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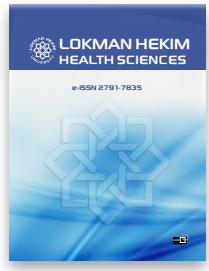

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ORIGINAL ARTICLE

"Helping Me Feel Better": Women's Experiences and Preferences for Complementary and Alternative Medicine Practices for Menstrual Symptom Management - A Qualitative Study

"Kendimi Daha İyi Hissetmeme Yardımcı Oluyor": Kadınların Menstrüel Semptom Yönetimi için Tamamlayıcı ve Alternatif Tıp Uygulamalarına İlişkin Deneyimleri ve Tercihleri - Nitel Bir Çalışma

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Abstract

Introduction: Menstruation is a physiological process that takes place under the control of hormonal order in women's life cycle and is a complex experience with physical, psychological and social dimensions. Women prefer complementary and alternative therapies to alleviate menstrual symptoms due to their low adverse effect profile, economic accessibility and cultural acceptability. This study aims to qualitatively examine the complementary and alternative treatment practices used by women to manage menstrual symptoms and the effects of these practices on life experience.

Methods: Data were collected using a constructivist qualitative research design. The interview data were transcribed and then subjected to qualitative content analysis in accordance with Standards for Qualitative Research Reporting (SRQR) using Graneheim and Lundman's content analysis method. The qualitative research software package ATLAS.ti 9 was used for the analysis.

Results: The study consists of interviews with 32 women. Analysis of the interviewees' accounts revealed three different categories and 12 subcategories. These three categories were determined as complementary and alternative medicine practices, reasons for choosing complementary and alternative medicine practices, and opinions on the effectiveness of complementary and alternative medicine practices.

Discussion and Conclusion: Women often use complementary and alternative medicine practices such as herbal teas, hot treatments, massage, aromatherapy and spiritual techniques to alleviate menstrual symptoms. These practices not only contribute positively to symptom reduction but also increase emotional well-being and a sense of control. While the majority of participants found them effective for symptom management, some participants found them ineffective or only partially effective. Sociocultural norms, family traditions and peer influence significantly shape women's decisions to adopt these practices.

Keywords: Complementary and alternative medicine practices; Menstrual symptoms; Women's health; Qualitative study

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Menstruation is a hormonally regulated physiological process involving periodic endometrial shedding and bleeding.[1] Menarche typically occurs between ages 11–13 and ends with menopause around 45–50. Though biologically driven, menstruation is a multidimensional experience encompassing physical, psychological, and social aspects.[2]

Globally, around 75% of women report menstrual symptoms, which can impair daily functioning and sometimes necessitate medical intervention.[3] Despite their prevalence, the exact causes of menstrual symptoms remain unclear, with contributing factors including hormonal fluctuations, neurotransmitter imbalances, prostaglandins, diet, and lifestyle.[4,5] Over 200 menstrual symptoms have been identified, including physical (e.g., breast tenderness, pain, bloating, weight gain) and psychological (e.g., irritability, depression, anger) manifestations.[6] The most common symptoms reported by women are irritability (91.2%), breast tenderness (77.6%), depression (68.3%), abdominal bloating (63.7%), and anger outbursts (59.6%).[7]

Menstrual symptoms can adversely affect daily activities, education, work performance, and social relationships. One study reported that 57.4% of adolescent girls faced activity limitations and 33.5% avoided social participation due to pain.[8] Menstrual symptoms represent both individual and social issues. Women increasingly use complementary and alternative medicine (CAM) practices to alleviate symptoms, owing to their low side effects, affordability, and cultural acceptance.[9] CAM practices such as walking, meditation, aromatherapy, reflexology, herbal teas (chamomile, sage, thyme), and St. John's Wort massages are reported to be effective in the management of menstrual symptoms.[10]

Enhancing women's capacity to manage menstrual symptoms is important individually and socially. Thus, examining the nature, prevalence, effectiveness, and motivations for CAM practices is crucial. This study aims to qualitatively explore CAM practices employed by women and their impact on women's lived experience.

Materials and Methods

This qualitative study, grounded in a constructivist paradigm, explored women's feelings, thoughts, experiences, and preferences regarding CAM practices for menstrual symptom management. Semi-structured, face-to-face interviews were conducted using an eight-item socio-demographic questionnaire and an 11-item open-ended guide to capture participants' perspectives.

The descriptive form, developed by the researchers, included questions on age, menarche age, education, income, and menstrual symptoms. The semi-structured interview form, with 11 open-ended questions, guided in-depth exploration of women's experiences. A pilot study with two CAM practices -using women ensured question clarity. Interviews were audio-recorded and detailed notes taken. Data were systematically reported following the SRQR qualitative research checklist.[11]

Participants

This study was conducted between September 2024 and March 2025 at a public education center in Ankara, Türkiye, involving 32 purposively sampled women who experienced menstrual symptoms and used CAM practices. Inclusion criteria included age over 18, Turkish proficiency, menstrual symptoms, CAM practices use, absence of chronic disease and hormone therapy, and voluntary consent. Sampling continued until data saturation was achieved.[12] Data saturation was confirmed after the 30th interview, with two additional interviews conducted to verify that no new information emerged. Consequently, data collection was concluded.

Data Collection

Participants were selected by informing women who met the inclusion criteria about the study. A voluntary consent form was obtained from the women. In-depth interviews were conducted with women who agreed to participate in the study. Menstrual symptom indicators and CAM practices were determined in line with the literature.[5,13–15] Following informed consent, face-to-face semi-structured interviews were held in a private setting. Participants were informed about confidentiality, study purpose, voluntary participation, and withdrawal rights. Interviews were audio-recorded with note-taking. Experienced researchers (E.Ö. and Ş.İ.D.) conducted the interviews, with one leading and the other observing to reduce bias. Questioning and repetition techniques facilitated open communication. Team meetings ensured quality. Using an eight-question guide (Table 1), interviews lasted 24–32 minutes (mean 28), exploring women's feelings, experiences, and CAM practices preferences related to menstrual symptom management.

Ethical Considerations

Ethics committee approval and institutional permission were obtained from the Ankara Medipol University Non-Interventional Clinical Trials Ethics Committee before

Table 1. Interview questions

1. Do you experience menstrual symptoms, and if so, describe your experiences and feelings.
2. How do you feel when you experience menstrual symptoms? Describe your experiences and feelings.
3. Do you think it is healthy to experience menstrual symptoms? If yes, explain why you think so.
4. Do you get support when you experience menstrual symptoms? If you get support, explain from whom or how you get support.
5. Explain what you do to cope with your menstrual symptoms.
6. Explain what you would recommend to someone experiencing menstrual symptoms.
7. Describe how and to what extent you think menstrual symptoms affect other activities in your life.
8. Explain how you would assess the impact of your menstrual symptoms on your emotional and mental health.
9. Explain in which period of your life you think menstrual symptoms are more prominent.
10. Explain how you assess the physical impact of your menstrual symptoms.
11. Explain how you assess the social impact of your menstrual symptoms.

the study (Date: 06.05.2024, No: 61). Participants were informed about voluntary participation, audio recording, confidentiality, and their right to withdraw at any time. All provided verbal and written informed consent. The study adhered to the Declaration of Helsinki.

Data Analysis and Reporting

Graneheim and Lundman's content analysis method was used to analyze the interview data.[16] Content analysis is a method of systematically analyzing written, oral or visual communication.[17] Qualitative content analysis is a structured but non-linear process that requires researchers to move back and forth between the original text and its parts throughout the analysis process.[18] The analysis was conducted in collaboration with the researchers. The analysis followed six steps: (1) transcription of audio recordings combined with notes into an 82-page raw data document; (2) repeated reading for comprehension; (3) detailed narrative analysis to identify thematic elements; (4) coding condensed meaning units; (5) grouping similar codes into 12 subcategories and 3 categories; and (6) summarizing these into coherent subthemes and themes. Researchers discussed and reached consensus on findings, resolving disagreements through dialogue. Analysis was conducted using ATLAS.ti 9 software.

Rigor

Qualitative rigor, which encompasses the strategies and methods used to ensure the reliability and accuracy of the research findings, aims to increase confidence in the results of the study. The study followed Guba and Lincoln's criteria: reliability, transferability, dependency and verifiability.[19] This study, conducted by an interdisciplinary team from nursing and midwifery, used Guba and Lincoln's criteria to ensure qualitative rigor. Reliability and credibility were supported through member checking, expert validation, and consensus among independent analysts. Transferability was ensured via purposive, diverse sampling and detailed documentation. By focusing on women's experiences and preferences, the study offers valuable insights into the perceived effectiveness of CAM practices in managing menstrual symptoms, highlighting their physical, emotional, and cultural significance.

Results

In this study, 32 of 58 screened women met the inclusion criteria and participated. Table 2 presents descriptive information of the participants (Table 2). The mean age was 24.21 years, the age at menarche was 12.36 years and the menstrual period was 31.42 days. Most of the participants' mothers or sisters were experiencing menstrual symptoms, were unemployed, graduated from high school and had income equal to expenses.

All participants reported at least one menstrual symptom, most commonly appetite changes, cramping, fatigue, abdominal pain, weight gain, edema, back pain, irritability, anxiety, chest pain, mood changes, depression, social withdrawal, sleep problems, acne, headache, indigestion, joint pain, concentration difficulties, loss of control, skin rash, nausea, and weight loss (Table 2). Twelve subcategories emerged from interviews, grouped into three main categories: CAM practices, reasons for choosing CAM practices, and perceptions of CAM practices' effectiveness (Table 3). The most and least frequent subcategories were physical practices, reflexology and massage, and perceptions of ineffectiveness, spiritual and psychological methods, respectively (Table 4). Subsequent sections detail findings by category.

Table 2. Descriptive information

Dimensions	Frequency	Percentage	Dimensions	Frequency	Percentage
Age (years) [24.21±1.52]*			Presence of menstrual symptoms		
18–21	8	25	No	0	0
22–25	12	37.5	Yes (please explain)**	32	100
26–29	8	25	Menstrual symptom indicators		
30–33	4	12.5	Abdominal pain	28	87.5
Menarche (years) [12.36±0.84]*			Cramps	30	93.75
10–11	6	18.75	Acne	16	50
12–13	12	37.5	Breast pain	24	75
>13	14	43.75	Back pain	26	81.25
Menstrual period (days) [31.42±0.92]*			Headache	14	43.75
<28	3	9.37	Joint pain	12	37.5
28–32	28	87.5	Fatigue	29	90.62
>32	1	3.125	Nausea	4	12.5
Mother/sisters have menstrual symptoms			Indigestion	14	43.75
Yes	29	90.62	Edema	27	84.37
No	3	9.37	Appetite changes	31	96.87
Employment status			Sleep problems	18	56.25
Unemployed	16	50	Weight gain	27	84.37
Public sector	6	18.75	Weight loss	2	6.25
Private sector	10	31.25	Skin rash	5	15.62
Education status			Mood changes	23	71.87
Primary education	8	25	Difficulty concentrating	12	37.5
High school	9	28.12	Social withdrawal	19	59.37
Associate degree	5	15.62	Anxiety/Tension	25	78.12
Graduate	8	25	Depression	23	71.87
Postgraduate	2	6.25	Irritability	26	81.25
Economic status			Feeling out of control	12	37.5
Less than expenses	12	37.5			
Equal to expenses	16	50			
More than expenses	4	12.5			

*: Mean±Standard deviation; **: Multiple response.

Complementary and Alternative Treatment Practice

This main category includes complementary and alternative treatment practices used by women to manage menstrual symptoms. These methods, which women often learn from their mothers or elders, include practical solutions that can be applied at home, such as herbal tea consumption, hot applications, abdominal massages and rest.

Participants reported that CAM practices effectively alleviated pain, stress, and emotional discomfort, enhancing daily functioning and overall well-being during menstruation. The findings highlight the role of cultural heritage and intergenerational knowledge in managing menstrual symptoms.

Herbal Methods

Participants commonly used herbal remedies like sage, chamomile, ginger, and cinnamon to relieve menstrual symptoms such as pain and bloating. These methods were favored for their accessibility, low cost, minimal side effects, and emotional comfort, while also reinforcing cultural traditions.

Table 3. Categories, sub-categories and examples of codes

Categories	Sub-categories	Code examples
Complementary and alternative medicine practices	Herbal methods	Drinking chamomile tea, consumption of sage, drinking cinnamon drinks, consumption of thyme tea, use of St. John's Wort
	Nutrition based methods	Reducing salty food consumption, consumption of hot food and beverages, consumption of plenty of water
	Physical practices	Hot water bag application, placing a hot towel on the abdomen, applying a hot compress to the lumbar region, light exercise and walking, resting and increasing sleep patterns
	Aromatherapy	Use of lavender and thyme essential oil, use of St. John's Wort
	Reflexology and massage	Foot massage, light massage of the abdomen, waist and back massage
	Spiritual and psychological methods	Prayer and spiritual practices, listening to music and relaxing, engaging in distracting activities (cleaning, shopping, etc.)
Reasons for preferring complementary and alternative medicine practices	Safety and lack of side effects	No fear of side effects, natural, reliable finding
	Accessibility and economic reasons	Easy to obtain, economical, can be prepared at home
	Social and cultural reasons	Learning from family, influence from social environment, culturally widespread use, satisfaction from past experiences
Opinions on the effectiveness of complementary and alternative medicine practices	Symptom reduction	Reduce pain, relieve swelling, reduce emotional tension, improve sleep quality
	Psychological well-being	Calming and relaxation, reduced anxiety, better focus and functioning
	Finding ineffective or inadequate	No effect, insufficient or short-term relief, no expected result

Table 4. Frequency and percentages of statements about complementary and alternative treatment practices used by women to cope with menstrual symptoms according to subcategories (n = 32)

Categories	Sub-categories	n	%
Complementary and alternative treatment practices	Herbal methods	25	78.12
	Nutrition based methods	26	81.25
	Physical practices	28	87.5
	Aromatherapy	14	43.75
	Reflexology and massage	28	87.5
	Spiritual and psychological methods	8	25
Reasons for preferring complementary and alternative treatment practices	Safety and lack of side effects	16	50
	Accessibility and economic reasons	18	56.25
	Social and cultural reasons	12	37.5
Opinions on the effectiveness of complementary and alternative treatment practices	Symptom reduction	27	84.37
	Psychological well-being	22	68.75
	Finding ineffective or inadequate	8	25

'I can say that my menstrual period is difficult. Especially I have a lot of pain and swelling. I feel tired. For this, I take a hot warm shower at home, I apply hot water, I drink herbal teas, I listen to music, I like to drink coffee very much, it is good for me, I do not tire myself too much, I lie down and rest, sometimes there are times when I do sports, but I try to do relaxing movements without tiring myself too much' (P 4).

Nutrition-Based Methods

Participants reported that adjusting diet—such as reducing salt, sugar, and caffeine, increasing water intake, and consuming iron- and magnesium-rich foods—helped alleviate menstrual symptoms like fatigue and weakness. These practices also supported overall well-being and improved quality of life.

'I get support from my boyfriend on those days; he buys me chocolate. Eating chocolate is

good for me. I also consume vegetables, oats, homemade yogurt, kefir and my digestion improves. I drink plenty of water and walk for bloating' (P17).

'I consume more hot drinks and soups. Especially when I drink a hot soup, I feel like my cramps decrease. It is both nutritious and relaxing for me' (P26).

Physical Practices

Participants commonly used physical methods like heat application, massage, and light exercise to relieve menstrual symptoms. These practical and accessible strategies reduced pain, cramps, and stress, improving both daily functioning and overall well-being.

'Physical mobility is very important during that period, I have a friend who is a pilates instructor, I get support from her, she is very good for me, doing pilates, spending time with her in this way, eating dessert is also very good, I am normally a healthy eater, I take care not to eat too much dessert, but it is good to reward myself at that time. I also get support from my husband' (P30).

'I lie down, I rest, I used to boil water with my aunt's daughter and heat the towel and put it on our stomachs, now we have a hot water bag, we fill it and put it on our stomachs. My daughter also has it and sometimes I make her a hot water bag. I tell her to keep herself warm, I tell her to lie down and rest' (P2).

Aromatherapy

Women frequently used aromatherapy—such as inhaling or massaging essential oils like lavender and bergamot—to ease menstrual pain, anxiety, stress, and sleep problems. These methods were favored for their effectiveness, accessibility, and minimal side effects.

'I use lavender oil during my periods. I love the scent, and it really relaxes me. I think it even has a positive effect on my sleep patterns' (P3).

'I apply St. John's Wort massage to my abdomen with light movements. After this application, my pain decreases, and I feel very good. My friend who recommended this also recommended it to me because she experienced the same relief and I am glad she recommended it. It is also very easy' (P23).

Reflexology and Massage

Participants reported that reflexology and massage, particularly on the feet, abdomen, and back, helped relieve cramps, pain, and tension during menstruation. These accessible and natural methods also promoted relaxation and improved daily functioning.

'When I am menstruating, I give my wife a foot massage, which relaxes me a lot and provides general body relaxation. A back massage with St. John's Wort is also very relaxing. I also believe that this method relieves my pain' (P28).

'I give myself a light massage on my abdomen. Especially when I use thyme oil, I notice that my cramps decrease. It has a relaxing effect both physically and mentally' (P21).

Spiritual and Psychological Methods

Participants used spiritual and psychological methods like prayer, meditation, and breathing exercises to manage menstrual symptoms. These practices helped reduce stress and emotional fluctuations, promoting inner peace and improving overall well-being.

'I pray a lot during my menstrual periods. I think that as I get stronger spiritually, my pain decreases. Praying relaxes me psychologically' (P27).

'I relax by listening to light music during my period, so that I can focus my mind on other things and feel my symptoms less. This habit is very effective and pleasant for me' (P25).

Reasons for Preferring Complementary and Alternative Treatment Practices

This main category explains the main reasons for women to use complementary and alternative methods to manage menstrual symptoms. Participants associated the reasons for preferring these practices with factors such as economic accessibility, easy and practical applicability of the methods, minimal side effects and cultural adaptation. Participants noted that traditional and complementary methods enhanced their sense of control and complemented medical treatments. These practices held personal, cultural, and social value in improving women's quality of life.

Safety and Lack of Side Effects

Participants preferred CAM practices for their safety and low risk of side effects, viewing herbal teas, aromatherapy, and physical practices as natural and chemical-free alternatives to medication. Their long-term use without adverse effects reinforced this trust.

Accessibility and Economic Reasons

Participants preferred CAM practices due to their easy accessibility and low cost, noting that home-based practices—especially herbal and nutrition-based—were more affordable than medical treatments.

> *'The biggest reason why I prefer these methods is that they are natural. I know that there are no side effects, we learnt from our mothers and elders and this gives me confidence. For this reason, I primarily prefer traditional methods' (P31).*

> *'The most important reason for choosing complementary medicine practices is my fear of side effects from medications. With these natural methods, I relieve my pain and continue my life comfortably. It also makes my body feel healthier. I can easily access it and I recommend it to my friends'(P7).*

Social and Cultural Reasons

Cultural heritage and social habits strongly influenced participants' preference for CAM practices. These practices fostered solidarity among women and supported cultural identity through shared, traditionally accepted approaches.

> *'I learnt such methods (traditional methods) from my mother and grandmother, who had always used them from their own mothers. For example, drinking sage or using a hot water bottle are done immediately when menstruation comes in our house. As much as I think these methods work, I feel safer because I have learnt them from my family' (P1).*

> *'My mom has been with me ever since I had my first period. She massages me, rubs my tummy with warm oils, and makes hot sage tea. She would never allow us to take medicine, thinking it could harm us or our womanhood. Probably, if I have a daughter in the future, I will take care of her the way my mother took care of me and teach her what I know' (P19).*

Opinions on the Effectiveness of Complementary and Alternative Treatment Practices

This category reflects participants' perceptions of CAM practices' effectiveness. While many reported symptom relief and improved quality of life, others found the effects limited, highlighting varied experiences and individual differences.

Reducing Symptoms

Participants reported that CAM practices like herbal remedies, massage, and heat applications effectively reduced physical symptoms and improved daily functioning. Regular use was said to lessen symptom severity and enhance overall well-being during menstruation.

> *'When I put a hot water bag on my abdomen, my contractions are greatly reduced. This method is almost like first aid for me; it relieves me immediately. Sometimes my pain is so unbearable that nothing else works. The heat both relieves my physical pain and makes me feel good psychologically' (P14).*

> *'I have recently started doing aromatherapy with lavender oil, especially when I have pain. I drip the oil on my pillow. The scent calms me and distracts me from the pain. At first, I doubted whether it would be effective, but after a few tries, I realized that I was relaxed. Now I can't go without doing this little ritual when my period comes'(P16).*

Psychological Well-Being

Participants noted that CAM practices also offered psychological relief, with methods like aromatherapy, meditation, and spiritual practices helping reduce stress and emotional fluctuations. This support improved their emotional well-being and attitudes toward menstruation.

> *'My mood fluctuates a lot during menstruation, sometimes I find myself crying for no reason. Praying at these times is very good for me; it gives me peace of mind. It helps me to recover not only physically but also spiritually. I feel as if I am organizing the chaos inside me' (P10).*

> *'When I feel very tense and angry, I do short breathing exercises or simple yoga movements. At first, it seemed like a waste of time, but as I tried it, both my body and mind relaxed. Now I am less angry and more peaceful during my periods, which helps me to feel better and have fewer quarrels at home' (P5).*

Finding Ineffective or Inadequate

Some participants found CAM practices ineffective, especially for severe symptoms, noting that results varied by individual and symptom intensity. They emphasized better outcomes when combined with medical treatments.

'I have tried herbal teas such as fennel and linden for years for my menstrual cramps, but frankly, I have not seen a big difference. Maybe it provides temporary relief, but my pain does not go away completely. Most of the time I have to take painkillers again, so these herbal things are too light for me' (P22).

'I put a hot water bag on my abdomen, but it only provides short-term relief. Although my pain seems to decrease a little, it comes back after a few hours. Even when I sleep at night, the effect is not enough. Therefore, using this method alone is not enough for me' (P18).

Discussion

This study was conducted to determine the complementary and alternative medicine practices used by women to manage menstrual symptoms and to examine the effects of these practices on women's lives. As a result of the study, it was determined that women used phytotherapy, nutrition-based methods, massage, exercise, hot application, aromatherapy, reflexology, prayer, meditation, breathing exercises and positive thinking methods among complementary and alternative medicine practices to cope with menstrual symptoms. Women generally prefer CAM practices because they find them safe, perceive the risk of side effects as low, and these methods are economical and easily accessible. In addition, cultural heritage and social habits transmitted from family elders and society are also effective on this preference. Although some participants stated that their menstrual symptoms decreased and they felt psychologically better because of the practices, some participants stated that the practices were not beneficial in relieving menstrual symptoms.

Complementary and alternative medicine practices are widely used in Türkiye, as in the whole world.[9,20] In this study, it was determined that women used phytotherapy (sage, chamomile tea, ginger and cinnamon), nutrition-based methods (reducing salt, sugar and caffeine consumption, increasing water consumption and eating light foods, consuming foods rich in iron and magnesium), hot applications, massage, light exercise, aromatherapy (lavender, bergamot, mint and orange), reflexology and massage applications, prayer, meditation, breathing exercises and positive thinking methods to relieve menstrual symptoms. Similar to our study, it is reported that women experiencing perimenstrual pain and discomfort in Australia commonly use complementary and alternative medicine practices.[21] In a study conducted by Uslay Keskin et al.[22] to determine the CAM practices used by university students for the relief of perimenstrual symptoms, it was reported that students used massage, hot water bag, physical exercise and herbal products. In another study conducted on students in Türkiye, it was reported that the participants used hot application, massage, herbal treatments and exercise among complementary and alternative medicine practices.[23] In the literature, it is seen that there are many methods, like our study, that women apply during their menstrual period. It is also thought that studies examining complementary and alternative medicine practices used by women during the menstrual period are limited.

In this study, it was determined that the participants preferred complementary and alternative medicine methods because they were economical, easily accessible, practical and applicable, and had minimal side effects. In the studies in the literature, it is stated that most of the CAM practices are used because they have few side effects, are satisfying, and are economical.[24,25] The participants stated that the methods they applied were successful in reducing the symptoms and mentioned the positive effects of this on their quality of life. In a study conducted to determine the CAM practices used by women with primary dysmenorrhea to cope with pain, 61% of the women stated that they thought that their CAM practices were effective.[25] In another study investigating perimenstrual complaints and coping methods in university students, it was reported that 82.9% of the students benefited from the methods used.[22] Although the findings in our study are like the literature, some participants evaluated the effects of complementary and alternative medicine practices as limited or insufficient. The reason for the presence of different views and opinions shows that CAM practices are shaped by personal experience and individual differences. These differences suggest that the effects of the applications may not be at the same level in every individual and that the effect of the methods is affected by factors such as the belief of the person, the type of application and duration.

The study reveals widespread adoption of CAM practices by women as coping strategies for physical and psychological symptoms. However, quantitative research is needed to scientifically validate these qualitative results.

Conclusion

Women use various CAM practices —such as herbal remedies, nutrition, massage, aromatherapy, and spiritual practices—to manage menstrual symptoms, often valuing their safety, low cost, and cultural familiarity. While many reported physical and emotional relief, others found them ineffective. These findings highlight the need for healthcare professionals to recognize women's preferences and promote awareness of safe, evidence-based practices.

Ethics Committee Approval: The Ankara Medipol University Non-Interventional Clinical Research Ethics Committee granted approval for this study (date: 06.05.2024, number: 61).

Informed Consent: Written informed consent was obtained from participants.

Conflict of Interest: None declared.

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