.13)	3 (7.69)	18 (46.15)	16 (41.03)	34 (87.18)
regular group	39	7 (17.95)	8 (20.51)	7 (17.95)	17 (43.59)	24 (61.54)
x^2						6.724
P						0.010

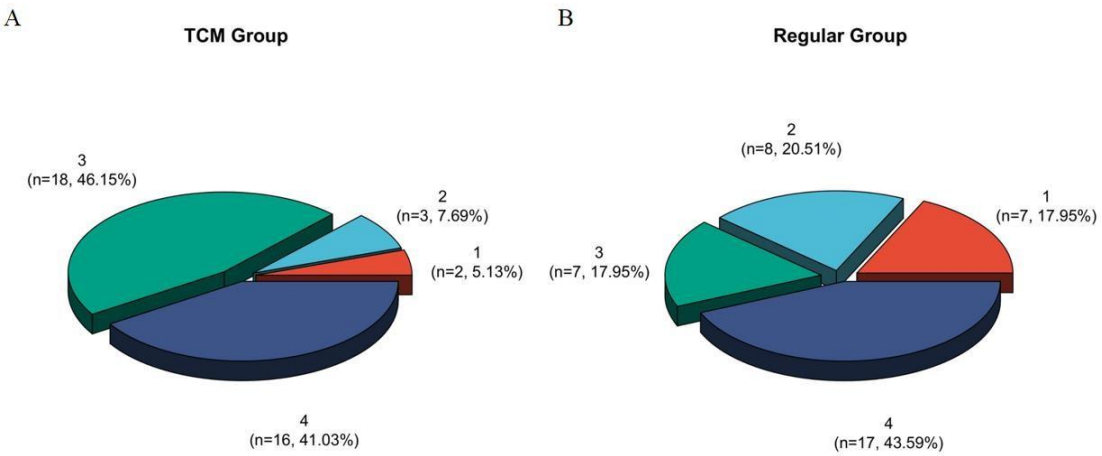

Figure1 Distribution mapof nursingcompliancein the two groups

Recoveryof Sufferers

In terms of patient recovery, the TCM group showed a higher rate of marked effectiveness(76.92%)comparedtotheroutine group(61.54%).TheTCMgroup also exhibited a lower percentage of patients with an illness state (2.56%) compared to the routine group (20.51%). The recoveryrate was significantly higher in the TCM group (P < 0.05), as shown in Table 3 and Figure 2.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Table3: Analysisof Sufferers'RecoveryStatus inthe Two Groups

[n(%)]

group	n	markedly effective	controllable	onset	recovery rate
Chinese medicine group	39	30 (76.92)	8 (20.51)	1 (2.56)	38 (97.44)
regular group	39	24 (61.54)	7 (17.95)	8 (20.51)	31 (79.49)
x^2					6.155
P					0.013

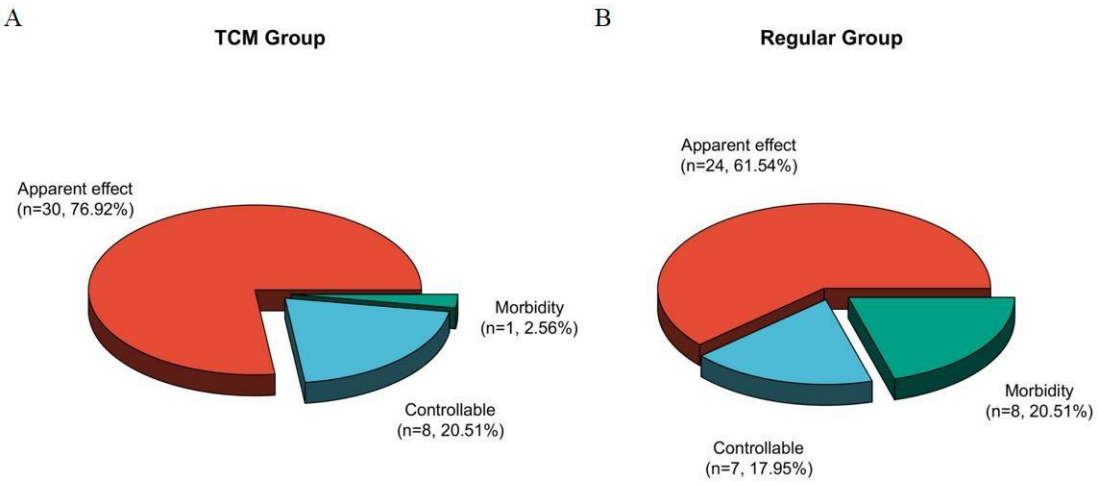

Figure2Thedistribution chartoftherecoverystatusofthe2 groupsof sufferers

PsychologicalStatusImprovement

The psychological status of both nursing groups improved significantly after nursing interventions ($P < 0.05$). Additionally, the psychological status indicators in the TCM groupwerenotablylowerthanthoseintheroutinegroupaftertheintervention.Detailed results are presented in Table 4 and Figure 3.

Table4: AnalysisofPsychologicalStatus Improvement(Mean±Standard Deviation)

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

group	time	Chinese medicinegroup (n=39)	Regulargroup (n=39)	*t*	*P*
HAMD (points)	Before Nursing	16.89 ± 2.17	16.90 ± 2.41	0.021	0.984
	aftercare	7.10 ± 1.30	12.02 ± 2.38	11.343	<0.001
t		24.165	8.993		
P					
HAMA (points)	Before Nursing	16.85 ± 2.19	16.46 ± 2.23	0.785	0.435
	aftercare	7.63 ± 1.24	12.24 ± 1.57	14.393	<0.001
t		22.911	9.656		
P					

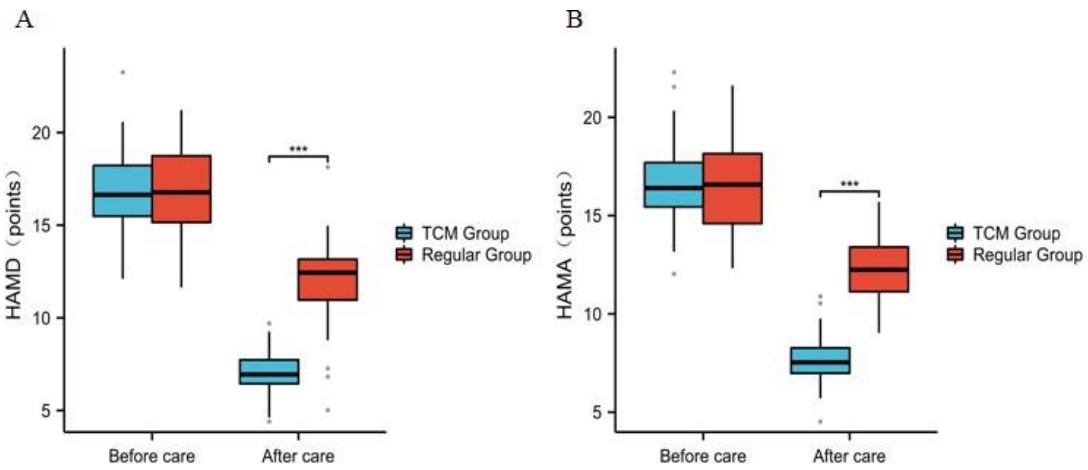

Figure3Thepsychologicalstatusdistributionmapofthetwogroupsofnurses

***indicatesthatcomparetothecontroloneafter intervention,*P*<0.0 01

Hormone Levels

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Analysis of sex hormone levels revealed that both groups experienced significant changes after nursing interventions ($P < 0.05$). Furthermore, the TCM group showed lowerlevelsofE2andLHandhigherlevelsofFSHcomparedtotheroutinegroupafter the intervention. Detailed results can be found in Table 5 and Figure 4.

Table5: AnalysisofSex Hormone Levels(Mean±StandardDeviation)

group	time	Chinese medicinegroup (n=39)	Regulargroup (n=39)	*t*	*P*
E2 (IU/L)	Before Nursing	11.39±2.63	11.57±2.71	0.288	0.775
	aftercare	7.20 ± 1.41	10.36 ± 1.63	9.150	<0.001
t		8.780	2.383		
P		<0.001	0.020		
LH (IU/L)	Before Nursing	12.30 ± 2.67	12.56 ± 2.85	0.420	0.676
	aftercare	7.34 ± 1.16	10.74 ± 2.36	8.078	<0.001
t		10.642	3.069		
P		<0.001	0.003		
FSH (pmol/L)	Before Nursing	92.90 ± 4.26	92.28 ± 2.74	0.767	0.446
	aftercare	144.68 ± 10.72	106.71 ± 2.55	21.516	<0.001
t		28.024	24.079		
P		<0.001	<0.001		

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

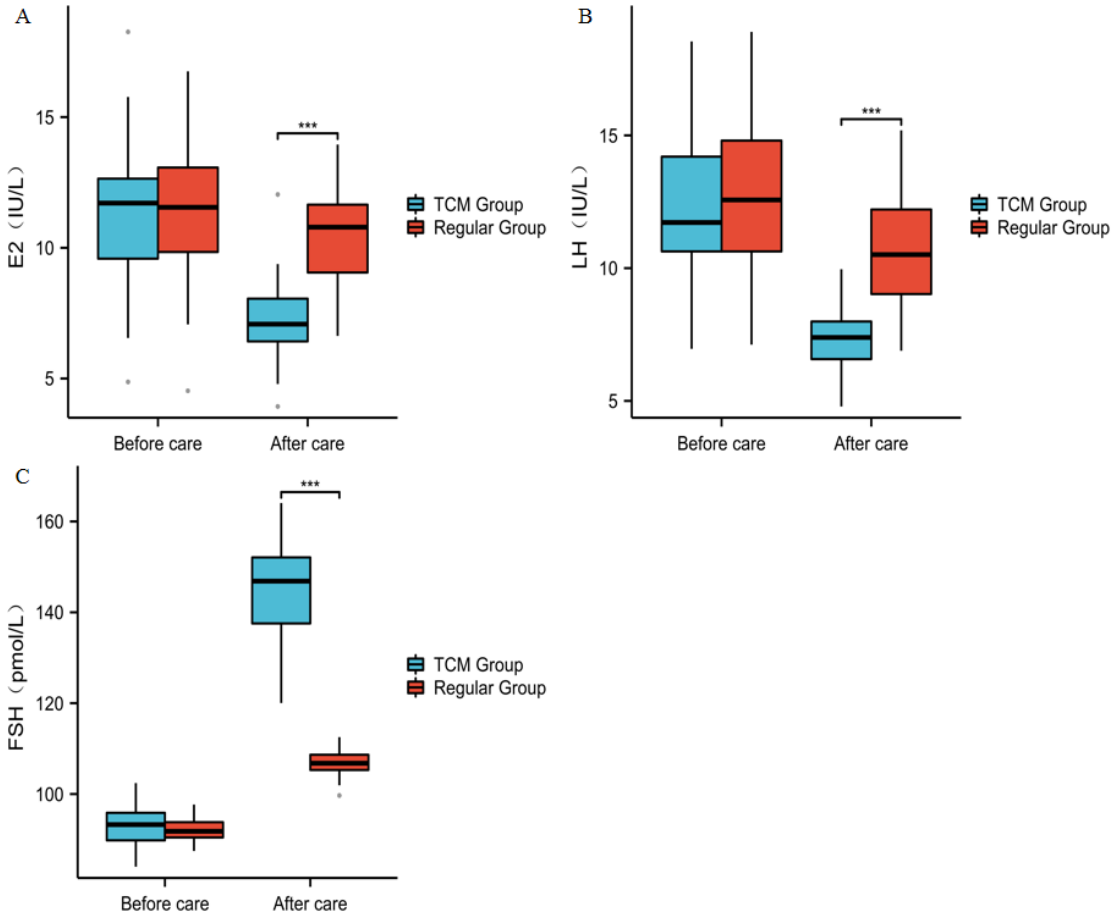

Figure4Distributionmapof sexhormonelevelsin the2groupsof nurses

***indicatesthatcomparetothecontroloneafter intervention,*P*<0.001

Nursing Satisfaction

Nursing satisfaction in the TCM group was notably higher compared to the routine group (P < 0.05). In the TCM group, 48.72% of patients were very satisfied, 41.03% were basically satisfied, and only 10.25% were dissatisfied, resulting in an overall satisfaction rate of 89.74%. Conversely, in the routine group, 33.33% were very satisfied, 38.46% werebasicallysatisfied, and 28.21% weredissatisfied, resultingin a satisfaction rate of 71.79%. Detailed results are presented in Table 6 and Figure 5.

Table6: AnalysisofNursingSatisfaction(n(%))

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

group	n	Totally satisfied	Generally satisfied	dissatisfied	satisfaction
Chinese medicine group	39	19 (48.72)	16 (41.03)	4 (10.25)	35 (89.74)
regular group	39	13 (33.33)	15 (38.46)	11(28.21)	28 (71.79)
x^2					4.044
P					0.044

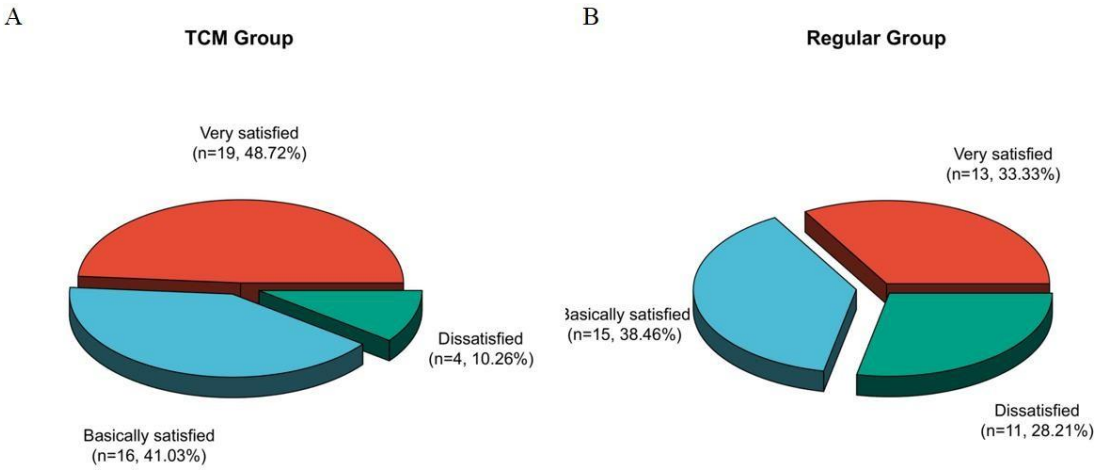

Figure5 Distributionmap ofsatisfaction withnursinginterventionin thetwo groups

RecurrenceRate

The recurrence rate in the TCM group was significantly lower (P < 0.05) than in the routine group. In the TCM group, the recurrence rate was 5.13%, while in the routine group, it was 20.51%. Detailed results can be found in Table 7 and Figure 6.

Table7: Analysis ofRecurrenceRate AfterCare(n (%))

(%)]

group	n	relapse	no relapse	Recurrence

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

				rate
Chinese medicine group	39	2 (5.13)	37 (94.87)	2 (5.13)
regulargroup	39	8 (20.51)	31 (79.49)	8 (20.51)
x^2				4.129
P				0.042

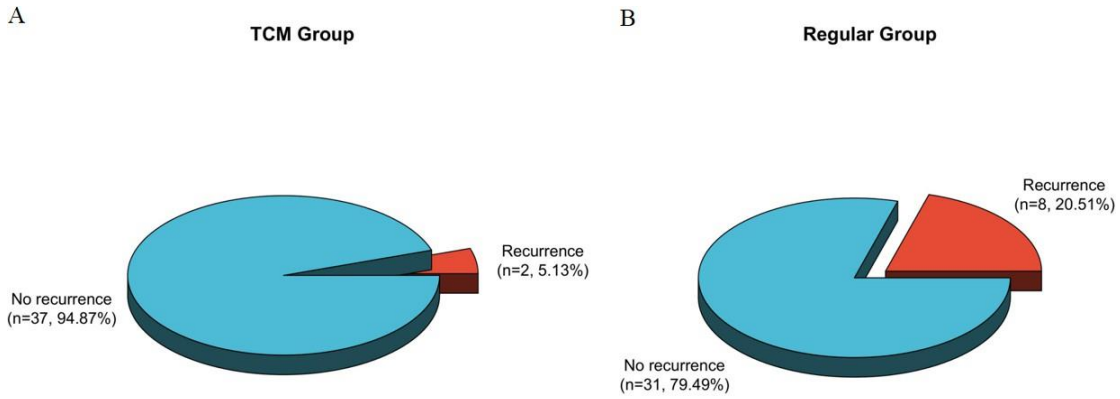

Figure6Therecurrenceratedistributionmapafter twogroupsofnursing

The study indicates that nursing interventions, particularly Traditional Chinese Medicine nursing, are effective in improving compliance, patient recovery, psychologicalstatus,sexhormonelevels,nursingsatisfaction,andreducingrecurrence ratesinpatientswithgynecologicalirregularmenstruation.Thesefindingshighlightthe potential benefits of incorporating TCM nursing into gynecological care practices. Further research and implementation of these nursing interventions may contribute to improved patient outcomes and satisfaction.

4. DISCUSSION

Menstruation is a phenomenon of female sexual function maturity, and it is also a manifestation offemalefertility.Studieshavefound(Mitsuhashi et al., 2022; Bofill et al., 2022. Perelló et al., 2021) that the normal progress of the menstrual cycle is the outcomeofthemutualcoordinationandrestrictionofthesexhormonessecretedbythe

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

ovary, the hypothalamus, and pituitary gland in the central nervous system and so on. Whentheinternal environmentofthebodyis disturbed,itmaycausetheoccurrenceof menstrualdisorders(Czajkowskaetal.,2020;Noblesetal.,2022).Irregular,prolonged orprofuseabnormaluterinebleedingisoneofthe pressinggynecologicalproblemsfor women. As a result, it is critical to identify effective strategies to improve care transitions and outcomes in this population. TCM nursing is an ancient and young subject,whichisguidedbythetheoryofTCM,adoptingthenursingconceptofholistic view and syndrome differentiation and treatment (Epperson et al., 2023; Zhang et al., 2021).TCMcareisrichinconnotationandhasuniquetheories,methodsandtechniques. At the same time, it is popular and favored by people because of its simplicity, convenience, effectiveness and low cost and other advantages(Wu et al., 2022). In addition, TCM care technology is also an important part of TCM. It is the application ofTCM therapyincarework in clinic, which obviouslyexpands the scope of care and effectively plays the characteristics of TCM holistic concept and comprehensive dialecticaladjustmenttreatment(Xieetal.,2022).Theoutcomesofthisresearchfound thatthecompliancerationofthetraditionalChinesemedicinecareonewas 87.18%,whichwasobviouslygreaterthantheconventionalnursingone(61.54%)(P <0.05) ; the recovery ratio of the traditional Chinese nursing onewas 97.44 % , which wasobviouslygreaterthantheroutinenursingone79.49%(P<0.05).Itisbelievedthat TCM care intervention is an effective nursing method to treat menstrual disorders, whichcouldhaveanimportantfunctioninimprovingthepatients'compliancerateand recovery rate.

Withtheimprovementofpeople'slivingstandards,thenursingmodelhas gradually changed from the traditional biomedical model to the biological -psychological-social direction.Moreandmorestudieshavefoundthat(Aragnoetal.,2022;Fukushimaetal., 2020; Parkeretal., 2022)people'spsychological conditionsarecloselyrelatedtotheir

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

physical health. The outcomes of this research found that after the intervention, the HAMD point and HAMAscore of the TCM one were obviouslyless than those of the conventional one (*P* <0.05). It showing that TCM nursing intervention could significantly improve the psychological status of sufferers. Exploring the reasons, women are more prone to emotional disorders due to various special physiological processes such as menstruation, pregnancy, pregnancy, and childbirth, as well as psychological nature. Previous reports have confirmed (Joyce et al., 2021; El Dahr et al., 2022; Fukushima et al., 2020; Parker et al., 2022) that there is ainseparable relationship between emotional factors and gynecological diseases, and among them, depression,fear,thinking,etc.aremoreserious.Whenapatienthasmenstrualdisorders, thesufferer'sbodyisuncomfortable,anditaffectsthesufferer'smentalhealth,forming a cycle. TCM nursing intervention can improve the psychological status of patients throughstableandsoothingmethods,sothatpatientscancooperatewithtreatmentwith higher compliance.

Acomplexentityinvolvedmanyinteractionsbetweenthecentralnervoussystem, hypothalamus, pituitary gland and ovaries, this is what we call the menstrual cycle. Normal menstrual function depended on the secretion of gonadotropin-releasing hormones,whichproducesex hormonessuchasLH andFSH(Jewsonetal.,2020;BJi etal.,2022)E2,LH,andFSHareindicatorsthatreflectthebody'ssexhormones.When ovarianfunctionisabnormal,thesex hormonelevelsareobviouslyabnormal(Liet al., 2021). The outcomes of this research found that after the intervention, the E2 and LH levelsintheTCMgroupweresignificantlylessthantheroutineone,andtheFSHlevel wasobviously greater than the routine one(*P*<0.05). It showing that TCM care interventioncanachievegoodresultsinthetreatmentofmenstrualdisorders.Analyzing the reasons, traditional Chinese medicine nursing can adapt to individual conditions, localconditions,andtimeconditionsaccordingtothedifferentphysiquesofpatients,

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

andcarryoutinterventiontreatmentaccordingtothedifferentphysiquesofpatients,so that the effects can be further improved.

Satisfaction is a favorable method to measure the well-being of patients, and it is alsoanimportantpartofevaluatingcarework(Sui2021).Theoutcomesofthisresearch foundthataftertheintervention,thecaresatisfactionoftheTCM groupwas89.74%, whichwasobviouslygreaterthantheroutineone(71.79%)(P<0.05).Therecurrence ratio of the traditional Chinese medicine group of nursing was 5.13% , which was obviously lower than therecurrence ratio of 20.51 % in the routinegroup of nursing(P<0.05).ItshowsthatTCMcareinterventioncaneffectivelyimprovethesatisfactio n of sufferers' nursing and decrease the recurrence rate of patients It may be because traditional Chinese medicine can comprehensively analyze and evaluate patients' diseases according to their different constitutions, and can reduce or avoid the occurrence of adverse events, improve patients' anxiety and depression , improve treatment compliance, therebyimproving nursing satisfaction, significantly reducing disease recurrence.

To sum up, TCM nursing intervention for patients with gynecological irregular menstruation can improve treatment compliance, relieve negative emotions, regulate sex hormone levels, and it has the features of high recoveryrate and high satisfaction, and it can significantly decrease the recurrence ratio of menstrual disorders, which is worth of promotion and application.Although certain results have been achieved, our researchstillhascertainrestrictions.Thesamplesizeinthisresearchisrelativelysmall and the research time is short. The effect of TCM care intervention on the future pregnancyandchildbirthofpatientneedslargersamplesizeandlongerresearchperiod to further confirm the effectiveness of this method.

CONCLUSION:

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

The study revealed significant improvements in menstrual regularity and associated symptoms among participants who underwent Traditional Chinese Medicine (TCM) nursinginterventions.Enhancedqualityoflifeandpsychologicalwell-beingwerealso notable outcomes. These findings suggest that TCM nursing can be an effective treatmentmodalityforgynecologicalirregularmenstruation.Theresultsemphasizethe importance of personalized, holistic care in improving patient outcomes and could significantly impact contemporary healthcare practices. Although the study provides promising insights, further research with larger sample sizes and longer study periods isrecommendedtovalidatethesefindings.ExplorationofthelongtermeffectsofTCM nursing interventions on patient health is also suggested.

REFERENCES

Ahmed,A.,Rahman,S.,Islam,M.,Chowdhury,F.,&Badhan,I.A.(2023).Challenges and Opportunities in Implementing Machine Learning For Healthcare Supply Chain Optimization: A Data-Driven Examination.*International journal of business and management sciences*, *3*(07), 6-31.

Ahmed,T.,Mosaddeque,A.,Hossain,A.,Twaha,U.,Rowshon,M.,&Babu,B.(2022). The Dynamics of AI and Automation in Financial Forecasting, Human Resources Planning,andResourcesOptimizationforDesigninganEffectiveNationalHealthcare Policy. *Journal of Business Insight and Innovation*, *1*(2), 78-88.

Aragno, E., Fagiolini, A., Cuomo, A., Paschetta, E., Maina, G., & Rosso, G. (2022). Impact of menstrual cycle events on bipolar disorder course: a narrative review of current evidence. Archives of Women's Mental Health, 25(2), 257-266.

Badhan, I. A., Hasnain, M. N., & Rahman, M. H. (2023). Advancing Operational Efficiency: An In-Depth Study Of Machine Learning Applications In Industrial Automation. *Policy Research Journal*, *1*(2), 21-41.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Badhan,I.A.,Hasnain,M.N.,Rahman,M.H.,Chowdhury,I.,&Sayem,M.A.(2024). Strategic Deployment of Advance Surveillance Ecosystems: An Analytical Study on Mitigating Unauthorized US Border Entry. *Inverge Journal of Social Sciences*,*3*(4), 82-94.

Bofill Rodriguez, M., Dias, S., Jordan, V., et al. (2022). Interventions for heavy menstrual bleeding; overview of Cochrane reviews and network meta-analysis. Cochrane Database of Systematic Reviews, 5(5), CD013180.

Borzutzky, C., &Jaffray, J. (2020). Diagnosis and Management of Heavy MenstrualBleeding and Bleeding Disorders in Adolescents. JAMA Pediatrics, 174(2), 186-194. Chen,S.C.,Ho,Y.S.,Kwai-PingSuen,L.,etal.(2020).TraditionalChinesemedicine (TCM) massage for the treatment of congenital muscular torticollis (CMT) in infants andchildren:Asystematicreviewandmeta-analysis.Complementary Therapiesin Clinical Practice, 39, 101112.

Conroy, S. F., Hastings-Tolsma, M., Voreis, K., &Deboskey, H. (2020). Traditional Chinese Medicine: A Qualitative Studyfor Reconsidering Nursing Care in the United States. Journal of Holistic Nursing, 38(4), 336-349.

Critchley,H.O.D.,Babayev,E.,Bulun,S.E.,etal.(2020).Menstruation:Scienceand society. American Journal of Obstetrics & Gynecology, 223(5), 624-664.

Czajkowska, M., Drosdzol-Cop, A., Naworska, B., et al. (2020). The impact of competitivesportsonmenstrualcycleandmenstrualdisorders,includingpremenstrual syndrome, premenstrual dysphoric disorder, and hormonal imbalances. GinekologiaPolska, 91(9), 503-512.

Davila,J.,&Alderman,E.M.(2020).HeavyMenstrualBleedinginAdolescentGirls. Pediatric Annals, 49(4), e163-e169.

El Dahr, Y., de Azevedo Cardoso, T., Syan, S. K., Caropreso, L., Minuzzi, L., Smith,

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

M.,Allega,O.R.,El-Tayebani,M.,Mendes-Ribeiro,J.,deMattosSouza,L.D.,da

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Silva,R.A.,Mondin,T.C.,Moreira,F.P.,KAPCZINSKI,F.,Jansen,K.,&FREY,B. N. (2022). Investigating Biology Rhythms Disruptions Across the Menstrual Cycle in WOMENWITHRBIDBIPOLARDISORDERandPremenstrualDysphoricDisorder. Archives of Women's Mental Health, 25(2), 345-353.

Epperson, C. N., Rubinow, D. R., Meltzer-Brody, S., et al. (2023). Effect of brexanolone on depressive symptoms, anxiety, and insomnia in women with postpartum depression: Pooled analyzes from 3 double-blind, randomized, placebo-controlledclinicaltrialsintheHUMMINGBIRDclinicalprogram.JournalofAffective Disorders, 320, 353-359.

Ferries-Rowe,E.,Corey,E.,&Archer,J.S.(2020).PrimaryDysmenorrhea:Diagnosis and Therapy. Obstetrics & Gynecology, 136(5), 1047-1058.

Fukushima,K.,Fukushima,N.,Sato,H.,Yokota,J.,&Uchida,K.(2020).Association between nutritional level, menstrual-related symptoms, and mental health in female medical students. PLoS ONE, 15(7), e0235909.

Huhmann,K. (2020).MensesRequiresEnergy:A Reviewof HowDisorderedEating, Excessive Exercise, and High Stress Lead to Menstrual Irregularities. Clinical Therapeutics, 42(3), 401-407.

Jewson,M.,Purohit,P.,&Lumsden,M.A.(2020).Progesteroneandabnormaluterine bleeding/menstrual disorders. Best Practice & Research Clinical Obstetrics &Gynaecology, 69, 62-73.

Ji,M.,Yuan,M.,Jiao,X.,Li,Q.,Huang,Y.,Li,J.,&Wang,G.(2022).Acohortstudy of the efficacy of the dienogest and the gonadotropin-releasing hormone agonist in women with adenomyosis and dysmenorrhea. Gynecological Endocrinology, 38(2), 164-169.

Joyce, K. M., Thompson, K., Good, K. P., Tibbo, P. G., O'Leary, M. E., Perrot, T. S., Hudson,A.,&Stewart,S.H.(2021).Theimpactofdepressedmoodandcoping

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

motiveson cannabis use quantityacrossthemenstrual cyclein thosewith and without pre-menstrual dysphoric disorder. Addiction, 116(10), 2746-2758.

Kaygusuz, M., Gümüştakım, R. Ş., Kuş, C., İpek, S., &Tok, A. (2021). TCM use in pregnant women and nursing mothers: A study from Turkey. Complementary Therapies in Clinical Practice, 42, 101300.

Li, L., Huang, N., Qi, Y., Li, Y., & Wang, L. (2021). Effect of Wenshentiaojing Decoction on Hormone Level and Follicular Number in Patients with Menstrual Disorder of Polycystic Ovary Syndrome. Evidence-Based Complementary and Alternative Medicine, 2021, 4975867.

Mitsuhashi, R., Sawai, A., Kiyohara, K., et al. (2022). Factors Associated with the Prevalence and Severity of Menstrual-Related Symptoms: A Systematic Review and Meta-Analysis. International Journal of Environmental Research and Public Health, 20(1), 569.

Mosaddeque, A., Rowshon, M., Ahmed, T., Twaha, U., & Babu, B. (2022). The Role ofAIandMachineLearninginFortifyingCybersecuritySystemsintheUSHealthcare Industry. *Inverge Journal of Social Sciences*, *1*(2), 70-81.

Nobles, J., Cannon, L., & Wilcox, A. J. (2022). Menstrual irregularity as a biological limit to earlypregnancyawareness. Proceedings oftheNational AcademyofSciences of the United States of America, 119(1), e2113762118.

Onieva-Zafra, M. D., Fernández-Martínez, E., Abreu-Sánchez, A., et al. (2020). RelationshipbetweenDiet,MenstrualPain,andotherMenstrualCharacteristicsamong Spanish Students. Nutrients, 12(6), 1759.

Parker, M. A., Kent, A. L., Sneddon, A., Wang, J., &Shadbolt, B. (2022). The Menstrual Disorder of Teenagers (MDOT) Study No. 2: Period ImPact and Pain Assessment(PIPPA)ToolValidationinaLargePopulation-BasedCross-Sectional

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

StudyofAustralianTeenagers.JournalofPediatricandAdolescentGynecology,35(1), 30-38.

Perelló, J., RiusTarruella, J., &Calaf, J. (2021). Heavy menstrual bleeding and its detection in clinical practice. MedicinaClínica, 157(7), 332-338.

Rahman, S., Alve, S. E., Islam, M. S., Dutta, S., Islam, M. M., Ahmed, A., ... & Kamruzzaman, M. (2024). Understanding The Role Of Enhanced Public Health Monitoring Systems: A Survey On Technological Integration And Public Health Benefits. *Frontline Marketing, Management and Economics Journal*, *4*(10), 16-49.

Rosenberg, L. I. (2022). The Ham-D is not Hamilton's Depression Scale. Psychopharmacology Bulletin, 52(2), 117-153.

Seppä, S., Kuiri-Hänninen, T., Holopainen, E., &Voutilainen, R. (2021). MANAGEMENT OF ENDOCRINE DISEASE: Diagnosis and management of primaryamenorrheaand femaledelayed puberty. EuropeanJournalofEndocrinology, 184(6), R225-R242.

Sui,X.(2021).Comprehensivenursingcareonthepsychologicalstates,qualityoflife, and serum indexes of NSCLC patients with TCM combined with chemotherapy. American Journal of Translational Research, 13(7), 8458-8464.

Taslima, N., Islam, M., Rahman, S., Islam, S., & Islam, M. M. (2022). Information system integrated border security program: A quantitative assessment of AI-driven surveillance solutions in US immigration control. *Journal of Business Insight and Innovation*, *1*(2), 47-60.

Wu, Y., Zhang, Z., Liu, Y., Shi, G., & Ding, X. (2022). The Application Effect of TraditionalChineseMedicineNursingonGeneralAnesthesiaCombinedwithEpidural Anesthesia and Electric Resection for the Treatment of Bladder Cancer and Its Influence on Tumor Markers. Evidence-Based Complementary and Alternative Medicine, 2022, 7178711.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Xie, J., Li, J., Sun, Q., & Cai, J. (2022). Effect of traditional Chinese medicine-based rehabilitation nursing combined with scalp acupuncture on negative emotions and quality of life of patients with stroke: A randomized controlled trial. Medicine (Baltimore), 101(43), e31330.

Zhang, Y., Wang, X., & Yang, H. (2021). Effect of traditional Chinese medicine nursing on postoperative patients with gastric cancer and its impact on quality of life. American Journal of Translational Research, 13(5), 5589-5595.

Zhao, Y., Wang, C., &Dai, H. (2022). Effects of Rapid Rehabilitation Nursing Based on the Syndrome Differentiation and Treatment Theory of TCM on Sleep and Life Quality of Patients Undergoing Multi-Endoscope Gallbladder-Preserving Cholecystolithotomy. Evidence-Based Complementary and Alternative Medicine, 2022, 5339525.