

Poise

A Publication of Indian Menopause Society

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*"Autumn is awesome
so is menopause..."*



Indian
Menopause Society



From the Editors' Desk

As you already know, POISE is the mouthpiece of the INDIAN MENOPAUSE SOCIETY This year the annual meeting of the society is at Chennai and the theme of the conference is:

“Autumn is awesome and so is Menopause”

We have extended this theme to this edition of POISE. The shades of autumn vary from black to brown to orange and yellow. Cancer may be dark – brown and black but the will to live, zest for life is orange, yellow and red like the leaves of Chinar in autumn. In this issue while Dr Ranu Patni tells you how to live with cancer, we bring you an interview with one such stoic lady who faces this autumn with great valour and has turned her life into flaming orange! Dr Shuchitra Sharma guides you through the preventive diet for cancer. We also urge you to follow the IMS screening guidelines for all gynaecological cancers and self exam for breast cancer.

I am sure the news round up from our clubs and chapters will enthuse you enough to get connected with us. Do give us your feedback on this issue.

Wishing you and your families a great 2010!

Dr. Sonia Malik
Dr Nila Mohile
Editors

Message From the President

Greetings to our readers and a special hello to all young ladies turning forty. It is indeed heartening to see that finally we are awakening to the needs & rights of older women. As menopausal experts, we ask our selves what are the best ways to respond to the needs of older women. One major area of concern is the increased incidence of cancer in this age group. This issue of 'POISE' is dedicated to cancer awareness. What is needed is a comprehensive program for cancer prevention and management that can meet the challenges of the Indian scenario.

I always believe that teamwork helps give a new perspective on available opportunities. I am happy to say that the IMS team's efforts so far have been encouraging. Recently we have started a campaign on "Prevention of Cervical Cancer". I sincerely hope that the cancer awareness drive taken up by the Indian Menopause Society contributes to taking the cause further ahead. As a part of the Cervical Cancer awareness campaign the IMS was organized on - update on the 'Fight against Cervical Cancer' at Jaipur. For cancer prevention public educational materials (CD & leaflets) were released. Dr. Urvashi Jha, Director, Max Institute of Obstetrics & Gynaecology, Delhi was one of the guest speakers. Campaign participants were identified who received kits for conducting camps at various centres, where provision for cervical cancer screening with new technology of liquid based cytology and HPV vaccination at the same setting have been done. The campaign has received an enthusiastic response with people coming forward to get screened & also to seek HPV Vaccination. All these changes signal a large degree of success. However, this fight against cancer is an ongoing process because science says that there will be no quick fixes. But I am sure we can all afford to include a little Cancer prevention in our lives.

Wishing you all a happy and informative reading!

Dr. Sunila Khandelwal
President IMS

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Autumn is Awesome and so is Mrs. Neela Agnihotri

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Fact File

A woman dying of Cervical Cancer loses an estimated 26 years of life compared with 19 years of life from Breast Cancer and 17.6 years of life from Ovarian Cancer.

...an ode to autumn

**'No spring nor summer beauty hath such grace
as I have seen in one autumnal face'.**

– John Donne

**'Autumn is the mellower season, and what
we lose in flowers we more than gain in fruits'.**

**'Youth is like spring, an over praised season
more remarkable for biting winds than
genial breezes'.**

– Samuel Butler

**'Winter is an etching, spring a watercolor,
summer an oil painting and autumn a
mosaic of them all'.**

– Stanley Horowitz

'Autumn, the year's last, loveliest smile'.

– William Cullen Bryant

**'Autumn is a second spring where
every leaf is a flower'.**

– Albert Camus

Autumn is Awesome and so is Mrs. Neela Agnihotri

The whole household is up at 5 in the morning. There is activity in each room. The lady of the house is directing her battery of servants to finish everything on time so that food can reach on time. Every day, for over 20 years, this lady has been looking after the inmates of the SARAI – a make-shift hostel for long stay patients of Safdarjung Hospital New Delhi. These patients do not get food from the hospital and have to fend for themselves. So Ba took it on to herself to look after these 100 odd inmates and supply them with food, drinking water and even blankets in winter. Each morning her 'boys' make packets of tea leaves, sugar, rice or wheat and dal and go and place them on the beds of each patient. Milk is also supplied in cans. Who funds this, we ask?

Mr. and Mrs. Agnihotri retired from the Indian Revenue Services in 1987. While Mr. Agnihotri still works as an Income Tax consultant, Mrs. Agnihotri chose her own new career. She funds this project from her own savings and from her husbands practice! In addition well wishers who hear about her crusade also donate off and on.

A Gujarati by birth, she got married into a Punjabi family and made a perfect blend of traditions. However, being a good cook, she has taught everyone the Gujarati cuisine and sells mouth watering dhokla and namkeen – “I make it in practically sans oil for the heart patients” she tells you with a twinkle in her eye. The money this fetches, also goes into her poor people’s fund!

“There is very little time and there is so much to do”, she tells you while she is distributing milk to the tubercular patients of her neighborhood slum. Her projects keep adding on as she gets to know about the misery of humanity around her. This year her energy was spent getting funds for patients needing dialysis due to renal failure.

A breast cancer survivor herself, Ba as everyone fondly calls her, does not have a “NO” in her dictionary for anyone who needs her help.

An unsung hero, spending her autumn with fire and energy, making her life flaming red like the leaves of the chinar, should you want to get in touch with her do call her and make an appointment for she will be busy doing something and you will not be able to catch her!

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*"I am just a postman...
I only distribute what I
receieve".*

NUTRITION AND DIET IN CANCER PREVENTION



By Dr. Shuchita Sharma Meherishi*

Nutrition has long been suspected to play an important role in cancer etiology. As many as 30% of all cancers are linked to poor dietary habits. This proportion is even higher, approximately 70% for cancers of the alimentary tract. Recent estimates claim that 30-40% of cancers can be prevented by lifestyle and dietary measures alone. While some of the risk factors for cancer are not in our control such as gender, age or family history, we can definitely control some of the factors such as diet. Past and ongoing research with more research in the pipeline, have concluded that diet can alter the risk of getting cancer.

The “should eats”

Studies have consistently linked abundant consumption of plant based food to substantial decrease in risk of developing various cancers. Dietary raw fruits, vegetables and whole grains are the most helpful food tools to combat cancer. In addition, intake should include various coloured fruits and veggies, right from the purple eggplant to the red apple. Regular consumption of five or more servings of vegetables a day was associated with lower risk of breast cancer, however according to a recent study published in JAMA, consuming more than five servings doesn't seem to have any additional preventive effect. I would say that aiming for five servings of colourful produce a day would be a fine. Intake of flax seeds especially the lignan fraction is also advocated. Broccoli sprouts are the densest source of sulforphanes. As a matter of fact, most cruciferous vegetables such as broccoli, cabbage and brussels sprouts are strong fighters. All these foods are also a great source of antioxidants. Laboratory studies show that the chemo-preventive effect of these foods is related to the high levels of numerous phytochemicals present. These phytochemicals interfere with several cellular processes involved in the progression of cancer and also with the

inflammatory process that fosters development of cancer.

Protective elements in cancer prevention diet include selenium, folic acid, vitamin B-12, vitamin D, chlorophyll and antioxidants such as carotenoids. Supplementary use of oral digestive enzymes and probiotics also have been postulated as anticancer dietary measures. Dietary fibres could prevent colon cancer by mechanisms such as dilution of colonic contents, inhibition of dehydroxylation of bile acids and regulation of energy intake. In fact, energy balance, reflected in a low body weight and high level of physical activity has been more convincingly related to lower cancer rates.

The good news for Indians is that curcumin, the yellow spice found in turmeric is indicated to have antitumor properties. So spice it up with turmeric.

The “should-not eats”

Nutrient depleted foods such as concentrated sugars and refined flour products contribute to impaired glucose metabolism; low fibre intake, red meat consumption and imbalance of omega 3 and omega 6 fatty acids, all contribute to cancer risk. Saturated fats found in marbled meat and high fat dairy products are more likely to increase risk of cancer than unsaturated fats found in nuts and seeds as well as olive oil. So try limiting saturated fat intake to less than 7% of total daily calories; that's less than 15 grams if you are following a 2000 calorie diet.

In this era of information, there's bound to be, another wonder drug, another theory, questioning the validity of the previous studies. But here, the best thing is you cannot go wrong with a healthy diet. If nothing else, you definitely have moved to an all round healthier diet. And of course, eating food feels better than eating drugs!

* Dr. Meherishi is an Asst. Professor Mahatma Gandhi Medical College

Ayurvedic Herbs for Cancer Prevention

Name	Name
Amarkand	Bangobhi
Amaltas (Purging cassia)	Bhallatak(Marking nut)
Ashak (Gum Amonic)	Makoi (Kakmachi)(Black night-shade)
Ashoka	Rudrvanti
Mulethi (Liquorice)	Shiva (Harad) (Chebulic myrobalan)
Kantkari (Yellow-berried night shade)	Rohitak
Kundru Gond	Tulsi (Holy Basil)
Kanchnar	Varun (Three-leaved caper)
Khadir (Cutch tree)	Shigru (Drumstick plant)
Guggul (Gum-guggul)	Sadabahr
Gorakhmundi	Sarpunkha (Purple tephrosia)
Jogi Padshah	Vikankat (Governor's Plum)
Nayantara(Madagascar periwinkle)	Swarnakshiri (Mexican Poppy)
Nimb (Neem) (Margosa tree)	Shatavari (Asparagus)
Nirvishi	Ghrit kumari(Indian Aloe)
Patha	Amlaki (Indian gooseberry- Amla)
Paribhadra (Indian coral tree)	Katurohini (Indian red wood)

Ayurvedic Drugs for Cancer

Name	Name
Kanchnara Gugglu	Kaishore Gugglu
Bhallatak Phalmajja Churna	Shilajatu Vati
Trifala Gugglu	Tribang Bhasma
Aabha Gugglu	Laksha Gugglu
Varunadi Kwath	Panchvalkal Kwath
Manjishthadi Kwath	Dashmula Kwath
Varunadi Kwath	Kanchnar Kwath

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Living with Cancer



By Dr. Ranu Patni*

The trauma of suffering from an incurable malady like any metastatic cancer, the ordeal of facing the difficult treatment and the uncertainty of having to face the disease all lead to severe mental stress! And female genital cancers are no exception. Even in this era of modernization and advancement majority of Indian women keep postponing their gynaecological check up and cancer-screening for a supposedly more convenient time!

This is an account of a cancer survivor who was a witness to all of the above stressful circumstances. She is an old patient of mine. She started visiting me with routine gynaecological problems after she had completed her family. Partly because of her friendly nature and partly because it was predestined, I suppose, we became good pals. She was a happy-go-lucky-person, a homemaker and enjoying every moment of her life. Her fun loving nature was infectious! Amidst consultations, I used to off and on advise her about cancer screening which she never paid heed to, seriously. Once, she casually mentioned that her mother who was postmenopausal had started bleeding again a few months back. Knowing full well the implications of post menopausal bleeding, I advised an immediate diagnostic evaluation for her mother and reprimanded her for not having mentioned the problem earlier!

Even then she did not realize the seriousness of the problem and said that at her mother's age it was difficult to bring out such problems and discuss them before the men folk. A few days later, I received a frantic call from her saying that her mom was bleeding continuously and profusely and they did not know what to do. On evaluation, the old lady was found to have metastatic cervical cancer! She very soon developed uraemia and died before our very eyes. My friend was inconsolable! She could not believe that the problem which they had not even thought important enough to be discussed in the family had so soon taken away the life of her mother!

Time is the biggest healer but sometimes it also makes us forget important things in life. She gradually adjusted to life without her mom. She became more cautious about her health problems now, but became so tied up in her family and work that screening was still not a priority with her. She would come to me whenever she had a problem but got a Pap smear done just once. After five years of her last Pap smear, she developed persistent foul smelling discharge per vaginum, which was not getting cured with routine treatment.



I insisted on a complete evaluation and as destiny would have it she had a Stage IV cervical carcinoma. Immediately a Wertheim's Hysterectomy was done and we were waiting for the histopathology report. It was a blow when that came. She had micro-metastasis and would have to take radiotherapy. Then she realized the importance of timely diagnosis and treatment. I was there throughout her radiation therapy. She developed early radiation reactions and it was an ordeal to watch her struggle. However, the treatment was successful and she was healthy after a period of time. Now, she came for regular check-up and even took appropriate short term HRT which tremendously helped in improving her quality of life. Even though she was physically well, the fear of developing a new problem always lurked in her eyes. I often found myself wishing that she had saved herself from the trying times by simple screening measures!

She had become very serious about both her own and her family's health! Her daughter was now a teenager and she asked me one day whether such problems could be prevented. I told her about female cancer screening program and preventive HPV vaccine for women which had just been launched in India. She eagerly gathered information about the vaccine and agreed to get her daughter vaccinated. I was happy to see that she had finally realized the importance of preventing and timely detecting a disease like cancer but at what a price!

By writing the above experience for the vast readership of 'POISE' I wish to be able to strike a chord for health consciousness especially female genital cancer screening in the hearts and minds of all the readers and thereby the public in general. Hope I am successful!

Happy reading!

* Gynaecologist and Gynaec. Onco-Surgeon
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Secretary General, Indian Menopause Society

Early/Premature Menopause Due to Cancer Treatment



By **Jyoti Shah**
Chapter Secretary
Sr. Consultant Gynae & Obst
Rajkot

Menopause is the permanent end of a woman's menstrual periods. This is established once a woman has not had a period for at least 12 months. For most women, menopause is a natural process. It takes place with aging, as the eggs in the ovaries die and hormone levels change.

Menopause occurs in healthy women at the average age of 48. Recent times have seen an increase in the incidence of cancer. This is mainly attributed to urbanization, industrialization, lifestyle changes, population growth and increased life span (in turn leading to an increase in the elderly population). In women, cancers of cervix and breast are most common, followed by those of stomach and esophagus.

Cancer awareness day is observed on **7th November** as this happens to be birthday of Madame Curie, founder of Radium used for Radiotherapy. Certain cancer treatments may cause early or premature menopause. This can happen if treatment requires:

- Surgical removal of both ovaries. Menopause will occur suddenly, immediately after surgery.
- Radiation therapy to the abdomen or pelvis, or certain chemotherapy agents.

The ovaries may be damaged causing eggs to die off sooner than would normally occur.

If uterus is surgically removed during

treatment, menstrual periods will stop. However, if ovaries are not removed, this will not cause menopause as ovaries will continue to function until the age of natural menopause.

The chance that cancer treatment will cause early menopause depends on a number of factors. These include:

- Age.
- Ovarian function before treatment.
- The type and dose of chemotherapy given
- The dose of radiation and the area of the body that is irradiated.

Understanding Chemotherapy

Chemotherapy is a cancer treatment that uses drugs to destroy cancer cells. It is also called "**chemo.**"

Chemotherapy can be used to:

- Destroy cancer cells
- Stop cancer cells from spreading
- Slow the growth of cancer cells

Chemotherapy can be given alone or with other treatments. It can help other treatments work better. For example, chemotherapy is given before or after surgery or radiation therapy. Chemotherapy can be given as an IV (intravenously), a shot (injection) into a muscle or other part of your body, a pill or a liquid or a cream that is rubbed on your skin

Chemotherapy is given either daily, weekly, or monthly. The treatment period is followed by a period of rest. This rest period gives body a chance to build healthy new cells.

Understanding Radiation Therapy

Radiation therapy (also called radiotherapy) is a cancer treatment that uses high doses of radiation to kill cancer cells and stop them from spreading.

At low doses, radiation is used as an x-ray to see inside your body and take pictures, such as x-rays of your teeth or broken bones. Radiation used in cancer treatment works in much the same way, except that it is given at higher doses.

The effect on menstrual periods may be hard to predict.

- In some women, periods continue during treatment. However, menopause may occur as much as 10 years earlier than usual.
- In some women, periods stop during treatment and resume some months later. However, even if periods resume, menopause may occur as much as 10 years earlier than usual.
- In some women, periods stop during treatment and never resume.

For some women, entering menopause will be a relief as they no longer have periods and don't have to worry about getting pregnant. For other women, this can be a time of sadness and loss of

femininity especially if menopause begins much earlier than expected.

Changes in the Body

During the time before and after menopause, women may experience many different symptoms. For women who go through early menopause, these symptoms often start more abruptly. The symptoms may also be more severe than with natural menopause. However, everyone experiences menopause differently. For some, the symptoms will be mild. For others, the symptoms can be quite uncomfortable.

Hot Flashes and Night Sweats

Hot flashes usually begin as a feeling of warmth in the face, neck, chest, and back. This can spread to the entire body. Some women have one or two hot flashes a day. Other women have as many as three an hour. They can come on suddenly during the day and can interrupt sleep as night sweats. They can range from light flushing to drenching sweats. For some, they are a mild irritant. For others, they are much more bothersome.

Suggestions

- Wear lightweight, absorbent, cotton clothing during the day and for sleep. Dress in layers.
- Adjust the room temperature. For example, lower the thermostat to a cooler setting, use a room or a hand-held fan, or sleep near an open window.
- Avoid things that may trigger a hot flash. For example avoid hot drinks, caffeine, alcohol, and spicy food. Also, avoid hot baths or showers in the two hours before going to bed.
- Try using paced breathing when you feel you are about to have a hot flash or once it begins. Take six to eight slow deep breaths over one minute. Fill your abdomen and lungs with each breath.
- Consider trying a form of complementary therapy like acupuncture, meditation, biofeedback and self-hypnosis.
- Some women report that certain herbs are helpful. Research studies have failed to show that herbal therapy is effective against hot flashes. Some herbs can interfere with cancer treatments or may be harmful

If these suggestions do not work, speak with your doctor. Certain medicines might be helpful for you. These include:

- Antidepressants: venlafaxine, paroxetine, fluoxetine
- Blood pressure medicine: clonidine
- Antiseizure medicine: gabapentin

Sleep Disturbance

Some women going through menopause have trouble sleeping. Some have a hard time falling asleep. Others have a hard time staying asleep or wake up earlier than desired.

Suggestions

- Create a regular sleep schedule. Go to bed at the same time each night, and get up at the same time each morning. Don't change your routine on weekends.
- Use your bed and bedroom only for sleep or sexual activity.

- Keep the bedroom dark, cool, and quiet when going to sleep.
- Exercise daily, for example, walking 30 minutes a day. Avoid vigorous exercise three hours before bedtime. However, stretching just before bedtime may be helpful.
- Avoid hot drinks late in evening
- Avoid heavy meals in the evening.
- Avoid drinking anything for two hours before bed so you do not have to get up to urinate at night.
- If you are unable to fall asleep, after 15 minutes get out of bed and do something relaxing.
- If these suggestions do not work: Speak to your doctor.

Mood Swings, Depression, and Anxiety

During menopause, many women report changes in their mood. Some also have feelings of anxiety or depression. This may be from changes in hormone levels that come with menopause.

Suggestions

- Take time for yourself to do things that you enjoy.
- Plan activities with family and friends with whom you enjoy spending time.
- Exercise daily, for example, walking 30 minutes a day.

CANCER AWARENESS DAY IS OBSERVED ON 7TH NOVEMBER AS THIS HAPPENS TO BE BIRTHDAY OF MADAME CURIE, FOUNDER OF RADIUM USED FOR RADIOTHERAPY. CERTAIN CANCER TREATMENTS MAY CAUSE EARLY OR PREMATURE MENOPAUSE

- Consider joining a support group where you can share with other women
- If these suggestions do not work, speak with your doctor who can give you an anxiety or antidepressant medicine.

Difficulty Remembering and Concentrating

Some women have trouble focusing or remembering during menopause.

Suggestions

- Stay physically active. Exercise daily, for example, walking 30 minutes a day.
- Stay socially engaged. Plan activities with family and friends with whom you enjoy spending time.
- Stay mentally active. This may be through work or volunteer activities that challenge you to learn new things. Try to stimulate your mind. Activities such as reading or doing puzzles may be helpful.

Vaginal Symptoms

As natural menopause, after surgery or radiation therapy to the pelvis, the ovaries produce less estrogen. This causes changes in the lining of the vagina. It can become thin, dry and less elastic. As a result, some women experience itching, discharge, or irritation. Some also feel discomfort during sexual intercourse or during a pelvic exam. In addition, cancer treatments may cause the vagina to become shorter and narrower due to scarring and women may also develop more vaginal infections.

Suggestions

- Vaginal moisturizers help to prevent or treat dryness and irritation.
- Vaginal lubricants help make intercourse more comfortable.

These lubricants will help decrease discomfort. They will also prevent injury to the vaginal membranes. Do not use oils such as coconut oil, almond oil for sexual lubrication.

- Wearing loose-fitting cotton panties
- Avoid using douches because these may cause more dryness and irritation.
- If these suggestions do not work, speak to your doctor. Ask if topical estrogen would be helpful for you. These hormonal medicines require a prescription. They are not recommended for women with certain types of cancer. You should discuss the pros and cons of using these products with your doctor.
- Vaginal discharge, burning, or itching can be signs of a vaginal infection. These symptoms may happen suddenly. If so, ask your gynecologist. He or she will evaluate you and prescribe an antibiotic if needed.

Reduced Sexual Desire

Some women report a decrease in their desire for sex during menopause. This may be from the hormone changes that come with menopause. However, this also may be related to having cancer. The disease or treatment can result in changes in the body that may cause emotional distress. Treatment may cause side effects, such as pain, fatigue, or discomfort with intercourse. All of these may play a part in decreasing your desire for sex.

Suggestions

- Speak with your doctor about any symptoms you have that may affect your desire for sex. Treating these symptoms may help you feel more interested in being physically intimate with your partner.
- Set aside private time to relax with your partner.
- Talk to your partner. Tell your partner how you feel and what would give you pleasure. Sexual intimacy does not always have to involve the vagina. Cuddling and touching are examples of sexual activity that can be very satisfying.
- If you have vaginal pain with sex, use vaginal moisturizers and lubricants as described above. Adjust your position to one that is more comfortable for you.

Urinary Symptoms

After menopause, the tissues around the outlet of the bladder become thinner. Also, the pelvic muscles become weaker

as a result of aging. These factors can cause urine leaks (incontinence). Weak pelvic muscles cause stress incontinence. This leads to leaking of urine with coughing, sneezing, or laughing. An overactive bladder causes frequent, sudden urges to urinate. Some women can have both of these problems.

Suggestions

- Avoid smoking, caffeine, alcohol, citrus fruits and juices, tomato-based products, and spicy food. These may irritate the bladder.
- If you are overweight, lose weight.
- Kegel exercises are very effective for stress incontinence. These involve repeated contraction and relaxation of the muscles that control urine flow.
- Some prescription medicines may be helpful for an overactive bladder. Your doctor will select the best one for you.
- Keep your skin clean and dry. Until these treatments start to work, use protective pads to absorb the leaked urine and prevent skin irritation. Menstrual pads may be enough for very small amounts of leakage. Special pads for urinary incontinence will absorb larger amounts of liquid.
- If these suggestions do not work, consult a urologist and also a gynecologist to find out if topical estrogen would be helpful.

Long term Effects of Menopause

After menopause, women will experience the usual physical effects of aging. These may lead to cardiovascular disease and osteoporosis (thinning of the bones). Women who have had early menopause due to cancer treatments may be at a higher risk for these problems. There are a number of steps you can take to reduce your risk.

Reduce Risk of Cardiovascular Disease

- Do not smoke.
- Eat foods low in fat. One exception is omega-3 fatty acids. These may decrease your risk of heart disease.
- Exercise regularly. Any exercise that raises your heart rate for 30 minutes is effective. Check with your doctor or nurse before you start an exercise program.
- High blood pressure, diabetes, and high cholesterol can increase your risk of cardiovascular disease.

Reduce Risk of Osteoporosis

- Eat foods high in calcium. Examples include: milk, yogurt, nuts, and green leafy vegetables.
- Take calcium supplements every day. Examples include: calcium citrate, calcium carbonate, and calcium phosphate. Up to 1200–1500 mg of calcium supplementation per day is generally recommended.
- Take vitamin D supplements every day. This helps your body to absorb calcium. Between 400 and 800 IU of vitamin D per day is generally recommended.
- Exercise regularly. Weight-bearing exercise, such as walking, is an ideal way to help strengthen bone. Exercise for 30 minutes at least three to four times a week.
- Ask your doctor about having a bone density test to evaluate your bones.
- Ask your doctor about medicines to help prevent or treat osteoporosis.

Learn How to Examine your Breasts for any Abnormality



By **Dr. Nila Mohile**
Sr. Consultant Gynae & Obst
Rajkot

How to perform a self breast examination:

- Lie down and place your right arm behind your head. The exam is done while lying down, not standing up. This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it much easier to feel all the breast tissue.
- Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.
- Use 3 different levels of pressure to feel all the breast tissue. Light pressure is needed to feel the tissue closest to the skin; medium pressure to feel a little deeper; and firm pressure to feel the tissue closest to the chest and ribs. A firm ridge in the lower curve of each breast is normal. If you're not sure how hard to press, talk with your doctor or nurse. Use each pressure level to feel the breast tissue before moving on to the next spot.
- Move around the breast in an up and down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).
- There is some evidence to suggest that the up-and-down pattern (sometimes called the vertical pattern) is the most effective pattern for covering the entire breast, without missing any breast tissue.
- Repeat the exam on your left breast, using the finger pads of the right hand.
- While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any

changes of size, shape, contour, or dimpling, or redness or scaliness of the nipple or breast skin. (The pressing down on the hips position contracts the chest wall muscles and enhances any breast changes.)

- Examine each underarm while sitting up or standing and with your arm only slightly raised so you can easily feel in this area. Raising your arm straight up tightens the tissue in this area and makes it harder to examine.

This procedure for doing breast self exam is different than in previous recommendations made by the American Cancer Society. These changes represent an extensive review of the medical literature and input from an expert advisory group. There is evidence that this position (lying down), area felt, pattern of coverage of the breast, and use of different amounts of pressure increase a woman's ability to find abnormal areas.

See your health care provider right away if you notice any of these breast changes:

- Lump, hard knot or thickening
- Swelling, warmth, redness or darkening
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

Source: American Cancer Society

What Are Ovarian Cysts?

Ovarian cysts are fluid-filled sacs, that are common among women during their reproductive and post reproductive years. Most types of ovarian cysts are harmless and go away without any treatment.

What Causes Ovarian Cysts?

The normal function of the ovaries is to produce an egg each month. During the process of ovulation, a cyst-like structure called a follicle is formed inside the ovary. The mature follicle ruptures when an egg is released during ovulation. A corpus luteum forms from the empty follicle, and if pregnancy does not occur, the corpus luteum dissolves. Sometimes, however, this process does not conclude appropriately, causing the most common type of ovarian cyst – functional ovarian cysts.

Abnormal ovarian cysts, such as polycystic ovarian disease, may occur as the result of an imbalance of female hormones (estrogen and progesterone).

Types of Ovarian Cysts

Functional Cysts

These normal cysts will often shrink and disappear within two or three menstrual cycles. Because this type of cyst is formed during ovulation, it rarely occurs in menopausal women because eggs are no longer being produced. However, they may be commonly seen during the perimenopausal years when hormones become unstable. These cysts can lead to irregularities in periods like long periods of no bleeding, pronged bleeding or excessive bleeding.

Dermoid Cysts

These are ovarian cysts that are filled with various types of tissues, including hair and skin.

Endometrioma Cysts

These cysts are also known as the "chocolate cysts" of endometriosis, and they form when tissue similar to the lining of the uterus attaches to the ovaries.

Cystadenoma Cysts

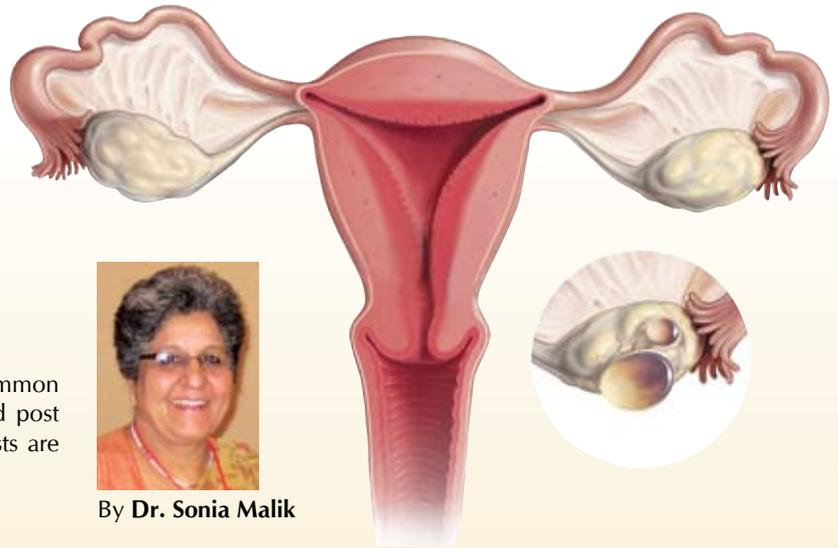
These are ovarian cysts that develop from cells on the outer surface of the ovaries.

Polycystic Ovarian Disease

A very common disease now amongst Indian women of all ages, this refers to cysts that form from retention of follicles over months. These cysts cause the ovaries to enlarge and create a thick outer covering, which may prevent ovulation from occurring, and are often the cause of fertility problems. In women this condition may be associated with excessive or scanty periods or prolonged periods, weight gain and excessive hair.

What are the Symptoms of Ovarian Cysts?

Ovarian cysts often cause no symptoms; however, when



By Dr. Sonia Malik

symptoms are present, they may be any of the following:

- Heavy feeling in pelvis
- Pain in lower abdomen
- Bleeding from the vagina
- Weight gain or loss
- Abnormal periods
- Unexplained back pain that gets worse
- Gas, nausea, vomiting, or loss of appetite

How are Ovarian Cysts Diagnosed?

Unless symptoms are present, ovarian cysts are typically diagnosed during an annual pelvic examination.

Other diagnostic tests such as ultrasound and laparoscopy may be done if your physician detects any abnormalities.

What are the Treatments for Ovarian Cysts?

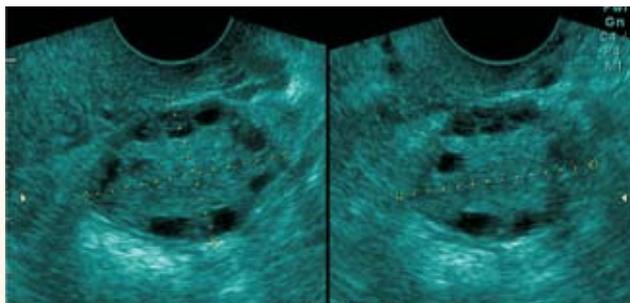
Treatment of ovarian cysts depends on several factors, including:

- the size and type of cyst
- the woman's age and general health
- her future pregnancy plans
- what symptoms she is experiencing

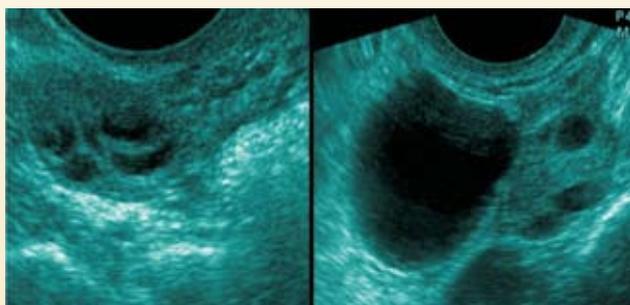
The earlier ovarian cysts are found, the less invasive the treatment. Often, women who are not experiencing any symptoms are advised to wait two or three months to see if the cysts dissolve on their own. In most cases, functional ovarian cysts will dissolve without any medical intervention or treatment.

Occasionally, physicians opt to prescribe oral contraceptives or hormones to shrink functional ovarian cysts. Oral contraceptives are not an effective treatment for other types of benign ovarian cysts, but they do offer some protection against malignant ovarian cysts.

Remember, the best way to detect ovarian cancer is by regular pelvic examinations. See your gynecologist for a Pap smear (screens for cervical cancer only) and pelvic/rectal exam yearly in order to detect any other abnormality in the uterus or ovary.



Polycyst Ovary



Ovarian Cyst

Things to Remember About Ovarian Cysts

Ovarian cysts, tumours and cancer are symptomless. Annual check ups are the only way to diagnose them

Because ovarian cysts often cause no symptoms, it is especially important for women who have previously had cysts to have regular pelvic examinations. Women who have previously had ovarian cysts are at a greater risk of developing further cysts.

Endometriosis may be worsened by the presence of ovarian cysts, and your chance of needing to have your ovaries removed increases.

Malignant ovarian cysts, early treatment offers the best hope for recovery. Women who develop ovarian cysts after menopause are more likely to have malignancies.

Remember, if you experience any fullness, pressure, or discomfort in your pelvic region phone your physician immediately for his advice. The earlier ovarian cysts are discovered and treated, the better your chance of complete recovery.

Surgery is sometimes necessary to treat ovarian cysts that are unresponsive to hormonal treatment. Cases that could require surgery include ovarian cysts that do not disappear even after a few menstrual cycles or extremely large cysts. Ovarian cysts that are found in post menopausal women, generally cause symptoms such as severe pain or bleeding and generally require surgical intervention. The specific surgical procedure required depends on a number of factors, but typically the earlier ovarian cysts are discovered, the less extensive the surgery. Surgery can involve anything from simply removing the cyst to removing the ovary. In some severe cases, a hysterectomy is recommended.

Although your physician will discuss the planned procedure with you, you should keep in mind that the exact extent of the surgery may be unknown until the operation is in progress.

Are You at Risk for Ovarian Cancer?

- An immediate (mother, sister, or daughter) family member who has had ovarian cancer increases your risk of developing this disease about three times, giving you a 5 percent to 7 percent risk of future ovarian cancer.
- When the cause is genetic ovarian cancer usually shows up a decade earlier in each successive generation. (If your mother had ovarian cancer in her 60s, you stand a good chance that this disease will develop in you in your 50s.)
- Genetic counseling is a good idea for women with a family history of breast or ovarian cancers. Women with a family history may opt for removal of ovaries although this procedure does not offer absolute protection it does reduce risk by 75 percent to 90 percent
- Research has determined that women who use powders to dust their genital areas have a 60 percent higher risk of ovarian cancer. Feminine deodorant sprays can almost double your risk.
- Women who use oral contraceptives for at least five years reduce their chance of developing ovarian cancer by half for the short-term following use and possibly for lifetime. The longer you use the pill, the lower your risk.
- Having two or three children can cut your risk by as much as 30 percent over women who never conceive or give birth. Having five or more children reduces the risk up to 50 percent, and breastfeeding your children can further reduce your risk.
- Tubal ligation reduces a woman's risk up to 70 percent.

Remember, the best way to detect ovarian cancer is by regular pelvic examinations See your gynecologist for a Pap smear (screens for cervical cancer only) and pelvic/rectal exam yearly or as your physician determines best for you.

Source: Cancer of The Ovary. ACOG Education Pamphlet AP096. http://www.acog.org/publications/patient_education

Care of Vulva in Menopause

Vulval hygiene is equally important in postmenopausal women, especially in late postmenopausal age. Thinning of skin and mucosa, dryness lead to burning pain. Itching can occur due to fungal infections especially in diabetic women. There are dermatological conditions like Lichen Planus, Leucoplakia which can cause intense itching. If there is persistent itching, or, an ulcer or growth which is not cured by routine treatment, it should not be neglected. Gynaecological consultation is necessary as it may be just the beginning of vulvar carcinoma. Diagnosis of vulval disease is often delayed because of patient's procrastination and embarrassment, professional omission or neglect and ineffective treatment.

Breeze Through Menopause While Dancing!



By Dr. Maninder Ahuja*



Hi friends! Before I start talking about dance as an exercise as a therapy and as an exercise there is one great WARNING!

Yes and that warning are once you are hooked onto dancing there are no de-addiction facilities available!

Dance is one of the most beautiful forms of art that has grown in leaps and bounds. Dance is no longer just a hobby; it is all-in-one an exercise, a therapy for depressed moods and a relaxation incomparable.

So I now take you to the advantages of dancing followed by the types and the steps of dancing. Not all of them in one article of course.

Ok slow down, as warm-up is required for all the exercises so it is required in dance therapy and exercise also.

For losing weight, dance is the latest craze!

But dances also have to be tailored according to needs and aptitude of women and here we are talking about Indian women who perhaps had never moved out of house but now have started gaining weight, feeling bored, and feeling depressed. So for them group dancing is best way of relaxation and coming out of your depressed mood. This is a total work-out for your body without going to the outdoors and can be done all alone. Just switch on music or make a group and instead of a normal kitty party have daily dance parties. A really great way of exercising and relaxing!

ADVANTAGES OF DANCE

- Aerobic exercise
- Weight-loss, consumes from 5-7calories per minute depending upon intensity of dance.
- Dancing can burn anything from 100-400 calories per hour
- Range of movement exercise improves and increases circulation
- Improves posture
- Balancing exercise
- Flexibility increased.
- Cardiopulmonary endurance increases
- Strength and stamina increases
- Relaxation because of increased endorphin release.
- Binds people together, there is no religion of dance, just one aim of enjoying together.
- Elevation of mood

- Improvement in hot flushes, sleep disturbances
- Libido is increased
- By intimate dances like salsa and ballroom dancing I believe interpersonal and sexual problems can also find a solution
- For couples, dances like salsa can do wonders.
- Improves muscle tone (very important when following a weight-loss plan)
- Improves mental health and attitude (all exercise does that for you!)
- Increases energy and lowers blood pressure
- Helps improve confidence because you feel mentally sharper
- Great way to make new friends if you join a dance class
- It heals from within
- From the olden days till date, dance has always been performed for social reasons or even for purely aesthetic reasons.
- Various types of dances are considered as an entertaining way to remain fit!

Every country has a distinctive fashion about its dance styles and these dance forms have crossed the borders to become some of the most sought-after dance styles till date.

Each dance is beautiful in its own way and has a different appeal to it.

We would just have a sort of quick go through all the different dance forms.

They can be classified as:

- Indian Classical dance forms
- Indian folk dances'
- Western dances or international dances

INDIAN DANCES

I will just name the dance forms and not details which I would give sometime in later articles. India is a land of great mix of cultures where we have a wide variety of dances ranging from folk to classical. The Indian dances vary as per the region it originates from and each has a distinct style, right from the steps to the kind of costumes worn. Besides, these dances also represent a particular culture.

The dances where one doesn't have to jump means at least one foot should be on the ground and very strong thumping of feet is not required can be performed by women in perimenopause and menopause, but because of weak collagen tissue and ligaments all over body avoid jumping.

Bollywood Dance: The Indian film industry or 'Bollywood' is known for its inclusion of the song and dance routine in most movies. The craze for this song and dance routine is HUGE! These are the 'in-things' and are a craze in most family functions in India, from birthday parties to marriage functions. So women should learn a few steps of songs that are the latest craze.

Kathak: Today, with the popularity of fusion, Kathak is used in combination with modern steps to create a fine blend of

beautiful compositions. Because of repeated tapping of feet this may not be good for menopausal women because of knee damage.

Kathakali: The main feature about Kathakali is the striking costumes and makeup

Mohiniattam: This dance has its origins in Kerala. A very graceful dance, the performance in this case is generally solo and mainly by women. This type of dance includes very rhythmic movements with elaborate mudras. Mudras are hand gestures used to express a particular meaning.

Bharatnatyam: One of the very popular dances in India along with Kathak, Bharatnatyam has its origins in Tamil Nadu.

Odissi: This type of classical dance is also amongst the very popular types of dances seen in India today. This classical dance has its origins in Orissa, India, and can be distinguished from other styles of Indian dance due to the specific movements of the body.

Kuchipudi: This classical Indian dance has its roots in Andhra Pradesh.

Manipuri: Manipuri is quite different from other forms of Indian dance in terms of the costume as well as the dance steps. The dancer uses subtle movements and the costumes are quite different in appearance. Basically, a dancer uses many rhythmic movements that gives a very soft appearance overall.

Sattriya: This traditional style of dance originated from Assam.

THE DANCES WHERE ONE DOESN'T HAVE TO JUMP MEANS AT LEAST ONE FOOT SHOULD BE ON THE GROUND AND VERY STRONG THUMPING OF FEET IS NOT REQUIRED CAN BE PERFORMED BY WOMEN IN PERIMENOPAUSE AND MENOPAUSE, BUT BECAUSE OF WEAK COLLAGEN TISSUE AND LIGAMENTS ALL OVER BODY AVOID JUMPING



POPULAR FOLK DANCES OF INDIA

Bhangra: A very lively dance, the Bhangra has its origins in Punjab.

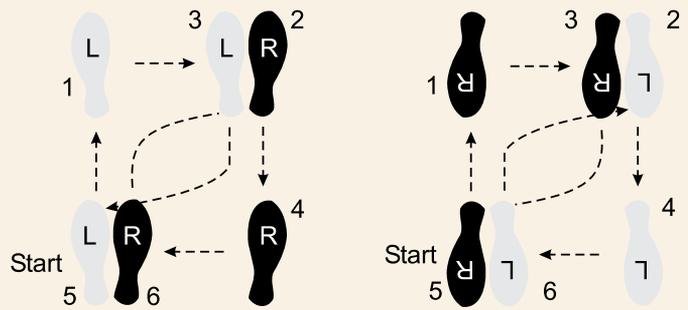
Lavani: This dance has its origins in Maharashtra.

Gidda: A vibrant dance of Punjab for women folk is very lively and entertaining.

Garba: This Indian dance is often compared to the social dances that are seen in the West. Garba is danced in a circular format amongst groups and has its origins in Gujarat.

Dekhni: Dekhni is one of the popular folk dances of Goa.

Modern Dance: Modern dance involves the use of many dance steps that are unusual and often interpret a dancer's emotions and moods. The dancer in this case typically performs bare-foot. In Modern dance, it's not only the choreography that speaks about the emotions to be conveyed. The lighting, costumes and props are used with great creativity to create interesting and unusual dance sequences.



Out of international dances we would take up just one and that is ball room dancing.

Ballroom Dance: The Ballroom dance is one of the most entertaining and elite styles of dancing. In the earlier days, Ballroom dance was only for the privileged class of people. This style of partner dance originated in Germany but is popular all over the world.

This is American style waltz whose steps I am showing you here.

Note that man start by walking forward and woman starts by walking back, and woman is standing facing man, mirror image effect. This is the basic Box step and if this Box is turned to the left, it is called the Left Box Turn.

The lady keeps her left hand on right shoulder of man and man keeps his right hand just above left scapula or shoulder blade of woman and woman gives her right hand in left hand of man to hold and guide.

This photograph shows how the lady takes her right foot back and man takes his left foot forward.

The actual amount of turn that one can take over the course of the six steps is optional-anywhere between 1/8 and 3/4 turn may be applied, depending on the dancers' skill level and the purpose of the movement. With any more than 3/4 turn, the Box Turn becomes an entirely different animal known as the **Left Cross Turn**, as can be seen in the Viennese Waltz. With any less than 3/4 turn, the Box becomes a "spot movement" used for turning corners, realigning oneself to set up for a particular pattern, or for confining oneself to a small area of the dance floor (the latter of which is particularly handy in crowded nightclub situations).

You can actually use the Left Box Turn to travel down the line of dance. The man must begin facing a diagonal centre alignment, and take the Left Box Turn with exactly 3/4 turn, to end facing diagonal wall. This is often done in combination with the Right Box Turn, resulting in a sequence of consecutive turns which enable the dancers to travel around the line of dance

Dance is all about finding a form of expression and enjoying to the fullest. Dance thus help people to cross barriers without worrying about language or cultures!

Dance in any form moving with music and feeling music within you and if with a partner feel the closeness of being together.

So just breeze through all problems of Menopause by DANCING.

**Dr. Maninder Ahuja is the Chairperson Public Awareness committee, IMS.*



Cervical Cancer

What is Cervical Cancer?

Cervical Cancer is the cancer of the mouth of the uterus called cervix. It is the commonest cancer in the women of reproductive age. If detected at a pre-cancerous stage, this cancer is 100 percent curable.

A World Health Organisation study reveals that every year 1,32,082 women are diagnosed with this particular kind of cancer and 74,118 die from the disease. The growing risk of cervical cancer in women in India (aged 0-64 years) is 2.4 percent compared to 1.3 percent for the world.

Symptoms

Pelvic pain or pain during intercourse, bleeding after intercourse, bleeding between periods, post-menstrual bleeding and discharge from the vagina which is often foul smelling. This is also an important cause for post menopausal spotting and bleeding.

Causes

The exact cause is not known, it has been attributed to genetic factor also. However, recent studies have indicated a viral cause. HPV (Human papillomavirus infection) is the main causative virus for this cancer. It is a sexually transmitted virus and even rubbing of the private parts can cause it. Most people never even know they have HPV, or that they are passing it to their partner. So it may not be possible to know who gave you HPV or when you got it. HPV is so common that most people get it soon after they start having sex. And it may only be detected years later.

Risk Factors:

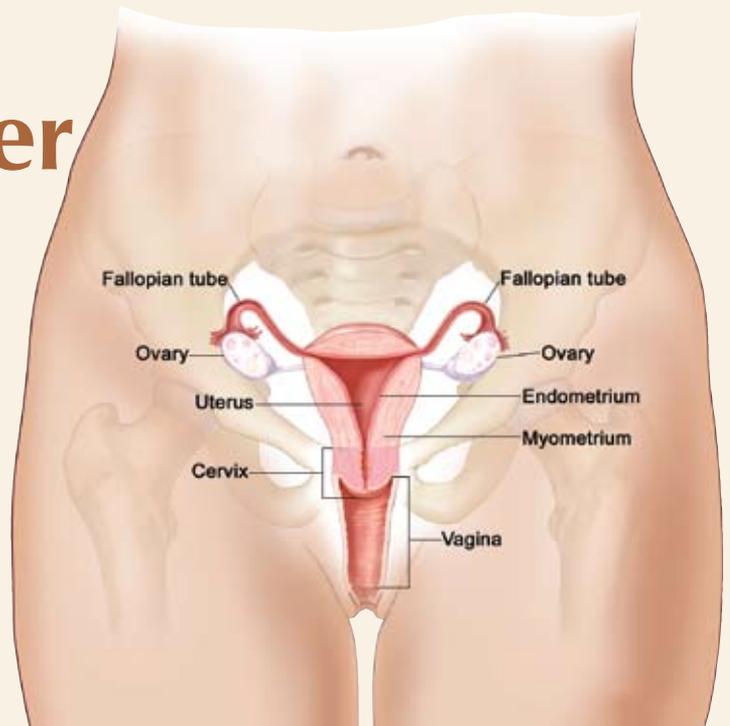
- Having sex at an early age
- Having many sexual partners
- Having many pregnancies
- Using birth control pills for 5 years or more
- Consuming any form of tobacco

Prevention

Cervical cancer vaccine has been designed to prevent this cancer. It is recommended to female from the age of 11 or 12 to 45yrs of age as it allows a female's immune system to be activated before she's likely to encounter HPV. Two such vaccines are available in the market, both of which are equally effective.

Delay sex: Waiting to have sex until you are older can help you avoid HPV. It also helps to limit your number of sexual partners and to avoid having sex with someone who has had many other sexual partners.

Use condoms: Condoms when used correctly can lower the HPV infection rate by about 70 percent.



Cervical Cancer Screening

Pap test: Cells are collected from the surface of the cervix and checked on a slide. IMS recommends a PAP smear for all women above 35yrs on a yearly basis.

HPV testing: Cells are taken by swabbing the cervix and then tested in the lab. If positive, it warns of the possibility of developing cancer if not checked.

Colposcopy: It enlarges the image of the cervix and the cells can be then seen more clearly. The cervix is then stained with special stains and biopsy can then be taken from suspicious areas. Patients are sent for this test only when PAP smear raises a suspicion.

Treatment

The three main treatments available today are surgery, radiotherapy, and chemotherapy. Surgery is total with removal of uterus, ovaries, tubes and surrounding tissues including lymph nodes in advanced cancer. However, if detected early or at precancerous stage, surgical removal of the cervix completely or as a cone, completely cures the disease.

The cases of cervical cancer have come down in the West due to awareness, cervical screening and the preventive vaccine. India on the other hand, accounts for a one in eight cervical cancer deaths in the world due to lack of awareness about the disease. It is therefore important to carry out regular check up with your doctor.

(Please refer to the Hindi section for more and for pictorial details)

National Institute of Clinical Excellence- NICE- guidelines in 2007 recommend Endometrial sampling with persistent irregular menstrual bleeding in women ages 45 years and older, with cyclical heavy menstrual bleeding and in case of ineffective or failed treatment.

Irregular menstrual bleeding should be an indication for endometrial sampling in all women regardless of their age.

कैंसर से बचाव ही इसका निदान है...

- आपकी आयु 40 वर्षा से अधिक है?
- रजोनिवृत्ति सामान्य से देर से हुई है?
- पुनः रक्त स्राव होता है?
- मासिक धर्म अनियमित रूप से आता है?
- चिकित्सक ने गर्भाशय ग्रीवा पर घाव बताया है?
- अक्सर जननांगों का संक्रमण होता है?
- बदबूदार वेत-प्रदर की शिकायत है?
- सहवास पश्चात् रक्तस्राव होता है?
- सहवास कम उम्र में प्रारम्भ हुआ है?
- मां या बहन को कैंसर रहा हो?

ऐसा होने पर जननांगों के कैंसर की संभावना अधिक है।
कैंसर से बचाव पर नवीनतम जानकारी दे रही हैं—

डॉ. सुनिता खण्डेलवाल
अध्यक्ष, इंडियन मेनोपॉज सोसायटी
आचार्य एवं विभागाध्यक्ष
ऑब्स्टेट्रिक एण्ड गायनेकोलॉजी



Dr. Seema Sharma

डॉ. सीमा शर्मा
सेक्रेटरी, जयपुर चैप्टर
इंडियन मेनोपॉज सोसायटी
सहआचार्य
ऑब्स्टेट्रिक एण्ड गायनेकोलॉजी

महात्मा गाँधी मेडिकल कॉलेज एवं अस्पताल, जयपुर

रजोनिवृत्ति एवं जननांगों के कैंसर

रजोनिवृत्ति (मेनोपॉज) उम्र का वह पड़ाव है जिससे हर एक महिला को गुजरना है। वैसे तो मेनोपॉज और जननांगों के कैंसर का कोई सीधा सम्बंध नहीं है, लेकिन आम धारणा यह है कि मेनोपॉज हो जाने की वजह से कैंसर की संभावनाएं अधिक होती हैं। इस भ्रंति का आधार यह है कि नवीनतम रिसर्च के आंकड़ों के अनुसार अधिकांशतः कैंसर 45 वर्ष की आयु के पश्चात ही पाए जाते हैं। अतः उम्र का यह दौर आपको कैंसर के प्रति सजग रहने के लिए आगाह करता है।

भारतीय परिपेक्ष्य में स्त्रियों में होने वाले कैंसर (लगभग 30%) जननांगों में पाए जाते हैं एवं प्रमुखता के आधार पर इनकी सूची इस प्रकार है—

1. गर्भाशय मुख/ग्रीवा (सर्विक्स) कैंसर।
2. डिम्बाशय (ओवरी) कैंसर।
3. गर्भाशय (बॉडी यूट्रस) कैंसर।
4. योनि (वैजाइना) कैंसर।
5. योनि मार्ग (वल्वा) कैंसर।

नेशनल कैंसर रजिस्ट्री के अनुसार प्रतिवर्ष सर्वाइकल कैंसर के 70,000 मामले, जो कि पूरे विश्व के (पदबवउचसमजम से भी अधिक हैं, भारत में होते हैं।) भारतीय महिलाओं में होने वाले जननांगों के कैंसर में 3-8: डिम्बाशय, 0.5-4.8: गर्भाशय एवं 1-3: वल्वा कैंसर के मामले होते हैं। (चित्र संख्या: 1,2)

1. सर्विक्स

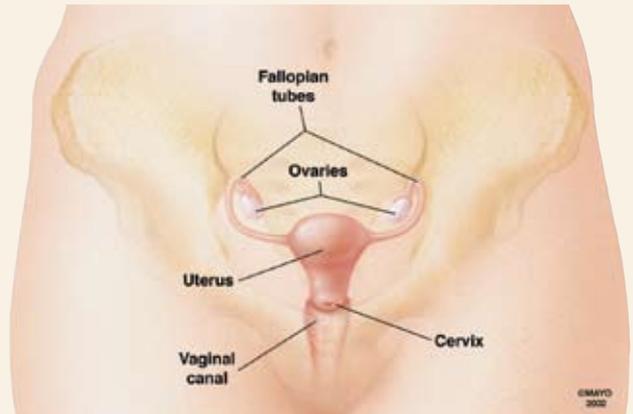
सर्विक्स गर्भाशय के प्रवेशद्वार जैसा होता है और यह संक्रमणों को गर्भाशय तक पहुँचने से रोकता है। यह कैंसर भारत

में महिलाओं में कैंसर से मृत्यु का सबसे आम कारण है। एक अनुमान के मुताबिक भारत में प्रति सात मिनट में एक महिला इस कैंसर के कारण काल के ग्रास में जा रही है, इसकी मुख्य वजह यह है कि इस कैंसर के लक्षण तब तक नहीं दिखते जब तक बीमारी अन्तिम अवस्था में नहीं पहुंच जाती।

सर्वाइकल कैंसर के उत्प्रेरक कारणः—

यह कैंसर जिन महिलाओं में होने का खतरा रहता है उनके लक्षण हैं—

- कम उम्र में मासिक धर्म चालू होना।
- 20 वर्ष से कम उम्र में शादी होना या संभोगरत होना।
- एक से अधिक पुरुषों से शारीरिक सम्बंध होना।



चित्र संख्या: 1 स्त्री के जननांगों की संरचना

- जननांगों की सफाई पर ध्यान ना देना।
- ह्यूमन पैपिलोमा वायरस (कैंसर कारक वायरस) से ग्रसित होना।

लक्षण:—

1. 40 वर्ष की उम्र के बाद मासिक धर्म में अनियमितता।
2. 50-55 की उम्र होने पर भी रजोनिवृत्ति नहीं होना।
3. रजोनिवृत्ति के बाद पुनः मासिक धर्म/रक्त या खून आना।
4. संभोग के बाद रक्तस्राव।
5. डॉक्टरी जाँच के बाद रक्तस्राव।
6. बदबूदार श्वेत प्रदर होना।

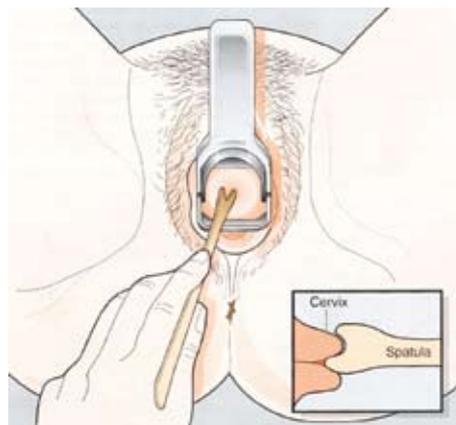
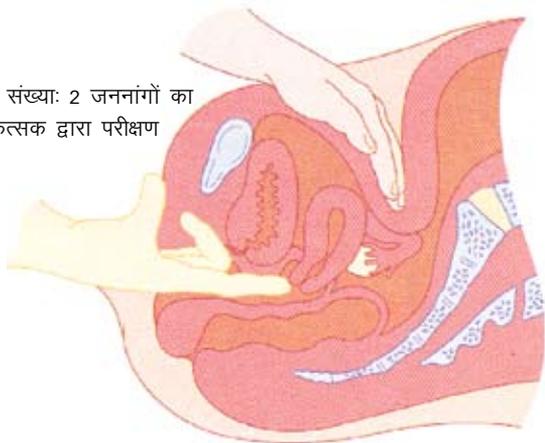
निदान के उपाय:—

सर्वाइकल कैंसर की पहचान प्रारम्भिक अवस्था में साधारण जाँचों के जरिए की जा सकती है एवं बहुत प्रारम्भिक अवस्था के मामलों में इसका पूर्णतया इलाज सम्भव है। इस हेतु पेपटेस्ट एक बहुत ही कारगर पद्धति हैं। इस टेस्ट में कैंसर पूर्व यदि कोई बदलाव आया हो तो वह भी पहचाने जा सकते हैं। (चित्र संख्या: 2,3,4,5,6)

पेपटेस्ट करने के लिए ज्यादा समय की भी जरूरत नहीं लगती तथा इस पद्धति में दर्द भी नहीं होता और यह साधारण क्लिनिक में या प्रशिक्षित लैब टेक्नशियन द्वारा भी की जा सकती है।

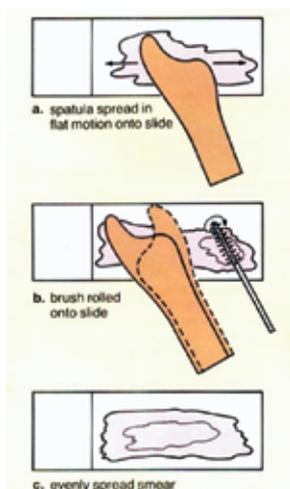
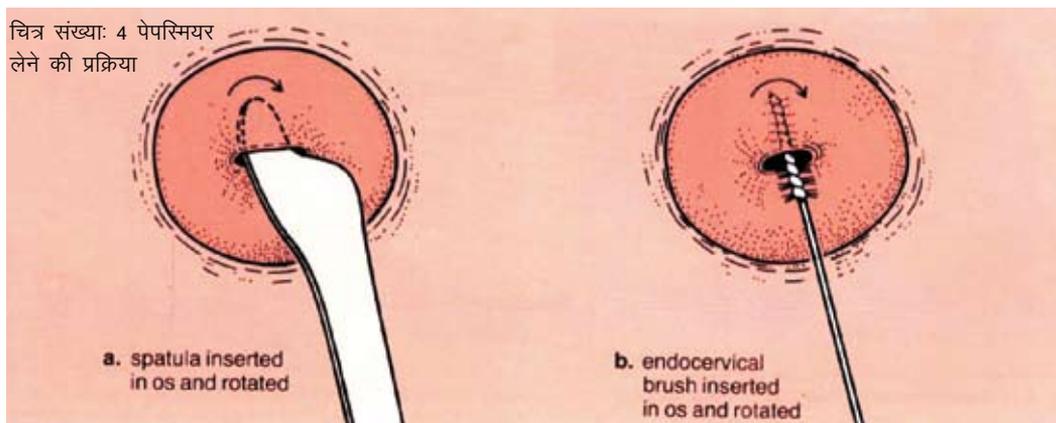
पेपटेस्ट में यदि कोई विशेष बदलाव नजर आए तो उपचार करने से पहले जाँच की और भी पद्धतियां उपयोग में लाई जाती है, जो निम्न प्रकार हैं—

चित्र संख्या: 2 जननांगों का चिकित्सक द्वारा परीक्षण

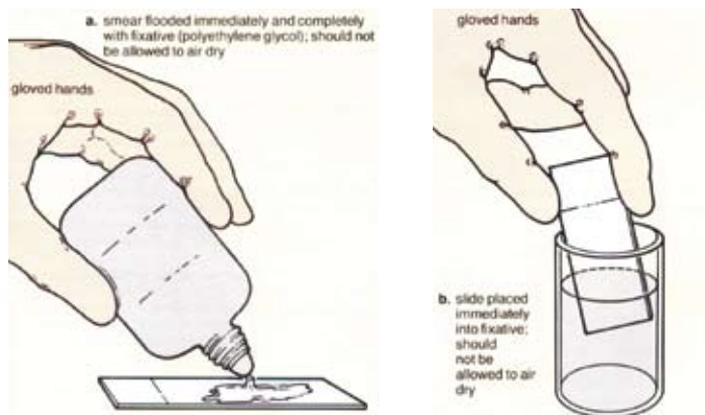


चित्र संख्या: 3 पेपस्मियर

चित्र संख्या: 4 पेपस्मियर लेने की प्रक्रिया



चित्र संख्या: 5 पेपस्मियर लेने की प्रक्रिया



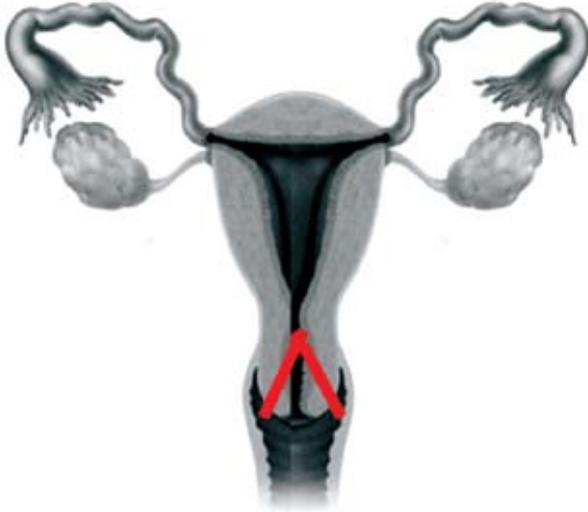
चित्र संख्या: 6 पेपस्मियर लेने की प्रक्रिया

कोल्पोस्कोपी: यह दूरबीन के माध्यम से योनि एवं गर्भाशय के द्वार के अनेसर्गिक भागों को बड़े रूप में देखने की विधि है। (चित्र संख्या: 7,8)



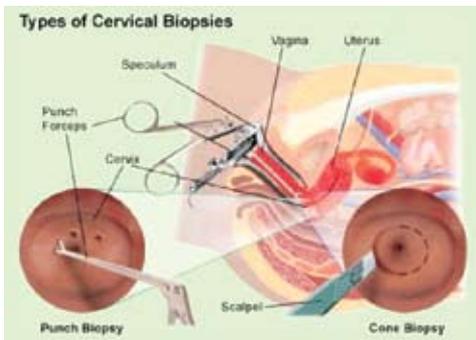
चित्र संख्या: 7 कोल्पोस्कोपी

बायोप्सी: इस प्रक्रिया में कैंसर की कोशिकाओं की सूक्ष्मदर्शी से जाँच करने हेतु संक्षिप्त हिस्से के छोटे टुकड़े का नमूना लिया जाता है। (चित्र संख्या: 9)



चित्र संख्या: 9 कोनाइज़ेशन

कोनायज़ेशन: यह योनिमार्ग के हिस्से से शंकु के आकार का एक बड़ा टुकड़ा निकालने की प्रक्रिया है जिससे प्रारम्भिक अवस्था में पूर्ण रूप से जाँच व निदान संभव है। (चित्र संख्या:10)



चित्र संख्या: 10 कोनाइज़ेशन



चित्र संख्या 8 कोल्पोस्कोपी मशीन

इलाज:-

कैंसर फैलने से पूर्व सर्वाइकल कैंसर का इलाज क्रायोथेरेपी (ठंडा सेक), लेज़र, इलेक्ट्रोडायथर्मी (गरम सेक) की प्रक्रियाओं द्वारा किया जा सकता है जिसके तहत कैंसर ग्रसित भाग को नष्ट कर दिया जाता है।

कैंसर जब जननांगों तक ही सीमित हो तो तब कैंसरजन्य भाग को शल्य क्रिया द्वारा निकाला जा सकता है और इस विधि से गर्भाशय निकालने की शल्य चिकित्सा को हिस्टरेक्टॉमी (गर्भाशय निष्कासन शल्य चिकित्सा) कहते हैं।

जब कैंसर शरीर के अन्य भागों में भी फैल जाता है तब रेडियोथेरेपी (एक्सरे-सेक) या कीमोथेरेपी (दवाईयों) ही संभव है जिसके जरिए कोशिकाओं को नष्ट किया जाता है।

बचाव:-

आजकल सर्वाइकल कैंसर से बचाव के लिए टीका भी उपलब्ध हैं जिसके तीन इन्जेक्शन के बाद कैंसर होने का खतरा काफी हद तक कम हो जाता है। यह टीका 9-40 साल की उम्र तक लगवाया जा सकता है। जितनी कम उम्र (मासिक धर्म चालू होने/संभोगरत होने के पहले) में टीका लगवाया जाए उतना ही ज्यादा कैंसर से बचाव में कारगर होता है।

गर्भाशय (बॉडीयूटेरस) कैंसर

यह कैंसर ज्यादातर 45-60 वर्ष की आयु की स्त्रियों में होता है।

खतरे के लक्षण:-

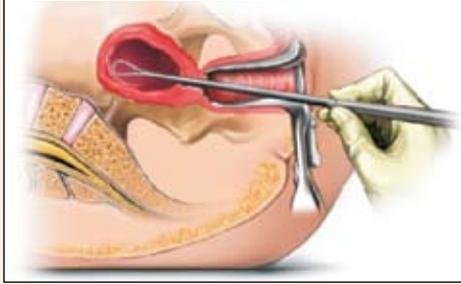
- माहवारी रुकने के समय या माहवारी रुकने के बाद भी रक्तस्राव होता हो।
- कभी-कभी जरूरत से ज्यादा रक्तस्राव हो।
- माहवारी रुकने के समय केवल एस्ट्रोजन उपचार पद्धति का उपयोग किया हो।
- जिन स्त्रियों की माहवारी 55 वर्ष की उम्र के बाद भी नहीं रुकती।
- जिन्हे पित्ताशय की बीमारियां हो।
- उच्चरक्तचाप, डायबिटीज (मधुमेह), निःसंतान व मोटापे से

पीड़ित महिलाओं में इस कैंसर की संभावनाएं अधिक हैं।

इस कैंसर का प्रारम्भिक अवस्था में पता लगाने के लिए पेपटेस्ट की उपयोगिता सिर्फ 40 ही मापी गई है। पेपटेस्ट से भी अधिक विश्वसनीय पद्धतियां इस प्रकार हैं—

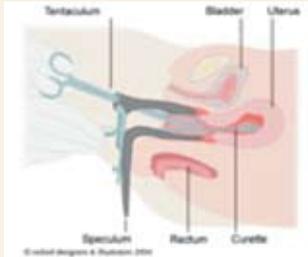
- एन्डोमेट्रियल बायोप्सी:— यह जाँच बेहोशी अवस्था में डायलेटेशन एवं क्युरेटेज (डी. एण्ड सी.) द्वारा की जाती है और गर्भाशय के अन्दर की सतह को खुरच कर सूक्ष्मदर्शी यंत्र द्वारा कैंसर की उपस्थिति/अनुपस्थिति का पता लगाया जाता है।

आजकल बारीक औजारों द्वारा कैंसर क्लिनिक (बहिरंग विभाग) में बिना बेहोश किए भी बायोप्सी लेना संभव है। (चित्र संख्या:11)



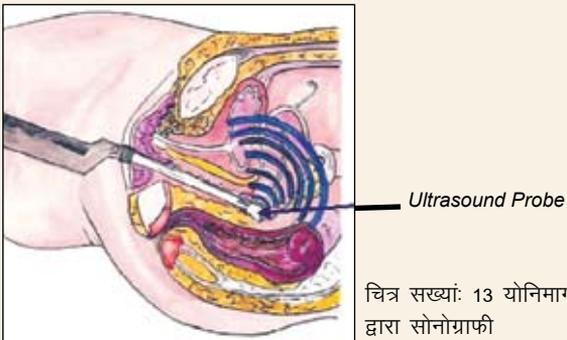
चित्र संख्या: 11
डी. एण्ड सी.

- ऐस्पिरेशन क्युरेटेज:— इस पद्धति में गर्भाशय की आन्तरिक श्लेषमा के टुकड़े गर्भाशय के द्वार से विशेष उपकरणों द्वारा खींच कर निकाले जाते हैं। इस पद्धति में दर्द नहीं होता है तथा क्लिनिक में की जा सकती है एवं प्राप्त टुकड़ों में सूक्ष्मदर्शी द्वारा कैंसर की कोशिकाओं की जांच की जाती है। (चित्र संख्या:12)



चित्र संख्या: 12
ऐस्पिरेशन क्युरेटेज

Transvaginal Ultrasound



चित्र संख्या: 13 योनिमार्ग द्वारा सोनोग्राफी

- सोनोग्राफी:— योनिमार्ग से सोनोग्राफी करते हुए गर्भाशय की अंदरूनी परत की मोटाई जांच कर भी इस कैंसर के खतरे का पता लगाया जा सकता है। (चित्र संख्या:13)

इलाज:—

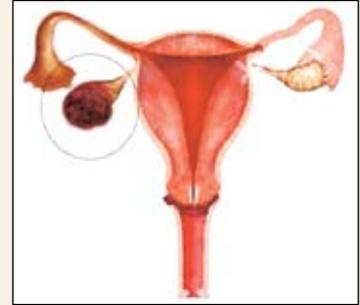
कैंसर होने के पूर्व (एन्डोमेट्रियल हाईपरप्लेज़िया) की अवस्था में प्रोजेस्टेरॉन हार्मोन की सहायता से उपाय किया जा सकता है

परन्तु यदि कैंसर विकसित हो जाए लेकिन गर्भाशय की परतों में ही सीमित हो तो हिस्टरेक्टॉमी द्वारा इलाज संभव है।

अन्तिम अवस्थाओं में जब यह कैंसर गर्भाशय को भेदकर बाहर के अंगों में फैल जाता है उस अवस्था में रेडियो (विकिरण) या कीमोथेरेपी ही संभव है, जिसके तहत बढ़ते हुए कैंसर को रोकना तथा कैंसर से होने वाली शारीरिक पीड़ा की तीव्रता को कम किया जा सकता है।

अण्डाशय या ओवरी का कैंसर:—

ओवरी या अण्डकोश का कैंसर आरम्भिक अवस्थाओं में नहीं पहचाने जा सकने की वजह से इस कैंसर के अधिकतर मरीज अन्तिम अवस्थाओं में ही पहचाने जाते हैं एवं तब इसका इलाज पूर्णतः संभव नहीं हो पाता। (चित्र संख्या: 14)



मुख्य लक्षण:—

- पेट के निचले भाग में, कमर अथवा पेट में लगातार भारीपन या दर्द बने रहना।
- भूख न लगना या थोड़ा खाने पर ही पेट में आफरा महसूस होना।
- महवारी की अनियमितता।
- बार-बार पेशाब आना।

चित्र संख्या: 14 ओवेरियन कैंसर

इस कैंसर का खतरा उन महिलाओं में ज्यादा होता है जिनमें परिवार (मातृपक्ष) में किसी को यह कैंसर हुआ हो क्योंकि इस कैंसर के आनुवांशिक होने के प्रमाण पाए गए हैं। ऐसी महिलाओं को डॉक्टरी सलाह से इलाज करावाना चाहिए। जीन की जांच करवानी चाहिए जिसके पॉजिटिव होने पर ओवेरियन कैंसर हाने का खतरा 60: बढ़ जाता है। यह सुविधा विशेषरूप से मुख्य शहरों की स्पेशल लेब पर ही उपलब्ध है।

इस कैंसर के लक्षण पूर्णतः सूचक ना होने के कारण महिलाएं समय रहते डॉक्टरी परीक्षण नहीं करवा पातीं और अनुसंधानों से यह ज्ञात हुआ है कि आमतौर पर लक्षण एवं जांच के बीच 3 महीनो का समय निकल जाता है, तथा 81: महिलाओं में कैंसर फैल जाता है। अतः चालीस वर्ष के उपरान्त महिलाओं को नियमित रूप से डॉक्टरी सलाह लेनी चाहिए।

कैंसर से बचाव के उपाय:—

1. महिलाएं जागरूक व सचेत रहें।
2. संतुलित आहार, एंटी-ऑक्सीडेंट युक्त रेशेदार चीजों का समावेश करें।
3. अपने आप को स्वच्छ रखें एवं गुप्तांगों को साफ रखें। स्वस्थ दिनचर्या व व्यक्तिगत स्वच्छता बनाये रखें।
4. सुरक्षित संभोग करें।
5. नियमित डॉक्टरी परीक्षण, पेपटेस्ट कराए एवं अपने शरीर में दिखाई देने वाले परिवर्तनों के प्रति सजग रहें।

News Round UP ...

Kuchh ghar se Kuch bahar se



Rajkot

The IMS has 34 chapters across the country and all these chapters have public awareness activities ranging from talks to health camps and entertainment programmes like fashion shows and dances. This year 160 such programmes were held in various locations addressing women from all walks of life. Glimpses from these are presented below. POISE was distributed at most of these meetings.

Dr Maninder Ahuja,
Chairperson, Public Awareness Committee IMS



Faridabad

Navi Mumbai



Nagpur



Jaipur



Our heart also goes out to Linda Brady Hawke, our publisher who lost her only son Trevor in an accident in Nov. and yet she goes on bravely with no tears in her eyes but pain in her heart. We pray for the peace of the departed soul and the whole family. May God give them strength to bear this great loss.

Editor

Club 35 +

This special initiative was the brain child of Dr Jaideep Malhotra, Chapter Secretary, Agra.. Group meetings and camps are held each month discussing one health topic .It became very popular in a short period of six months and has been extended to other chapters like Surat, Rajkot, Ludhiana and now Gwalior (see pix below). This year Club35+ Agra joined hands with the Breast cancer society and organized a car rally which started from Delhi and finished in Agra. POISE covered the event in the last issue. The club is popular amongst ladies for its innovative and interesting health events.



Dr. Jaideep Malhotra, Chairperson Club35 +

Bahar Se

Agewell Foundation is a very active NGO taking care of the needs of the population of the country. It has its presence in 35 states of the country with 6300 voluntary members. They hold seminars every month in Delhi at the India Habitat Centre. POISE has been supporting them at their meetings and is also being distributed to the attendees there. Agewell has brought out a very useful booklet on "The care of the Elderly" For those who are not yet old, it is a good resource book for the help that they need and for those who are already old, it teaches how to look after yourself. The booklet came be downloaded or ordered from their website ; www.agewellfoundation.org

Editorial Team

Check out the following websites for more news

www.indianmenopausesociety.org

www.indianwoman35plus.org

www.agewellfoundation.org.

www.seniorindian.com

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sm_doc@rediffmail.com (Editor POISE)

jyothi.unni@gmail.com (Webmaster Imdian Menopause Society)

LIC's Jeevan Bharati-I Introduction

LIC's Jeevan Bharati-I – is a plan exclusively for women. It is a with-profit plan having special features considering the needs of women. The plan also provides for Accident Benefit, Critical Illness Benefit, and Congenital Disability Benefit as optional Ride Rs.

Minimum age at entry	: 18 years. (completed)
Maximum age at entry	: 55 years. (nearest birthday)
Maximum age at maturity	: 70 years. (nearest birthday)
Policy term	: 15 and 20 years.
Minimum Sum Assured	: Rs. 50,000/-
Maximum Sum Assured	: Rs. 25,00,000/-
(Sum Assured shall be in multiples of Rs.5,000/-)	

Sum Assured (in Rs.)	Rebate per thousand Sum Assured
1,00,000 to 4, 99,999	Rs. 2.00
5, 00,000 and above	Rs. 4.00

(For details refer the sales brochure of Congenital Disability Benefit Rider)

Guarantee hamari,
har khushi tumhari.



LIC's Plans with guaranteed returns.

**Jeevan
Nischay**

(T. No: 199) UIN No. 512N258V01

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For existing LIC policy holders only.

**Komal
Jeevan**

(T. No: 159)
UIN No. 512N216V02

A child plan with both regular and single premium options. With guaranteed returns of Rs. 75 per thousand sum assured

**SINGLE PREMIUM
BIMA
BACHAT
MONEY BACK POLICY**

(T. No: 175)
UIN No. 512N232V01

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Efficacy:

- 56% reduction in frequency of hot flushes²
- 43% reduction in severity of hot flushes²
- 52% reduction in severity of night sweating²

Long term benefits:

- Positive effect on the bone health³
- Significant improvement bone density over 6 months in post-menopausal women⁴

Safety:

- Safe and well tolerated in women with a family history of breast cancer.
- Does not Increase the breast density in women

2. Nachtigall L et al. The Female Patient 1999;24:45-50, 3. Am J Clin Nutr 2004; 79:326-33, 4. Clifton-Bligh PB et al. Menopause 2001;8:259-265. Menopause int 2008,

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