

Traditional Practices To Control Menopausal Symptoms Among Women In El Amreya Region, Alexandria

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Abstract:

Background: Menopause is a typical stage of life transition for women, and it has been discovered that culture has a big impact on how women manage this stage of life transition, particularly the physiological and psychosocial symptoms of menopause. Due to strong roots in their cultural and traditional customs, women tend to take a passive attitude toward controlling symptoms throughout the menopausal transition. **Objective:** Identify traditional practices to control menopausal symptoms among women in the El Amreya region, Alexandria. **Setting:** the study was carried out at the EL Amreya General Hospital's gynaecological outpatient clinic in EL Amreya, Alexandria Governorate. **Subjects:** A convenient sample of 200 women was selected from the previously mentioned setting. **Tools:** three tools were used for data collection. The first tool was sociodemographic and clinical data from a structured interview schedule. The second tool was the Greene Climacteric Scale, used for subjective assessment of menopausal symptoms. The third tool was traditional practices used to overcome menopausal symptoms structured interview schedule. **Results:** The study results revealed that traditional practices used to control menopausal symptoms were religious rituals for feeling tense or nervous and excitability, and herbs were also used for difficulty sleeping, breathing difficulties, and hot flashes. In addition, herbs and cupping are used to control muscle and joint pains. Family and relatives were the main sources of information about menopausal women's traditional practices, as well as sources of getting the practice, which were primarily the holy Quran for religious rituals, spice dealers for herbs, and medical stores for cupping. **Conclusion:** Most traditional practices used to control menopausal symptoms were religious rituals, herbs, and cupping. **Recommendations:** Evidence-based information and research about traditional practices should be encouraged among obstetric and gynecologic nurses to evaluate their effectiveness and risks.

Key words: Traditional practices, Menopausal symptoms.

Introduction

Menopause, sometimes called "second puberty," is a critical stage in every woman's life. It is accompanied by physiological and psychological changes that reduce women's quality of life and put them at high risk of developing various health conditions. However, women's menopausal experiences vary greatly, ranging from a smooth and trouble-free transition to a long period of imbalances and disruptions. This variety has been linked to menopausal women's genetic, cultural, lifestyle, socioeconomic, education,

and dietary factors. Thus, menopausal women may experience a variety of symptoms such as hot flashes, night sweats, vaginal dryness, sleep disorders, and sexual disorders, as well as headache, fatigue, joint pain, weight gain, anxiety, depression, irritability, mood swings, and poor memory (Ibrahim et al., 2020; Mahmoud et al., 2016; Thapa & Thebe, 2021).

Traditional practices are not recent concepts; they have always been an integral part of all human cultures, and they are transmitted from generation to generation through taboos or written documents (Ali, 2018). Menopause is considered a universal

phenomenon. It is affected by socio-cultural norms and women's experiences of menopause. Menopausal women may use traditional practices to control menopausal symptoms, primarily non-pharmacological methods, rather than seeking medical advice (Ilankoon et al., 2021).

Certain traditional practices are no doubt useful, others are harmless, and some are positively dangerous and may affect women's health, so the nurse should identify these practices to be able to dispel myths and correct misbeliefs surrounding them (Ali, 2018).

Aim of the study

The aim of the study is to: Identify traditional practices to control menopausal symptoms among women in the El Amreya region, Alexandria.

Research question:

What are the traditional practices to control menopausal symptoms among women in EL Amreya region, Alexandria?

Materials and Method

Materials:

Research design: A descriptive exploratory research design was utilized in this study.

Setting: The study was carried out at the El Amreya General Hospital's gynaecological outpatient clinic in Alexandria Governorate, Egypt.

Subjects: The sample size was estimated using the Epi Info 7 statistical program using the following parameters: population size = 400/3 months, expected frequency 50%, confidence level 95%, and 5% acceptable error. The minimum sample size is estimated to be 196 women. A convenient sample of 200 menopausal women was selected from the previously mentioned setting according to the following criteria: over 45 years, have cessation of menstruation for at least one year, have at least two or more menopausal

symptoms, have not used hormone replacement therapy, and residence of women in rural areas.

Tools:

Three tools were used for data collection.

Tool one: sociodemographic and clinical data; a structured interview schedule.

Tool II: Greene Climacteric Scale (GCS):

This scale was developed by Greene (1990) to assess menopausal symptoms. It was adopted and used by the researcher. It is composed of 21 items in three main sections. Psychological (11 items from 1–11), physiological (7 items from 12–18), vasomotor (2 items from 19–20), and sexual function (1 item) The responses of the subjects to each item ranged from 0 to 3, as follows: absent (0), mild (1), moderate (2), and severe (3). The overall score ranged from 0 to 63. Each subject's total score was categorized as follows: Mild (21), Moderate (21-42), and Severe (>42).

Tool III: Traditional practices used to overcome menopausal symptoms

structured interview schedule: This tool was developed and used by the researcher after an extensive review and recent literature (Gokgoz & Pinar,2020) to identify traditional practices that are used by menopausal women. It included the following: (For each symptom, the subjects were asked the following questions: Utilization of traditional practices to overcome the symptom, type of traditional practices to overcome the symptom, reasons for using the specific traditional practices such as positive previous experience, family desire, cheap, available, and natural, and frequency, way of use, whether it is self-performed or others perform it, source of information about traditional practices such as family members and friends, and occurrence of any side effects among women using traditional practices.

Method:

The study was accomplished as follows:

Approval of the ethics committee of the faculty of nursing was obtained. An official approval to conduct this study was obtained after providing explanation of the aim of the

study. Tools one and three were developed and used by the researcher after an extensive review of recent, current, and relevant literature. Tool two was adapted and translated into Arabic. Tools were tested for content validity by a jury of five experts in the obstetric and gynecologic nursing field. The necessary modifications were done accordingly. The reliability of tools was measured by using Cronbach's alpha test, and the result was reliable (0.910), which is statistically accepted. A pilot study was carried out on 20 women (excluded from the study subjects) to test the feasibility of the study.

Statistical Analysis

The collected data was categorized, coded, computerized, tabulated, and analyzed using the Statistical Package for Social Science (SPSS) version 26 program. Descriptive and analytical statistics such as percentages were used. Statistical measures were used, such as a simple frequency table, to describe and summarize categorical variables.

Ethical Considerations:

For each recruited subject, the following issues were considered: securing the subjects' written informed consent after explanation of the research purpose, the right to withdraw at any time, keeping their privacy and anonymity, as well as ensuring confidentiality of their data.

Results

Table I shows the number and percent distribution of menopausal women according to their socio-demographic data. Age demonstrated that the mean age was 54.02 ± 4.635 years. **Level of education** also manifested that three-quarters (75%) of menopausal women were illiterate or could only read and write; **occupation** displayed that a sizeable proportion of menopausal women (78%) were housewives; and **marital status** exhibited that more than three-fifths (65.5%) of menopausal women were married. **family income per month** clarified that the vast majority (89%) of menopausal women had just enough family income. Likewise,

religion elucidates that almost all (97%) of menopausal women were Muslims. Finally, **type of family** illustrated that more than one-half (54.5%) of menopausal women had extended families.

Figure 1 shows the percent distribution of menopausal women according to their total score of menopausal symptom intensity using GCS. Moderate intensity was found among a sizeable proportion of menopausal women (76%), while mild intensity was detected among only 22% of them.

Table II reveals the number and percent distribution of menopausal women according to their traditional practices used to control feeling tense or nervous; the main practice used by the women was religious rituals (55.3%), and followed by herbs (35.3%). However, the most common herbs were mint (52.8%).

Table III manifests the number and percent distribution of menopausal women according to their traditional practices used to control difficulty in sleeping. The type of practices used was herbal, as reported by all (100%) of these women. The main herbs used were anise (60.1%).

Table IV sheds light on the number and percent distribution of menopausal women according to their traditional practices used to control excitability. Religious rituals were the main practice used by a sizeable proportion of these women (71.9%).

Table V expounds the number and percent distribution of menopausal women according to their traditional practices used to control muscle and joint pains. Cupping and herbs were the most common types of practices reported by nearly two-fifths of menopausal women (39.5% and 45.2%, respectively). On the other hand, wet cupping was used by almost three-quarters (75.7%) of users.

Table VI presents the number and percent distribution of the menopausal women

according to their traditional practices used to control breathing difficulties. Herbs were the main practice used by all (100%) of the menopausal women who had this symptom. Herbs such as fennel, anise, cumin, fenugreek, nigella sativa, flax, artemisia, and cloves seeds were used by most of their users (96.5%).

Table VII shows the number and percent distribution of menopausal women according to their traditional practices used to control hot flashes. Herbs were the main practice used by more than three-quarters (77.5%) of menopausal women who had this symptom. At the same time, herbs like fenugreek, fennel, soya bean, sage, flax, cloves, anise, cress, nigella sativa, cumin, and sesame seeds were used by the majority of their users (84.1%).

Discussion

On estimating the total score of menopausal symptoms intensity using the Greene Climacteric Scale (GCS), the results of the present study showed that menopausal women were more likely to have moderate intensity. The current finding is consistent with a study carried out in Tanta, Egypt, where it was reported that rural menopausal women mainly had moderate menopausal symptoms (Soliman & El-Zeftawy, 2021). This could be explained by rural women having a lower quality of life, which leads to a lower level of concern about their health. The nature of rural women also makes them mostly work hard, either in their houses or on their farms, and this may decrease their feelings of menopausal symptoms.

On the other hand, the present finding is not in harmony with a Cochrane database of systematic reviews, which indicated that the majority of women suffered from severe menopausal symptoms (Gupta & Kumari, 2021). The distinction between this finding and the present one may be attributed to different research design and duration, as well as different sample size and characteristics, in addition to different data collection methods.

Regarding the traditional practices used to control feeling tense or nervous, the results of the current study revealed that menopausal women were more likely to use religious rituals followed by herbs to reduce this symptom, as these methods are natural. Using religious rituals could be interpreted as meaning that almost all women were Muslims. Hence, their religion and prayer helped them overcome the experience of these menopausal symptoms. Meanwhile, herbs may be used because they are more cost-effective and accessible.

The present study relatively congruent with a literature review, which indicated that religious rituals and herbal products are beneficial for reducing stress, which bothers most menopausal women (Johnson et al., 2019).

While assessing traditional practices used to control difficulty in sleeping, the results of the present study illustrated that herb, especially anise, were the main method used by all menopausal women because it is natural. However, these women were more likely to report decreased symptoms. This could be expounded by reporting that menopausal women may resort to natural, non-pharmacological methods because pharmacological methods may have adverse effects.

The current finding relatively agrees with the study executed in Istanbul, Turkey, where it was displayed that herbs were the most frequently and effectively used method by menopausal women to overcome insomnia (Özcan et al., 2020).

On evaluating the traditional practices used to control excitability, the results of the current study exhibited that menopausal women mainly used religious rituals as they are natural and safe. Fortunately, almost all of the women who used this method reported decreased symptoms. This can be justified as intensely resorting to religious rituals for dealing with health problems, which complies with the socio-cultural structure of Egyptian women. This The present finding relatively

coincides with a study conducted in Port-Said, Egypt, where it was clarified that menopausal women used the recitation of the Holy Qur'an to reduce their stress levels (Ali Mohamed et al., 2022).

In addition, traditional practices used to control muscle and joint pains revealed in the present study revealed that herbs and cupping were the most common methods used by menopausal women, who used herbs because they were natural and cupping because it was tried. Nevertheless, decreased symptoms were more frequently reported by cupping users than herbs users. In relation to using cupping as a traditional practice to control muscle and joint pains, wet cupping was the most frequently used type by menopausal women in the current study.

Furthermore, the present finding is also relatively consistent with two systematic reviews and meta-analysis, which declared that cupping is beneficial for various types of pain in the lower back, shoulders, and legs (Moura et al., 2018; Wood et al., 2020). On other hand, it is compatible with a study implemented in Ankara, Turkey, where it was confirmed that wet cupping therapy is an effective method for reducing menopausal symptoms, it directly decreases women's vasomotor, physical, and sexual problems as well as increasing their quality of life during the menopausal period (Pinar, 2021).

The present study revealed that herbs were more commonly used in the form of herbal oils (e.g., olive, sesame, camphor, flax, and almond), which were locally applied by menopausal women to control muscle and joint pains. Herbs contain phytoestrogens, or plant-based estrogens, which directly affect the structure and function of musculoskeletal tissues such as muscles, joints, tendons, and ligaments. Estrogens also improve muscle mass and strength, as well as increase the collagen content of connective tissues (Chidi-Ogbolu & Baar, 2019).

This finding is similar to a study conducted in Karnataka, India, where it was

found that oil massage is very potent in relieving joint pains and decreasing swelling (Savinaya et al., 2019). Furthermore, the current finding is partially identical to a study that was completed in Tamil Nadu, India, and discovered that camphor oil application is effective for reducing joint pain intensity in menopausal women (Gowthami, 2019).

According to the traditional practices used to control breathing difficulties, the results of the present study clarified that herbs were mainly used by all menopausal women, who use this method because it is natural and has reported decreased symptom. Meanwhile, the most common herbs used were fennel, anise, cumin, fenugreek, nigella sativa, flax, Artemisia, and clove seeds. This was anticipated since traditional medicine, particularly herbal medicine, plays an important role in maintaining health in rural and remote areas (Sen & Chakraborty, 2017).

Moreover, the current finding is partly coincident with a review, which emphasized that cumin seeds have traditionally been used in Middle Eastern and Southeast Asian countries for the treatment of diseases such as asthma, bronchitis, rheumatism, and other inflammatory diseases (Chaudhari et al., 2021). Furthermore, it partly matches a review, which reported that anise was traditionally used for asthma and bronchitis. It was also used for digestive problems (e.g., stomach ache and diarrhea) because it has a carminative effect (Sanofer & Roy, 2021).

As for the traditional practices used to control hot flashes, the results of the present study brought to light that menopausal women were more likely to use herbs (e.g., fenugreek, fennel, soya bean, sage, flax, cloves, anise, cress, nigella sativa, cumin, and sesame seeds). Most of these women used this method because it is natural and reported a decreased symptom. This may be due to the lack of culture and negative publicity surrounding HRT in Egyptian society (Mahmoud et al., 2016). Additionally, menopausal women used this method because they were living in rural areas, where the belief in ancient medicine

(e.g., natural plant-based remedies) and poverty are more prevalent.

Besides, the current finding is in harmony with a study done in Istanbul, Turkey, where it was concluded that almost all menopausal women used herbal supplements to overcome the discomfort of hot flashes (Özcan et al., 2020). Finally, it is partially identical with a study fulfilled in Tehran, Iran, where it was discovered that anise is a simple, non-invasive, safe, as well as effective herbal medicine for reducing the severity and frequency of hot flashes among menopausal women (Zare et al., 2021).

Conclusion:

It can be concluded from the present study results that: the traditional practices used to control menopausal symptoms were religious rituals for feeling tense or nervous and

excitability, herbs also used for difficulty in sleeping, breathing difficulties and hot flashes. in addition, herbs and cupping used to control muscle and joint pains.

Recommendations:

Based on the findings, the following recommendations are suggested:

- Evidence- based information and researches about traditional practices should be encouraged among obstetric and gynecologic nurses to evaluate its effectiveness and risks.
- Future studies by the appropriate specialists are needed to evaluate the actions, effectiveness, and side effects of certain herbs which were most used among subjects of the present study such as: fennel, ginger, fenugreek and anise.

Table (I): Number and percent distribution of menopausal women according to their socio - demographic data

Socio - demographic data	No (200)	%
Age (years):		
45-	32	16.0
50-	60	30.0
55 –	69	34.5
60-62	39	19.5
Min –Max	45-62	
Mean ± SD	54.02 ± 4.635	
Level of education:		
- Illiterate/read & write	150	75.0
- Primary & preparatory	38	19.0
- Secondary or its equivalent	12	06.0
Occupation:		
- Not working (housewife)	156	78.0
- Working	44	22.0
Type of work:	(n=44)	
- Worker	26	59.1
- Farmer	7	15.9
- Employee	6	13.6
- Merchant	5	11.4

Marital status:		
- Married	131	65.5
- Widowed	56	28.0
- Separated & divorced	13	06.5
Family income/ month:		
- Just enough	178	89.0
- More than enough	22	11.0
Religion:		
- Muslims	194	97.0
- Christian	6	03.0
Type of family:		
- Extended	109	54.5
- Nuclear	91	45.5

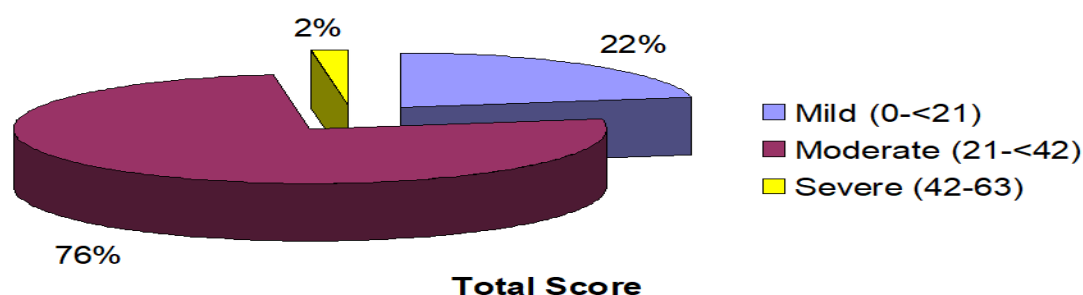


Figure (1): Percent distribution of menopausal women according to their total score of menopausal symptoms intensity using GCS

Table (II): Number and percent distribution of menopausal women according to their traditional practices used to control feeling tense or nervous

Traditional practices used to control feeling tense or nervous	No (150) *	%
Type of practice used:		
- Religious rituals	83	55.3
- Herbs	53	35.3
- Walking	14	09.3
Type of herbs used:	(n=53)	
- Mint	28	52.8
- Lemon juice	17	32.1
- Anise	8	15.1

* 10 menopausal women didn't have this symptom and 40 didn't deal with it.

Table (III): Number and percent distribution of menopausal women according to their traditional practices used to control difficulty in sleeping

Traditional practices used to control difficulty in sleeping	No (163) *	%
Type of practice used:		
- Herbs	163	100.0
Type of herbs used:		
- Anise	98	60.1
- Fenugreek	55	33.7
- Bay leaves	10	06.1

* 27 menopausal women didn't have this symptom and 10 didn't deal with it.

Table (IV): Number and percent distribution of menopausal women according to their traditional practices used to control excitability

Traditional practices used to control excitability	No (178) *	%
Type of practice used:		
- Religious rituals	128	71.9
- Herbs	50	28.1
Type of herbs used: #	(n=50)	
- Anise	28	56.0
- Mint	11	22.0
- fenugreek powder	6	12.0
- Lemon juice	6	12.0
- Cumin	6	12.0
- Fennel	6	12.0

* 5 menopausal women didn't have this symptom and 17 didn't deal with it.

More than one response

Table (V): Number and percent distribution of menopausal women according to their traditional practices used to control muscle and joint pains

Traditional practices used to control muscle and joint pains	No (177) *	%
Type of practice used:		
- Herbs	80	45.2
- Cupping	70	39.5
- Others:		
- Alkhizam (Back & knee)	17	09.6
- Transformer oil & Sheep fat massage	6	03.4
- Eating eggshell powder	4	02.3
Type of herbs used: #	(n=80)	
- Local application of herbs oils (Olive, Sesame, Camphor, flax, & Almond)	44	55.0
- Local application of chili, salt & black pepper; wheat rose; garlic & salt; dried figs; cabbage leaf; castor leaf	30	37.5
- Eating ground flax; cress seeds & Nigella sativa	9	11.3
- Drinking camel's hey & ground turmeric	4	05.0
Type of cupping used:	(n=70)	
- Wet	53	75.7
- Dry	17	24.3

* 16 menopausal women didn't have this symptom and 7 didn't deal with it.

More than one response

Table (VI): Number and percent distribution of menopausal women according to their traditional practices used to control breathing difficulties.

Traditional practices used to control breathing difficulties	No (116) *	%
Type of practice used:		
- Herbs	116	100.0
Type of herbs used: #		
- Fennel, Anise, Cumin, Fenugreek, Nigella sativa, flax, Artemisia (worm wood) & Cloves seeds	112	96.5
- Tilia, Guava & Thyme leaves	89	76.7
- Ginger & Cinnamon	27	23.3

76 menopausal women didn't have this symptom and 8 didn't deal with it.

More than one response

Table (VII): Number and percent distribution of menopausal women according to their traditional practices used to control hot flashes

Traditional practices used to control hot flashes	No (178) *	%
Type of practice used:		
- Herbs	138	77.5
- Religious rituals	4	02.2
- Other:		
- Taking shower & drinking cold water	30	16.9
- Taking off clothes	6	03.4
Type of herbs used: #	(n=138)	
- Fenugreek, Fennel, Soya bean, Sage, Flax, Cloves, Anise, Cress, Nigella sativa, Cumin & Sesame seeds	116	84.1
- Ginger	22	15.9
- Marjoram & Thyme leaves	16	11.6
- Tomato juice	2	01.4

* 10 menopausal women didn't have this symptom and 12 didn't deal with it.

More than one response

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